

UNIVERSITY OF KWAZULU-NATAL

**EXPLORING FACTORS INFLUENCING NURSING STAFF
TURNOVER AT A SELECTED PUBLIC HOSPITAL IN KWAZULU-
NATAL**

BY

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**Exploring factors influencing nursing staff turnover at a selected public
hospital in KwaZulu-Natal**

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Master's in Nursing,
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Declaration

I, Neshani Sukhraj Uhunamure, declare that the thesis submitted entitled Exploring factors influencing nursing staff turnover at a selected public hospital in KwaZulu-Natal, conducted under the supervision of Mrs M. Dube, is my original work. I declare that all the sources used or quoted in this study are acknowledged by means of references.

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Supervisor

Date

Dedication

This work is dedicated to my late brother Jeethan Sukhraj, who inspired me when he was alive.

Acknowledgements

I would like to thank the Almighty God for being with me throughout my studies.

I would also like to acknowledge the following people who helped me through my studies:

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Abstract

Background: Turnover of nursing staff is a major challenge within healthcare settings and for healthcare in general, urging the need to improve retention in hospitals. Nurses are the largest group of health professionals and account for a large proportion of total healthcare costs. During periods of economic austerity, nurses are the worse affected. Patients remain indirectly affected, owing to decline in care, as these time periods of economic downturn are marked with the merging of health care facilities, cost reduction leaving institutions with post available for new staff which leads high staff turnover rate.

Purpose: The purpose of this study is to explore the factors influencing nursing staff turnover at a selected public hospital in KwaZulu-Natal.

Methodology: A quantitative descriptive design was used for the study. Convenience sampling was used to select a sample consisting of 92 nurses, from all categories, working at a selected public hospital in Durban, KwaZulu- Natal. The data obtained was analyzed using SPSS, Version 25. Descriptive statistics were used to summarize and describe the characteristics of the respondents, while correlation analysis and the Chi-square test were used to establish the relationships of the study variables and the respondents' characteristics.

Findings: The study found that inadequate compensation and availability of training programmes for nursing staff increases the number of nurses leaving the institution. In respect to personal factors, respondents perceived that there is not enough flexibility in regard to working hours that respondents would like to work. When the relationship between organisational factors and the reasons nurses leaving the organisation was assessed, the majority 62.0% (n=57) of the participants stated the organisation organisational factor as the reason. Other indicated inadequate remuneration, training programmes, and staff development in the organisation lead to job dissatisfaction.

Recommendations: In response to nurses leaving the organisation, the commendation to management should attempt to provide better remuneration for staff such as bonuses or better salaries to retain staff and prevent them going to other organisations for employment.

Conclusion: Improving the working environment and job satisfaction becomes increasingly important to retain nurses and reducing staff turnover.

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Chapter 1

1.1. Introduction and background

Nurses are the largest group of health professionals and account for a large proportion of total healthcare costs (Aiken, Cheung and Old, 2013). During periods of economic austerity, nurses are the worse affected. Patients remain indirectly affected, owing to decline in care, as these time periods of economic downturn are marked with the merging of health care facilities, cost reduction, and staff turnover (International Council of Nurses, 2010). Aiken, Cheung and Old (2013), in their study of nurses in 12 European countries, showed a high percentage were dissatisfied and expressed their intention to leave their jobs. Nurse dissatisfaction was related to wages, a lack of educational opportunities, and lack of professional advancement.

A mini-study conducted at a US hospital by Collins (2015), he reported that hospitals are struggling with high employee turnover rates resulting in a lack of employee morale, decreased productivity, increased termination expenses, and increased learning curve errors. Simon (2010); Collins (2015); Rajan (2013); Dawson, Stasa, Roche and Homer (2014) found in their studies on turnover intentions among German nurses that the organisational and professional turnover intentions were associated with diverse strengths of associations. In line with the existing literature on turnover intentions, these authors found that job satisfaction and professional commitment were associated with both outcomes, health related factors like burnout also showed to be associated with nursing turnover rate.

A study done in Sweden's University hospital by Stena, (2009) and in New Zealand by North, Leung, Ashton, Rasmussen, Hughes and Finlayson (2013), as well as Rajan's (2013) study, acknowledged that high staff turnover is a great problem for many hospitals in different countries. The study by Rajan's (2013) also shows that staff turnover has a negative effect on the quality of nursing care and increase in hospital costs. North *et al.*, (2013) acknowledged that the context of nursing shortages, information on the rates, and costs of nursing turnover can improve nursing staff management and quality of care. However, the results showed that the cost per registered nurse turnover represents the highest costs and productivity loss. According to Rajan (2013), there are number of reasons for voluntary turnover of nurses such as poor leadership styles, long working hours, inadequate salaries, unsystematic work, poor job

description, and the likes. A high turnover of nurses brings about a lot of negative effects to the organisation, such as dissatisfaction of the patients, impaired safety of the patients, loss of patients, and thereby the reputation of the hospitals (Rajan 2013; Stina 2009; North *et al.* 2013). A study conducted by Huiyun, Zhou, Huitong and Baibing (2017), further states that nurse turnover intentions were among the factors influencing the nurses' desires to leave the profession, work pressure was the most prominent and predominantly associated factors contributing the work stress were age, experience, and workload.

In addition, the crisis has resulted in many nurses being forced to seek work elsewhere, whether outside their home country or outside the profession. For example, in November 2013 the Irish Nurses and Midwives Organisation (INMO, 2013) argued that the Nursing and Midwifery Board of Ireland revealed that registered nurses sought certificates to work abroad. The INMO described the figures as extremely worrying and warned the 'brain drain' would intensify as a lower volume of new graduates searched for work and the staff turnover rate would remain very low in hospitals (INMO 2013).

UNICEF is part of the Global Health Cluster and the Steering Committee (2015), the Global Outbreak Alert and Response Network stated that more nurses need to be trained to compensate for the staff turnover in many countries such as Sudan, Palestine, and many others. The World Health Organisation (2016), stated that the health workforce crisis has disastrous implications for the health and well-being of millions of people, yet not enough nursing staff are being produced to close this shortfall of nurses. Scaling up educational programs to produce multi-disciplinary service delivery teams, which include a carefully balanced mix of clinicians, nurses, community health workers, and health managers, is clearly urgent and essential (WHO, 2016).

The World Health Organisation (2016), is working with a wide range of stakeholders to find answers for scaling up the health workforce to increase the quantity of nurses to improve the quality and relevance of health workers to meet the needs of the 21st century and contribute to better population health outcomes as well as reducing staff turnover. The World Health Report (2016), places emphasis on the need for strategic planning with regard to continuing education for health care providers to encourage nursing staff to remain in their profession and improve service delivery as well as reducing nursing staff turnover. The global economic crisis which started in 2008 has had a devastating impact on the nursing workforce and access to care, acting

as a brake on recruitment and staffing levels, at a time when the global shortage of nurses and nursing staff turnover faces a growing demand for health care (WHO, 2016). Developed countries are also not immune to a severe shortage of nurses and nursing staff turnover. It leads to budget cuts due to the global economic downturn in the health sector (Nelson *et al.*, 2013).

The White Paper report for health in the country (2017) stated that since the mid-1980s, there has been a growing nursing shortage and staff turnover has been on the increase in the United States. The problem was severe, and it is now projected that the U.S. could face a shortage of 800,000 nurses by 2020. There have been numerous long-term solutions proposed to address the nursing shortage (Jennifer and Sutherland, 2016). Jennifer *et al.* (2016), further states that recruitment and training of nurses will expand the nursing knowledge and encourage nurses to stay in their profession. A solution being proposed is the encouragement of the immigration of foreign trained nurses since nursing staff turnover is a long-term problem in most hospitals. According to the American Association of Nurse Practitioners (2015), the average salary of a nurse practitioner, across settings and specialties, is increasing the staff turnover rate. Many researchers stated that there was a wide initiative underway to address the shortage of registered nurses, staff turnover, and nurse educators but there are also strategies focusing on improving retention through improving the workplace environment and empowering nurses with emotional management skills. These strategies are showing promising results (Jennifer *et al.*, 2016; Rosseter, 2015).

Recent studies conducted by Sang *et al.* (2016) have revealed that nursing staff turnover remains a major problem in emerging economies such as Malaysia, which remains high due to lack of job satisfaction and poor leadership skills, therefore the government plans to create 181 000 new healthcare jobs by 2020 through the Economic Transformation Programme (ETP).

Despite efforts by the South African National Department of Health to recruit and retain staff, including nurses' occupation-specific dispensation (OSD) and retention policies, about 2000 South African nurses were lost to the United Kingdom (UK) in 2001–2002 and about 300 more were leaving South Africa every month (Aries and Humanizing, 2009). According to the South African Nursing Council (SANC) register (2013), more than 18% of nurses no longer practice as nurses. Another 18% of afore mentioned nurses are registered with nursing agencies as depending solely on moonlighting in private hospitals, whilst others are permanently employed

in private hospitals (Venter, 2013). South Africa is amongst the three countries with the highest percentages of nurses who intend to migrate, aggravating the nursing shortages in the country (Awases *et al.*, 2013). Even though Aiken (2012) advocates that the optimal workload of one nurse is four patients, in rural area provinces like Limpopo there is still an average of one nurse responsible for 40 patients during a night shift. During the afternoon shift one nurse was responsible for an average of 25 patients (Gabashane, 2008). Even though the country exceeds the WHO's absolute minimum nurse staffing norms and standards of 200 nurses per 10 000 individuals (which equals 500 people per one nurse), some of its provinces, like Limpopo, Mpumalanga, and the Northern Cape, had the worst staffing ratios (of 732:1, 662:1, and 583:1, respectively) according to the South African Nursing Council (SANC, 2013).

1.2. Problem statement

According to Greyling and Stanz, (2010) and Delobelle *et al.* (2011), nursing staff turnover is a global issue which affects patient care, loss of patients, high cost of employing overtime or session staff, and staff shortage. The researchers further state that staff turnover leads to increased accidents and high absenteeism rates amongst nursing staff who remain. The hospitals suffer from the high nurse turnover and may find it difficult to recruit new nursing staff due to former nursing employees sharing negative stories with their colleagues about the company being undesirable to work with. Recruiting new nursing staff costs the company more money to select and train them in systems and units that are required within the hospital (Greyling *et al.*, 2010; Delobelle *et al.*, 2011).

A study conducted by Collins (2015) indicated that many hospitals are struggling with high employee turnover rates and healthcare facilities continue to struggle with high employee turnover, which can lead to a lack of employee morale, decreased productivity, increased recruitment and termination expenses, and increased learning curve errors. Simon (2010) found, in their study on turnover intentions among German nurses, that organisational and professional turnover intentions were associated with different variables with diverse strengths of associations. In line with the existing literature on turnover intentions, these authors found that job satisfaction and professional commitment were associated with both outcomes, but health related factors like burnout also showed to be associated with nursing turnover rate (Simon, 2010; Collins, 2015; Rajan, 2013; Dawson *et al.*, 2014).

A study conducted by Huiyun *et al.* (2017), states that of the factors influencing nurses' desires to leave the profession, work pressure was the most prominent. The predominantly associated factors contributing to work stress were age, experience, and workload. The authors study states that paediatrics was identified to be a department with a significant turnover of nurses (Huiyun *et al.*, 2017). Nurse turnover is a costly problem that will continue as healthcare faces the impending nursing shortage; a new generation of nurses enters the workforce and incentives provided to nurses to work for institutions increases. A variety of factors influence the retention of nurses in adult care settings, including work satisfaction, group cohesion, job stress, and work schedules (Dawson *et al.*, 2014). There were limited studies that explored nursing staff turnover at a selected public hospital in Durban, KwaZulu-Natal, hence the researcher has decided to conduct their research at this hospital.

1.3. Purpose of the study

The purpose of this study is to explore the factors influencing nursing staff turnover at a selected public hospital in KwaZulu-Natal.

1.4. Objectives of the study

The objectives of this study are the following:

1. To explore organisational factors that have affected nurses' decisions to stay or leave employment in a selected public hospital.
2. To explore personal factors that have affected nurses' decisions to stay or leave employment in a selected public hospital.
3. To describe reasons for nurses leaving the organisation in a selected public hospital.
4. To describe external factors that may influence nurses to leave their place of employment in a selected public hospital.
5. To explore possible recommendations for staff retention in a selected public hospital.

1.5. Research Questions

This study will answer the following research questions:

1. What are the organisational factors that affected nurses' decision to stay or leave employment?
2. What are the personal factors that affected nurses' decision to stay or leave employment?
3. What are the reasons for nurses leaving the organisation?
4. What are the external factors that have influenced nurses to leave their place of employment?
5. What are possible recommendations for staff retention in a selected public hospital?

1.6. Significance of the study

The significance of this study is the following:

- **Nursing staff**

This study may contribute to strategies that will improve the job satisfaction and reduce nursing staff turnover. The nursing staff may benefit by the use of the recommendations of this study by the organisational management.

- **Nursing education**

Findings from this study may increase retention rates of nurses involved in formal educational programs which will increase the retention of nurses that are linked to early practice support and guidance, and the quality of work environment will be highlighted to reduce staff turnover in the selected hospital.

- **Nursing practice**

In this study the work environmental factors and staffing practices may impact on patient outcomes will be highlighted in this study. This study addresses the service delivery of nursing

staff by highlighting the job dissatisfaction of nurses to be addresses by the organisational management. This study will increase nursing practice and quality of care within the selected hospital.

- **Policy makers**

Turnover could be minimized through considering different preventive measures by management, such as amending policies to improve staff turnover. This may include providing training to line managers for effective supervision before appointing or upgrading them, as well as providing security of jobs within a good working environment. This study will also encourage management to allow nursing staff to be involved in Policy making of the institution.

1.7. Operational definition of terms

Nurses refers to a person who has successfully completed the basic program in nursing which leads to registration with the South African Nursing Council in terms of the South African Nursing Council according to Government notice No. R683 General Nurse. In this study the term ‘nurses’ includes all categories of nurse working in the medical, surgical, paediatric, and critical care units according to SANC (2015)

Turnover is the act of replacing an employee with a new employee as well as the parting between organisations and their employees. This may consist of termination, retirement, death, interagency transfers, and resignations, according to Trip (2015).

Hospital is an institution providing medical and surgical treatment and for the sick and injured people (Department of Health of South Africa. 2012).

Perceptions is the way that someone thinks and feels about a company, product or services (Dictionary, F. P. M. 2012).

1.8. Framework

The framework is the overall conceptual underpinning of the study. The conceptual framework in this study that has its roots in a specific conceptual model (Polit and Beck, 2012). The framework used in this study was taken from Dawson *et al.* (2014). The framework explains

the perception of the working environment and factors directly affecting staff turnover and the impact it has on staff (Dawson *et al.*, 2014).

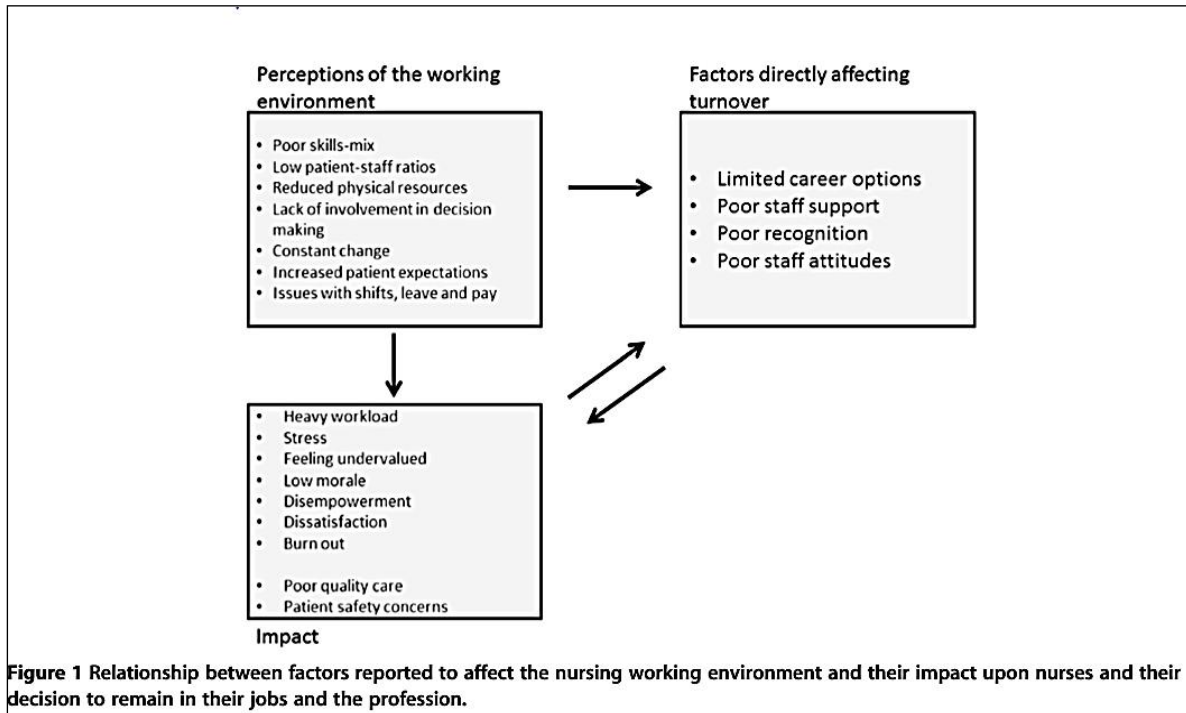


Figure 1 Relationship between factors reported to affect the nursing working environment and their impact upon nurses and their decision to remain in their jobs and the profession.

Figure 2.1: Relationship between factors reported to affect the nursing working environment and their impact upon nurses and their decision to remain in their jobs and their profession (Dawson et al. 2014).

Framework Discussion

Key themes identified are described according to the study focus on nurses’ perceptions, their working environment, and its impact on them, as well as factors directly related to retention and strategies to help to reduce turnover and improve the working environment. The relationship between these three themes was shown at Figure 1.1.

Perception of the working environment

The perception of the working environment includes poor skills, low patient staff ratio, reduced physical resources, lack involvement in decision making, constant change, increase patient expectations and issues on shift leave and pay are influencing staff turnover in the working environment. In this study the working environment influences the staff turnover rate because of job dissatisfaction.

Factors directly affecting turnover

Factors directly affecting turnover is also related to working environment which are limited career options, poor staff support, poor recognition and poor staff attitudes towards the work. In this study the factors affecting staff turnover rate influences staff attitude toward the work environment leading to job dissatisfaction.

Impact

Perceptions of the working environment and factors directly affecting turnover rate in the hospital leads to stress, heavy workload, the feeling of undervalued, low morale, disempowerment and dissatisfaction, burnout, poor quality care and patient safety concerns leading to increase mistakes and increase staff turnover rate.

In this study the impact is how the working environment and factors stated above affects staff turnover and poor service delivery.

1.9. Conclusion

This chapter and background was introduced to the study, indicating that nursing staff turnover is a global issue, according to previous articles. The problem statement, purpose of the study, objectives of the study significance of the study, and theoretical framework of the study was discussed in this chapter.

Chapter 2

2 Literature Review

2.1. Introduction

A literature review is an organised written overview of the information that has been published on the research topic to provide a scientific background for the study (Burns and Grove, 2009). The literature review provides the researcher with information pertinent to the study and indicates what research has already been done on the topic (Roussel *et al.*, 2016). Laphlala (2006) further states that reasons for conducting the literature review include; avoiding duplication of a previous study, enabling the researcher to develop a relevant framework for his/her research, it provides ideas about the study, it reveals research strategies, and it guides the researcher in discussing the results of the current study by comparing and contrasting a specific study's results with those of previously reported studies.

According to Jones (2008), turnover occurs when all efforts from the organisation fails to retain nursing staff and nurses leave their place of employment to seek job satisfaction. Hudgins (2016) further states that nurse leaders or organisational management anticipate that turnover is affected by the quality of work relationships, job satisfaction, and a balanced work life. According to Hassan *et al.* (2017) the nursing turnover rate is among the highest rates of professional groups. Nursing staff turnover can lead to many undesirable direct and indirect consequences to health care settings and patients' quality of care and safety. Hassan *et al.* (2017) further state that the direct cost of turnover is represented in advertising, recruiting, and training new staff, while the indirect cost includes the low productivity and morale of the staff, as well as customer satisfaction. In addition, Mosadeghrad (2013), McGiltona *et al.* (2014), and Roussel *et al.* (2016) state that nursing turnover results in poor health care coordination, management, and the residual staff members are also affected through heavier workloads and longer shifts which are consequently associated with low job satisfaction and burnout among nurses. According to Yang *et al.* (2017) state that investigating the factors associated with turnover intention can help hospital administrators to take preventive measures against nursing turnover and eliminate potential problems in clinical nursing services that might lead to nurses' resignations, leading to an increase in nursing staff turnover rate.

2.2. Organisational factors that affect nurses' decisions to leave employment

According to Sliwka (2007), Iqbal (2010), Makhbul and Rahid (2011), and Nzukuma and Bussin (2011), employee turnover appears to be a result of multiple individual and organisational predictors among which are; job satisfaction, organisational commitment, and multiple organisational factors, to mention a few. Coetzee *et al.* (2013) and Mokoka *et al.* (2010) state that organisational factors also contribute to the retention or turnover of staff, which includes a lack of safety and resources, policies and the culture within an organisation, lack of managerial skills, and workplace bullying. A study conducted by Hassan *et al.* (2017) states that the organisational culture, work related stress, excessive job demands, clinical competence, leader effectiveness and promotion system, and the key factors of nurse retention includes nurses' identities, communication, involvement, and preparedness regarding conflict management. A study conducted by McGlynn *et al.* (2012) states that nursing staff turnover has been linked to overall job dissatisfaction and poor professional practice environment. Zangaro and Soeken (2007) argue that job dissatisfaction in the working environment in health organisations is high, which leads to higher staff turnover and the increase of staff shortage. Martin (2008) suggests that some job dissatisfaction comes from physician and nurse relationships, such as disruptive behaviour in the hospital setting. This continues to be a problem for medical professionals, leading to job dissatisfaction and high staff turnover rate. Hudgins (2016) states that nursing staff turnover occurs when organisations' efforts fail to satisfy the nursing staff and nurses leave their place of employment. Jones (2008) further states that anticipated turnover is described as an individual's plans to leave their current job during a given period of time due to job dissatisfaction in the first few years of employment.

McCaffrey *et al.* (2012) suggests that clear and appropriate communication is a must in order to foster collaboration between all hospital disciplines and to encourage good communication fosters a positive work environment, which will lead to job satisfaction and reduce staff turnover. McCaffrey *et al.* (2012) asserts that effective communication also improves patient care and decreases patient morbidity and mortality. Nurses who work in environments that foster collaboration among health professionals experience improved job satisfaction and thereby this improves recruitment and retention rate, and reduces staff turnover rate, when compared to a non-collaborative environment. Moore *et al.* (2013) states that poor communication and working relationships affect job satisfaction. It can also affect the nursing

staff physically, which leads to poor work performance, absenteeism, and rapid staff turnover. Rajan (2013), Stina (2009), and North *et al.* (2013) states that the high turnover of nurses brings about a lot of negative effects to the organisation such as dissatisfaction of patients, impaired safety of patients, and loss of patients. Thereby, reputation of the hospital is lost. However, Ragan (2013) noticed that unhealthy human recourse practices, less salary, long working hours, insufficient career development, and poor welfare facilities are seen to be some of the factors that contribute to a high nursing staff turnover rate. Ragan (2013) further states that irregular payments, improper management, better job options, job location, noisy work environment, job insecurity, behaviour at root level, job dissatisfaction, delay of promotion, insufficient medical allowances, working time, and less increment are the causes of the nursing turnover rate. North *et al.* (2013) acknowledged that information on the rates and costs of high nursing turnover can improve nursing staff management and quality of care by changing policies and improving working conditions. However, the results showed that the cost per registered nurse turnover represents the highest costs, productivity loss, and poor patient care.

According to Weston (2008), autonomy means the authority and freedom of the nurse to make nursing care decisions about the content of clinical patient care in an interdependent practice. This leads to confidence in work practices and reduces staff turnover due to the increase in job satisfaction. Weston (2008) goes on to define the control over the nursing practice as the authority and freedom of nurses to engage in decision making regarding the context of the nursing practice involving the organisational structures, governance, rules, policies, and operations that lead to job satisfaction while reducing nursing staff turnover. Beliasa *et al.* (2014) further defines autonomy as the degree to which the job provides employees with substantial freedom, independence and the ability to plan their work and determine how they will carry out their duties. Autonomy can be seen as a real structural feature of work, either in the form of strengthening a person or in the form of a subjective feeling that reflects the desire of the employee to have less supervision and more control of their work, leading to job satisfaction and reduced staff turnover rate. Beliasa *et al.* (2014) further states that autonomy at work is important, not only as a valuable reward, but as a determinant series of results, such as job satisfaction, stress, one's health. They state that autonomy at work is one of the most important work characteristics that directly affects employees' job satisfaction to reduce staff turnover. Asegid *et al.* (2014) note that nurses who are dissatisfied at work, have no control over the duties, and no autonomy were also found to distance themselves from their patients and their nursing chores, resulting in suboptimal quality of care and dissatisfaction at work.

This causes poor job performance, low productivity, and higher nursing staff turnover, which is costly to the organisation. Asegid *et al.* (2014) further state that the ability to produce, the quality of the work, the opportunity to learn and express creativity, the sense of pride in their profession, the recognition for a job well done, the ability to work well in a team the social satisfaction derived from relationships at work, and the opportunity to experience personal growth and autonomy are all factors that impact job satisfaction and reduces staff turnover. According to Mackoff and Triolo (2008) nurse leaders' job satisfaction was found to be influenced by their work climate, work relationships, work schedule, professional recognition, autonomy, and role conflict, which leads to a reduced staff turnover rate. A study conducted by Hudgins (2016) states that factors affecting nursing staff turnover are employees' work schedules, professional recognition, autonomy, and role in conflict within the organisation. Kourosh *et al.* (2009) state that although several factors contributed to nurses' job dissatisfaction and retention, the most important factors that were addressed commonly were job stress, a lack of autonomy, poor leadership skills, and poor nurse–physician collaboration that led to increases in nursing staff turnover.

According to Sheikhi *et al.* (2015), nurses working in an organisation usually think about career progression and promotion after gaining experience and professional skills, which is important for job satisfaction and reduces staff turnover in an organisation. Sheikhi *et al.* (2015) further state that staff promotion motivates them and helps them to develop a sense of value and autonomy, reducing nursing staff turnover. Sheikhi *et al.* (2015) furthermore state that nurses feel greater commitment and responsibility toward their jobs, therefore, career advancement is a requirement for nurses to feel satisfied with their jobs, which leads to the reduction of staff turnover in the organisation. According to Salhania and Coulter (2009), nurses need to be supported by advanced education and training. Nurses are formalizing and utilizing independent professional practices to initiate, conduct, and evaluate nursing work, including nursing–patient relations, leading to job satisfaction and reducing staff turnover. In addition, Salhania *et al.* (2009) state that the continuing development of a theoretical and researched base intended to clarify nursing knowledge and clinical-therapeutic relations. Nurses with patients aim to decisively differentiate nursing from other health professions and promote nursing's independent contribution to healthcare and staff advancement, which leads to job satisfaction and reduces staff turnover. A study conducted by Greyling *et al.* (2010) states that job dissatisfaction with promotion and training opportunities has a stronger impact on nurses' satisfaction than workload but retention policies, which focus heavily on improving pay for

nurses, therefore have only limited success unless they are accompanied by improved promotion and training opportunities.

According to Sheikhi *et al.* (2016) career advancement includes any professional promotion that results in more independency at work, changing of roles, and career promotion with increasing financial benefits. Nurses need to be promoted to flourish and develop in their profession to increase job satisfaction and reduce staff turnover rate. Sheikhi *et al.* (2016) further state that working in an organisation, nurses usually think about career progression and promotion after gaining experience and professional skills, this leads them to develop a sense of value and greater job satisfaction which reduces staff turnover. Sheikhi *et al.* (2016) suggest that by having career advancement opportunities, nurses feel greater commitment and responsibility toward their jobs and therefore career advancement is a requirement for nurses. World Health Report (2014), places emphasis on the need for strategic planning with regard to continuing education for health care providers in order to encourage nursing staff to remain in their profession and improve service delivery as well as reduce nursing staff turnover. Stina *et al.* (2007) further state that nursing staff turnover has been a major problem for many years, the focus is on health care and productivity and less on what is important for developing job satisfaction among nursing staff. According to Mrrayan (2005), nurses expect their work environments to supply them with adequate opportunities and equipment to provide patient care of a high standard but job dissatisfactions at work could increase nurses' turnover rates. Mrrayan (2005) also states that nurses need to be supported to further their studies, be allowed library times and internet access to write and publish articles, encouraged to participate in research, and granted career advancement opportunities which improve job satisfaction, leading to the reduction of staff turnover.

According to Greyling *et al.* (2010) promotion opportunities and compensation is the most prominent factor in nurses' employment turnover. McCabe and Garavan, (2008), and Cullin (2012) state that training, development, and career progression is also a factor highlighted, nurses are professionally obliged to set aside time for professional training and development to increase job satisfaction and reduce staff turnover rate. McCabe *et al.* (2008) and Cullin (2012) furthermore mention that it is necessary for nurses to continuously update their working practices and seek advancement but factors are hindered when nurses find it difficult to get time off to study, the cost of studying and management not allowing staff to study can also lead to job dissatisfaction and the increase in staff turnover. According to Golubic *et al.* (2009) an

enrolled nurse with a South African professional title is equivalent to a general nurse in Croatia. Afore mentioned nurses in Croatia do not have prospects of furthering their studies. South African nurses with degrees earn more in countries like Croatia which leads to high staff turnover in hospitals in South African.

According to Baumann and Bathum, (2007) a healthy and positive work environment is therefore characterised by innovative policy frameworks focused on recruitment and retention of staff as well as strategies for continuing education and upgrading of skills and competencies, which leads to job satisfaction and reduces staff turnover rate. Baumann *et al.* (2007) further state that adequate employee compensation, innovative recognition programmes, sufficient equipment and supplies, safe and clean working environments, and visionary and inspirational leadership in nursing will lead to good organisational practices which reduce the rate of staff turnover within the organisation. According to Greyling *et al.* (2010) there are three variables significantly related to the intent to stay; namely job satisfaction, pay, and career opportunities. Hum *et al.* (2016) further state that working conditions, such as higher level of job dissatisfaction and intent to leave, increases nursing staff turnover rate and has been associated with negative patient outcomes like mortality and nosocomial infection.

2.3. Work load factors that affect nurses' decisions to leave employment

According to Dietrich *et al.* (2007), participants in nursing research often describe heavy workloads as a factor in their decision to stay or leave employment and nurse patient ratio is not distributed equally due to staff shortage and high staff turnover, leaving nurses over worked. Aiken *et al.* (2011) and Kamanzi & Nkosi (2011) further state that a shortage of nurses creates a working environment that leads to the de-motivation of nurses, increases in staff turnover, and increases in workload, which all lead to declining quality and safety of care. A study conducted by Collins (2015), reported that hospitals are struggling with high employee turnover rates resulting in a lack of employee morale, decreased productivity, increased termination expenses, and increased learning curve errors, whereas job satisfaction is the most frequently studied psychological characteristic or affective state. Work-life balance can be related to turnover or turnover intentions. According to Hassan *et al.* (2017) health care systems are facing serious issues due to work over loads, the decrease of required resources, and the global shortage of nursing staff, which place a heavy burden on the health care providers. Nurses are considered the front-line staff who deal with high levels of stress in most health care organisations. Hassan *et al.* (2017), furthermore, state that all of these difficulties influence

work performance and nurse work related attitudes and behaviours, such as organisational commitment, satisfaction, and voluntary absenteeism. All these could reduce the staff desire to remain in the organisation leading to an increased staff turnover rate. In addition, Mosadeghrad (2013), Chu *et al.* (2014), and Roussel and Hall (2016) state that nursing turnover results in poor health care coordination and management, and the residual staff members are also affected through heavier workloads and longer shifts, which are consequently associated with low job satisfaction and burnout among nurses which increases staff turnover.

According to Aiken *et al.* (2012) and Coetzee *et al.* (2013), creating a healthy and safe workplace environment is an essential component of safe, quality healthcare services. It was recommended as a relatively low-cost strategy to improve nurse staffing and patient outcomes in healthcare, this increases job satisfaction and reduces staff turnover rate. Aiken *et al.* (2011) further indicate that better nurse staffing improves patient outcomes only if hospitals also have a good working environment and job satisfaction, this will also reduce staff turnover rate. Even though Aiken (2012) advocates that the optimal workload of one nurse is to take care four patients, in rural area provinces like Limpopo there is still an average of one nurse responsible for 40 patients during the night shift, during the afternoon shift one nurse is responsible for an average of 25 patients. This leads to the stress and burnout of nursing staff, increasing the high staff turnover rate. Even though the country exceeds the WHO's absolute minimum nurse staffing norms and standard of 200 nurses per 10 000 individuals (which equals 500 people per one nurse), some of its provinces, like Limpopo, Mpumalanga, and the Northern Cape, have the worst staffing ratios (of 732:1, 662:1, and 583:1 respectively), according to South African Nursing Council (SANC, 2013).

According to Creegan *et al.* (2008) nurses leave the acute care setting to look for employment with more sociable hours. Safety also hinders recruitment efforts, which may contribute to hospital personnel shortages and a higher staff turnover. Yang and Smith (2017) acknowledge that an increased workload in clinical care, due to high hospitalization rates, reduces young nurses' abilities to spare much time for their family, negatively affecting turnover intention in this age group. According to Leurer *et al.* (2007), participants in nursing research often describe heavy workloads as a factor in a decision to stay or leave employment and nurse-patient ratio is not distributed equally due to the staff shortage and thus the remaining nurses are over worked, this increases staff turnover. Colff and Rothmann (2009) indicate that registered nurses who perceive their work environment to be lacking in support, perceive their work

circumstances as laden with increased work demands, and face job dissatisfaction lead to higher staff turnover. Hyunjin *et al.* (2016) further note that nursing staff turnover will interfere with the continuity of care, increase the number of inexperienced workers, weaken the standards of care, and increase the work load for remaining staff.

According to Greyling *et al.* (2010) factors that lead to turnover in nursing include long working hours, heavy workloads, employee shortages, an inability to finish shifts on time, overtime and unpaid overtime, vacancies left unfilled, a lack of funds for training and development, as well as a culture of nurses using their own time and money to undergo training. Greyling *et al.* (2010) further state that South Africa is left with junior nurses who still need training and guidance, this causes stress and job dissatisfaction leading to high nursing staff turnover. Greyling *et al.* (2010), furthermore, state that this situation creates enormous problems regarding mental and physical fatigue as some nurses work 12 – 22 hours per day which leads to wrong decision-making. The SANC confirms that there has been a substantial increase in medico-legal incidents.

A study conducted by Selebi and Minnaar (2007) states that the overall job satisfaction of all nurses was at a very low level of 35%. Meanwhile staff dissatisfaction regarding salaries was at 96.58%, whereas promotion and career development was the second highest factor resulting in dissatisfaction among nurses at 82.05%. Working conditions such as high workloads and long working hours (81.2 %) were listed as the third most important factor in job dissatisfaction and hospital and Department of Health policy implementation (72.64%) was the fourth major factor causing dissatisfaction among nurses. These are some of the reasons that staff turnover is on the increase in many hospitals in South Africa.

2.4. Opinion about team leaders that affect nurses' decisions to leave employment

According to Nel *et al.* (2008), leadership is defined as a process by which one person influences others to willingly and enthusiastically direct their efforts and abilities towards attaining defined group or organisational goals, which leads to job satisfaction and reduces staff turnover rate. Curtis *et al.* (2011) acknowledge that leadership is also a process of influencing the attitudes, beliefs, behaviours, and feelings of other people as well as the ability to guide others, whether they are colleagues, peers, clients, or patients, toward desired

outcomes. Marshall and Wood (2010) further state that a leader uses good judgment, wise decision making, knowledge, intuitive wisdom, and compassionate sensitivity to the human condition (suffering, pain, illness, anxiety, grief) as well as being aware of staffing needs which will encourage staff retention and reduce nursing staff turnover. According to Carney (2009), leadership refers to the delivery of health services through a collaborative and ethical process that uses staff advocacy to effect change for the benefit of the patient. This leads to job satisfaction and reduces staff turnover. Carney (2009) further indicates that effective leaders apply problem-solving processes, maintain group effectiveness among nurses, and develop group identification, which makes staff feel a part of the organisation and encourages staff to remain in the organisation, again, reducing staff turnover rate. According to Frankel (2008) autocratic leaders should be dynamic, passionate, have a motivational influence on the staff, be solution-focused, and seek to inspire others so that nursing staff will be satisfied at work and this may reduce staff turnover rate. Studies conducted by Marquis and Huston (2009) and Murphy *et al.* (2016) state that effective autocratic leaders are endowed with the ability to instil power in ordinary people so that they can achieve extraordinary things when confronted with challenges, changes at work, and constantly turn in superior performance which leads to a job satisfaction reducing staff turnover. Additionally, Mazurenko *et al.* (2015) state that health care managers should consider adopting a supportive leadership style that will increase the retention of nurses and reduce staff turnover.

According to LaSala and Bjarnason (2010) nurse leaders can create environments that support moral courage by clearly providing guidelines for nurses to use when they observe unethical practices and by providing resources, such as ethics committees, shared governance structures, and mentoring opportunities, that enable nurses to confront ethical dilemmas in practice which lead to job satisfaction and reduces staff turnover rate. Cowden *et al.* (2011) further suggested that a nurse's perception of nursing leadership and the practice environment are directly related to their behavioural intentions of staying with or leaving the organisation and the work environment greatly affects the staff nurse's intent to stay. In addition, Cowden *et al.* (2011), furthermore, state that nurses employed in environments where they feel supported by their leaders and peers, recognized and valued for their contributions, and encouraged to participate in decision making were more likely to remain in their positions, and thus, were more satisfied and more committed to the organisation which reduces staff turnover rate dramatically.

According to Franks and Meek (2017), team leadership is used to support nurses in management positions to enable them to be efficient in fulfilling their management responsibilities by allowing staff to make decisions in policy making and improving job satisfaction which will reduce staff turnover rate. Bamford-Wade and Moss (2010), Grant *et al.* (2010) and Tomey (2009) state that nurse leaders will improve the quality of patient care, nurses' job satisfaction, and the performance of health care services, which reduces staff turnover rate in the organisations. A study conducted by Hudgins (2016) states that nursing staff turnover is affected by the quality of work relationships, good administrative systems, a balanced work life and whether a job was overly complicated, work load factors, the level of organisational commitment, the degree of empowerment, and the existence of positive relationships as well as a trust in their leadership. While, according to Manongi *et al.* (2006) found that even though financial incentives are important, they are not sufficient in motivating nurses but supportive supervision, performance appraisal, career development, and transparent promotion are essential for continuous improvement of quality nursing care and job satisfaction, leading to reduction in staff turnover rate.

According to Fleming and Jones (2008), even though there are many leadership styles that motivate staff to reach certain goals within the organisation, role modelling, promoting employee development, providing a stimulating work environment, and inspiring leadership remain highly rated by nurses as they are positively related to their empowerment and task motivation which leads to job satisfaction and reduces staff turnover rate. Frankel (2008) further suggests that senior nurse leaders should assume the following responsibilities: making decisions, delegating appropriately, resolving conflict, and acting with integrity for achieving job satisfaction among nurses and retaining staff in the organisation. Fleming *et al.* (2008) state that it is important for nurse leaders and managers to find out what motivates their employees and to create a work environment that capitalizes on these motivations for the eventual effectiveness of the entire organisation, creating job satisfaction which reduces staff turnover rate.

According to Frankel (2008), a culture based on continual learning through support and best-practice methods has proved to be a strong strategy to empower and motivate staff to improve self-confidence. Supportive clinical environments are vital in making the clinical nursing environment enticing for nursing staff to remain in their jobs. Jooste *et al.* (2010) highlight that nurse leaders and managers must be kept abreast of the new styles of leadership, where a leader

no longer controls the employees, but acts as a visionary leader, who assist employees to plan, organize, lead, and control their activities as well as empower them so that they act as autonomous individuals leading to high quality of care and performance in clinical nursing practice environment. This will lead to job satisfaction and retention of staff which reduces staff turnover. According to Stina *et al.* (2007) poor management practices, including lack of support, feedback, and supervision, have been associated with job dissatisfaction and intention to leave the organisation, which leads to high staff turnover rates. Stina *et al.* (2007) further state that supportive leadership behaviours are shown to increase job satisfaction and retention and decrease nursing staff turnover. This is further confirmed in a study conducted by Hidgkins (2016), stating that effective nurse leadership is integral in increasing staff nurses' satisfaction, thereby reducing the shortage and nursing staff turnover rate. Collin *et al.* (2015), Homburg *et al.* (2013), Snyder and Littwiller (2015), and Ritter (2011) have conducted studies that indicate that creating a supportive work environment, especially between managers and employees, creates a strong deterrent to nurses leaving an organisation by improving the perception of organisational support, employee engagement, team cohesion, and connection to the mission and vision of the health-care setting, thus reducing staff turnover rate in the organisation.

2.5. Personal factors that affect nurses' decisions to leave employment

A study conducted in the UK by Sellman (2011), revealed that most institutions had regular performance appraisals, both the public and private sectors, except for agency nurses, and the three main purposes of performance appraisals are salary awards, identification of training needs to enable the employees and organisations to achieve their objectives, and to aid individuals' career development which encourages nursing staff to remain in the organisation leading to the reduction of staff turnover. According to McCabe and Sambrook (2013) nurses felt they were undervalued and that there was a bias towards giving negative feedback to nurses about job recognition and efforts leading to job dissatisfaction as well as an increase in staff turnover rate in the organisation. Leurer *et al.* (2007) state that nurses feel appreciated by patients and their families for their work efforts but there is a perception that employers lack gratitude for their efforts which increases job dissatisfaction and higher staff turnover. Pomey *et al.* (2010) suggest that accreditation is necessary to improve quality and safety in health care delivery and it reduces staff turnover. According to Stone *et al.* (2011), a lack of health and safety concerns compel nurses to continue seeking the kind of nursing work they choose to perform which increases job dissatisfaction and increases staff turnover.

According to NMC (2014), nurses should know and understand organisational goals in order to set their own goals within the parameters of the organisation, leading to job satisfaction and retention of staff. NMC (2014) also states that a survey acknowledged that staff perception of pay progression remains an issue and career progression opportunities within the health care system are limited in some areas which is encouraging nurses to look for jobs elsewhere, leading to an increase in staff turnover. According to Chen *et al.* (2008), ten factors related to increased nursing staff turnover rates in Taiwan are that there is poor promotion opportunity, work stress due to high workload, lack of continuing education, dissatisfaction with salary, dissatisfaction with superiors, inflexible scheduling, administrative policies, recognition, unstable scheduling, and dissatisfaction with fringe benefits. According to Manongi *et al.* (2006), even though financial incentives are important, they are not sufficient to motivate nurses. Supportive supervision, performance appraisal, career development and transparent promotion are essential for continuous improvement of quality nursing care and job satisfaction, leading to reduction in staff turnover rate.

According to Patrician *et al.* (2010), workplace stress refers to the individual nurse's excessive job demands as expressed by the individual nurses which leads to poor performance and job dissatisfaction, increasing staff turnover. According to Kamchuchat *et al.* (2008), nurses who are subjected to excessive workplace demands exhibit signs of ill health or imbalance and this leads to prolonged absenteeism and work overload for the remaining colleagues, thus leading to higher staff turnover within the organisation. A study conducted by Yang *et al.* (2017) states that factors related to nursing staff turnover at work include high job demands, perceived autonomy at work, support from superiors or peers, and job satisfaction, while personal factors are associated with personal characteristics and aspirations such as professional self-image, resilience, and work-life interference. According to Simon *et al.* (2010) a person's health status is a prerequisite to perform job's tasks properly, meaning that the work demands experienced by employees need to be sufficiently attuned to their physical and mental capacities, but when health problems occur they contribute to high staff turnover rates. A similar study conducted by Derycke *et al.* (2012) notes that the perceived ability to cope with the demands of work relies on functional capacities (mental, physical, and social resources) and the individual's health, education and competences, attitudes and values, and if health problems occur these demands may not occur, leading to job dissatisfaction and high staff turnover.

A study conducted by Hassan *et al.* (2017) states that the main reported factors that foster nurses wanting leave their job include personal and family obligations, work environment, and quality of work life. Greyling *et al.* (2010) acknowledges that nurses who are the main household wage-earners have relatively greater responsibility for the financial viability of their households than do secondary wage-earners, therefore, the main wage-earners tend to have less freedom and flexibility to explore job alternatives (they exhibit lower turnover) without incurring substantial penalties (a loss of primary income) for their household which leads to reduced nursing staff turnover compared to nurses with multiple income earners per household.

A study conducted by Yang *et al.* (2017) states that younger female nurses also juggle multiple societal roles as they face the pressure of an early married life and starting a new family, many nurses quit their job because employment location and responsibilities interfere with their spouse's professional requirements. Yang *et al.* (2017) further argue that most nurses are females and will be in need of occasional maternity leave during and after pregnancy, and usually prefer to quit their jobs for their children and family. A study conducted by Greyling *et al.* (2010) states that young nurses leaving the nursing profession have more time for their family and they will be able to meet and be with people of their choice, more often causing higher nursing staff turnover.

2.6. Reasons for nurses leaving the organisation

According to Jones (2008) retention and nursing staff turnover are terms that are used to research the same phenomenon, and these are defined as retention. This describes the activities surrounding the employer's efforts to keep valued employees within their organisations and nursing staff turnover occurs when those efforts fail, and nurses leave their place of employment. A study conducted by Hyunjin *et al.* (2016) state that nurses want to leave their job when they are exposed to negative working environment leading to job dissatisfaction and stress. Hyunjin *et al.* (2016) further state that nurses who intend to leave the organisation may have less commitment to the organisation, and thus seek job satisfaction and better working environments, increasing nursing staff turnover. Hyunjin *et al.* (2016) acknowledges that job stress is linked with job dissatisfaction which contributes to nurses' intention to leave the organisation. A study conducted by Mazurenko *et al.* (2015) found that nurses are likely to leave an organisation if they report high levels of stress or are dissatisfied with the

organisation's leadership, their advancement opportunities, and their compensation, thus increasing staff turnover.

According to Blauw *et al.* (2013) and Bonenberger *et al.* (2014), turnover intentions are associated with job dissatisfaction are related to wages, educational opportunities, lack of professional advancements, low motivation, and poor performance, which potentially undermine productivity and the quality of care which leads to an increase in staff turnover rates in the organization. Aiken *et al.* (2013) acknowledge that their study of nurses in 12 European countries showed a high percentage of nurses that were dissatisfied and expressed their intention to leave their jobs. Jennifer *et al.* (2016), further state that the recruitment and training of nurses will expand nursing knowledge and encourage nurses to stay in their profession. A solution being proposed is the encouragement of the immigration of foreign trained nurses since nursing staff turnover is a long-term problem in most hospitals.

According to Gill *et al.* (2011), workers are subjected to a dynamic, multinational, multi-lingual environment and many times face unplanned or unforeseen peaks in their working environments, all contributing to higher levels of work related frustration, which in turn, leads to employee intention to quit. Shahzad *et al.* (2011) conclude that high rates of mergers or changes within the organisation that have resulted in time pressure, excessive work demands, role conflicts, and poor work performances lead to poor patient care and health related issues, all of which causes stress leading to absenteeism and higher staff turnover. A study conducted by Yang *et al.* (2017), further states that the nurse turnover intention was among the factors influencing nurses' desire to leave the profession, work pressure was the most prominent and predominantly associated factors contributing to work stress were age, experience, and workload. Baibang *et al.* (2017) also state that factors that lead to turnover of nurses include long working hours, heavy workloads, employee shortages, an inability to finish shifts on time, unpaid overtime, vacancies left unfilled, a lack of funds for training and development, as well as a culture of nurses using their own time and money to undergo training. Asegid *et al.* (2014) further state that the increase in nursing turnover has included nurse job dissatisfaction, low salaries, fewer years on the job, not enough time to do the job well, and lack of career advancement. A study conducted by Gibson *et al.* (2011) found that low salaries were not associated with the turnover intentions of health workers, including nurses. However, systematic reviews done by Mokoka *et al.* (2010) state that in South Africa there are uncompetitive salaries, along with other factors, that do have a negative impact on nurses'

retention, suggesting that integrated packages of financial and non-financial incentives are needed to retain nurses and reduce staff turnover rate. A study conducted in Tanzania by Manongi *et al.* (2006) found that even though financial incentives are important, they are not sufficient to motivate health workers, but supportive supervision, performance appraisal, career development, and transparent promotional opportunities are essential for the continuous improvement of quality nursing care.

According to Golubic *et al.* (2009), staff nurses in a South African professional title are equivalent to a general nurse in Croatia, who do not have prospects of furthering their studies, as opposed to nurses with a nursing degree qualification. This encourages nurses seeking employment for career advancement, which increases staff turnover at some hospitals. A study conducted by Gibson (2011) states that university graduates were more likely to leave the job than nurses who held a diploma from technical and training colleges. This finding is consistent with a study in Lebanon, which was conducted by El-Jardali *et al.* (2013). Credentials make it easier to get a better job with a higher salary at private health facilities or with international nongovernmental organisations, compared to government organisations.

A study conducted by Leurer *et al.* (2007) states that nurses felt appreciated by patients and their families for their work efforts but there is a perception that employers lack gratitude for their efforts which increases job dissatisfaction and higher staff turnover. According to Greyling *et al.* (2010) other causes of nursing staff turnover are, little scope for further training, a lack of respect and acknowledgement from other medical professions, as well as poor working conditions in hospitals. Greyling *et al.* (2010) further states that nursing staff turnover therefore represents a major problem for both the nursing profession and health-care providers with respect to the ability to care for patients, the quality of the care provided, the loss of the continuity of care, the loss of skills and local knowledge, and the increased length of stay and the financial costs of replacement.

According to a study done by Christopher (2010), nursing staff turnover rates are more likely due to nurses who have less work experience and less likely in cases where nurses have many years of work experience in an organisation. Lephhalala *et al.* (2006) explain that age contributes to nurses' decisions when leaving an institution. Laphalala further states that younger nurses still needed to explore fields other than nursing and older nurses intended on staying with their employers until retirement, even if conditions were unfavourable. A study conducted by

Hassan *et al.* (2017) observes that the negative intention to leave is higher among younger staff, this could be related to the imbalance between effort and reward, excessive job demands, young staff searching to work in organizations that give higher salaries and have multiple opportunities for promotion and development, they are also concerned with working outside the country and abroad. Hassan *et al.* (2017) further states that nurses with long years of experience are more familiar with work within their hospital system, demands, and they have strong relations with all employees in the hospital from different departments, either medical or non-medical, so they have high levels of commitment to their work and hospital, which leads to reduced nursing staff turnover. A study conducted by Mazurenko *et al.* (2015) reveals that nurses who are married with children or widowed with children are more likely to leave the profession than never-married nurses without children because of the higher need for a work-home balance among married or, conversely, it may be true that married people are more likely to be able to leave the profession and stay at home due to spousal income support.

A study conducted by Ayalew *et al.* (2015) note that significantly lower turnover intentions among nurses over age 30 were found in the bivariate analysis, although this association did not remain significant in the multivariate analysis. Ayalew *et al.* (2015) further state that inexperienced nurses may be more mobile because they are less likely to be married and have children and are more likely to seek advanced education to further their careers in other organisations. A study conducted by Yeun (2015) concludes that nurses with a few years of experience have high intention to leave their work compared to nurses with many years work experience. According to Chang *et al.* (2017), younger nurses between the ages of 25 to 29 years have higher nursing turnover intention. Chang *et al.* (2017) acknowledges that younger or less experienced nurses may feel a greater amount of stress than their more experienced counterparts. Chang *et al.* (2017) further states that younger nurses usually have a shorter length of service, insufficient work experience, and knowledge that do not meet the requirements of clinical work, leading to an increased worry about mistakes in their work and greater stress.

Other studies conducted by El-Jardali *et al.* (2013), Engeda *et al.* (2014), and Kaur *et al.* (2013), across low and middle-income countries, have linked nursing staff turnover with a variety of factors including, no financial incentives, poor working and living conditions, poor organisational commitment, unfair treatment, lack of transport, poor management and supervision, insufficient opportunities for career development, and work history leading to job

dissatisfaction. A study conducted by Huiyun *et al* (2017) states that factors influencing nurses' desire to leave their profession were, most prominently, work pressures. Other associated factors contributing to nursing staff turnover were the work stress, age, experience, and workload. Shader *et al.* (2001) further state that a variety of factors influence the retention of nurses in adult care settings including, work satisfaction, group cohesion, job stress, and work schedule, these increase staff turnover rates. A study conducted by Zarea *et al.* (2009) on Iranian nurses revealed that low salary and high workload lead to burnout as well as job security were the most important factors in relation to dissatisfaction that led to nursing staff turnover. Zarea *et al.* (2009) further reported that the most prominent factors for nursing staff leaving the organisation were financial factors (64.7%), social factors (54.9%), and professional and managerial factors (70.6%). A similar study done by Derycke *et al.* (2012) in Belgium also acknowledge that nurse turnover intentions are influenced by several individual, economic factors, such as a high education levels, job dissatisfaction, and low organisational factors as well as professional commitment, leading to nursing staff intension to leave the organisation. In line with this study, Simon *et al.* (2010) state that nursing staff turnover intentions found that job dissatisfaction as well as health related factors like burnout and lack of professional commitment were associated with nursing staff turnover. Additionally, Delobelle *et al* note that actual nursing turnover was based on economic factors, group cohesion, job stress, control over practice, and job dissatisfaction. A study conducted by Chen Chu *et al.* (2006) in Taiwan notes that salary and fringe benefits are most strongly related to nursing staff turnover, followed by co-worker relationships, supervision, job challenges, and administrative policies. According to Pillay (2009), the impact of HIV and Aids on the health sectors of South Africa is that it is leading to more stressful work conditions. Health workers are reported to experience stress, physical exhaustion, and dissatisfaction due to increased workloads, which in turn affects the quality of their work, leading to high nursing staff turnover.

2.7. External factors

According to the World Health Organisation (2010) and Koehn and Lehmann (2008), the experiences of middle and low-income countries with strategies to attract and retain health workers, particularly in postings to remote and rural areas, is that they find benefit in financial incentives and accommodation in order to reduce the turnover rate in rural areas. Koehn *et al*, (2008) argued that there is no single ideal intervention, suggesting developing a broad human resource management strategy that encompasses both non-financial and financial incentives as

well as addressing living conditions, work environment, professional development opportunities, and infrastructure to curb the staff turnover rate. Neves *et al.* (2011) states that arranging transport for employees by coordinating work hours with public transport, or investing in organisational transport for employee, should reduce staff turnover. According to Gibson (2015), inadequate or low payment, poor training opportunities, poor organisational commitment, unfair treatment, lack of transport, and job dissatisfaction were associated with nurses' turnover intentions. According to Mazurenko, nurses who worked in urban areas or in hospitals were more likely to leave the profession because nurses located in urban areas have more job opportunities and may be more likely to choose different occupations if they are dissatisfied, which increase staff turnover rate.

2.8. Conclusion

This chapter discussed the literature review undertaken on factors influencing nursing staff turnover. The literature review covered organisational factors, personal factors, external factors, and reasons that could contribute to the decisions of nurses as to whether to leave or to stay with an organisation.

Chapter 3

3 Research methodology

3.1. Introduction

Research methodology is the technique that the researcher uses to structure a research study and to gather and analyse information relevant to the research question (Polit and Beck, 2013). Methodological studies are investigated to obtain high quality data and conduct rigorous research. It addresses the development and assessment of research tools and methods (Polit and Beck, 2012). This chapter discusses the research paradigm, research approach, research design, research setting, population, sample size and sampling techniques, data collection procedure, research instrument, data analysis, data management, and ethical considerations.

3.2. Research paradigm

Research paradigms are described as patterns of beliefs and practices used by researcher to regulate the disciplinary enquiry in order to accomplish their goals (Weaver and Olson, 2006). A paradigm is a whole system of thinking, an overall philosophical framework of how scientific knowledge is produced. A paradigm includes the main assumptions, the questions answered in the investigation, the research technique used and the basic principles behind their use (Weaver and Olson, 2006). This study uses a positivist paradigm and a quantitative research approach. According to Polit and Beck (2008), the positivist assumption is that there is a fixed, orderly reality that can be studied objectively and known; this positivist scientific approach uses an orderly, disciplined procedure with tight controls over the research situation to test researchers' hunches about the nature of the phenomenon being studied and the relationships between them, and a study in the positivist paradigm gathers evidence according to an established plan, using a structured instrument to collect information to support the study. The positivist paradigm was appropriate for this study which aims to explore the factors influencing nursing staff turnover in a selected public hospital in KwaZulu-Natal.

3.3. Research approach

The relevance of the hypotheses to the study is the main distinctive point between deductive and inductive approaches. Deductive approaches test the validity of assumption in hand,

whereas inductive approaches contribute to the emergence of new theories and generalization (Bryman and Bell, 2015). The quantitative research approach is generally associated with the positivist paradigm which is usually involved in collecting and converting data into numerical form so that statistical calculations that can be made and conclusions drawn (Bryman *et al.* 2015). Burns and Grove (2005) define the research approach as a formal, objective, systematic process in which numerical data is used to get information about the phenomenon. In this study, quantitative approach will be used. The researcher has chosen this approach because she believed that numerical data can be used to objectively explain the phenomenon which is nursing staff turnover at a selected public hospital in KwaZulu-Natal.

3.4. Research design

The research design for this study is an explorative descriptive design. Exploratory descriptive research investigates the full nature of the phenomenon, the manner in which it is manifested, and other factors to which it is related (Houser, 2008; Polit and Beck, 2008). Polit and Beck (2008) describe research design as the overall plan for addressing a research question, including the specifications for enhancing the integrity of the study. As a plan that guides the research, it serves as the architectural backbone of the study (Burns and Grove, 2010). This study uses a non-experimental exploratory and descriptive design. Polit and Beck (2008) state that the exploratory design investigates the full nature of the phenomenon, the manner in which it manifests, and other factors that are related to the underlying process. A descriptive design is used for the development of a theory, identification of problems within the current practice, justifying the current practice, making judgements, or determining what others in similar situations are doing (Burns and Grove, 2010). This design was found to be appropriate as the study explores and describes the perceptions of nursing staff turnover at a selected public hospital in KwaZulu-Natal.

3.5. Research setting

The study was conducted at King Edward V111 Hospital, which is a tertiary and referral hospital. It is also a teaching hospital for nursing and medical students in KwaZulu-Natal, South Africa. There are obstetrics and gynecology, Orthopedics, Gateway PHC, Outpatient Department, Oncology, Nephology, Paediatric wards, Medical wards, Surgical wards, Critical care units, Trauma units and Specialised clinics at King Edward V111 Hospital. This research will take place in medical wards, surgical wards, pediatric wards, and critical care units where

all nurses working on night duty and day duty from the different categories of nurses were requested to participate in this research study.

3.6. Population of the study

A population is the entire set of subjects that is of interest to the researcher (Houser, 2008; Polit and Beck, 2008). It is the group which the researcher has generalized the findings of this study (Houser, 2008; Polit and Beck, 2008). The members of the population who meet the sampling or inclusion criteria are referred to as the target population and those whom the researcher has reasonable access to, are referred to as the accessible population (Burns and Grove, 2010; Polit and Beck, 2008). According to Brink (2006) and Polit and Beck (2008), the population of a study is the entire group of subjects, persons, objects, or elements that have the same characteristics of interest to the researcher. A population is the entire aggregation of cases in which a researcher was interested (Polit and Beck, 2008). The target population of the current study has been composed of all (n=100) nurses which were enrolled nurses/staff nurses, 30.43% (n=28) were nursing assistants, 19.57% (n=18) registered nurses, and 3.63 (n=3) chief professional nurses/ unit managers at a selected public hospital in KwaZulu-Natal.

3.7. Sample size and sampling techniques

Brink *et al.* (2006) and Burns and Grove (2010) define the sample size as the portion of the population selected by the researcher to represent the entire population, so that the inference can be made. Nurses of all categories working in the paediatric unit, critical care units, medical units, and surgical units were taken as the sample for this study; therefore, all nurses of different categories that worked in these units have been chosen as they become available to participate, both on day and night duty. 100 Questionnaires handed out and 92 questionnaires were completed and returned. The non-probability, convenience sampling method has been used to recruit the nurses as it allowed the research to hand out the questionnaires to the available nurses on duty at the time of data collection. According to Polit and Beck (2008) and Brink *et al.* (2006), when using the non-probability convenience sampling technique, the researcher chooses the elements of the study that are available and ready at the right place and the right time during the study period.

3.8. Data collection instrument

Data collection, according to Burns and Grove (2010), is the precise, systematic gathering of the information relevant to the research purpose and to the specific objectives, questions or hypothesis of the study. Quantitative studies entail utilising numerical data to deal with the research questions, objectives, and hypothesis. The data for this study is taken from all categories of nurses using a structured questionnaire which has 51 questions. The questionnaire has two sections. Section A consists of 8 questions about the demographic characteristics. Personal demographics were age and gender. Professional demographics included were highest nursing qualification attained, designation (professional ranks), number of children, and number of years practicing as a nurse. This information has provided a good understanding of the characteristics of the nurses working in the study setting (Burns and Grove, 2010). Section B of the questionnaire consisted of 43 questions about exploring factors that affect nurses' decisions to leave the employment, which includes organizational factors, workload items, opinions about team leaders, personal factors, reasons for nurses leaving the organization and external factors. The scores assigned to the scale are: Strongly Disagree (2), Disagree (1), Undecided (3), Agree (4) and Strongly Agree (5). The questionnaire took approximately 20-25 minutes to complete.

3.9. Data collection procedure

The researcher applied for permission to conduct the study from the Nursing Services Manager of a selected public hospital in Durban, Department of Health KwaZulu-Natal and the Ethics Committee of the University of KwaZulu-Natal. After obtaining permission from the Nursing Services Manager of the selected public hospital, Department of Health KwaZulu-Natal and the Ethics Committee of the University of KwaZulu-Natal, data was collected. Self-administered questionnaires were handed out to the participants during break times. To respect the rights of participants, the researcher explained the purpose of the study to them and explained that participation in the study was voluntary and they have the right to withdraw at any time if they felt uncomfortable, without fear of any negative effects. The researcher explained that they will not experience any harm by participating in the study. After providing all the necessary information regarding the study, the participants filled in the questionnaires voluntarily and signed the consent form as an acceptance to participate in the study. The researcher explained to the participants that the questionnaire took about 20-25 minutes of their

time to be completed and that their anonymity and confidentiality would be respected by using codes on the questionnaire. There was no need for names or personal information anywhere on the questionnaires, so no one would be able to identify whose response it was. Therefore, once the questionnaires have been submitted, they cannot be withdrawn because they could not be identified. The questionnaires were put in a large envelope which was proved by the researcher once completed. They took two weeks to be collected by the researcher. The participants have been treated equally and the data has been presented as it was collected, without modification. The data was kept safely in a locked area to which only the researcher and supervisor have access. As it was unethical to allow unauthorized persons to have access to the raw data of a study (Burns and Grove, 2010), the researcher kept the information obtained from the respondents confidential.

3.10. Validity and reliability of instrument

3.10.1. Validity

Validity is the ability of the instrument to measure accurately what it is supposed to measure (Polit and Beck, 2008). According Burns and Grove (2010), validity varies from one sample to another and from one situation to another. Thus, validity testing actually validates the use of an instrument for a specific group or purpose rather than the instrument itself.

An instrument may be valid in one situation but not valid in another. In this study, the content and the construct validity were confirmed by checking all items in the data collection tools against the study objectives and concepts in the conceptual framework to establish whether they measured all the elements to be investigated.

The data collection tool was reviewed by the research supervisor and Nursing services Manager of the selected public hospital, Department of Health KwaZulu-Natal, and a panel of experts in the research department of the Nursing Department from the UKZN School of Nursing to ensure validity. The sample in this study was chosen conveniently to allow for generalisation of the study findings in similar situations.

Table 3.2: Content validity of the instrument that was used in this study

Research objective	Research question	Conceptual framework concept	Questions in data collection tool
To explore organisational factors that affected nurse's decision to stay or leave an employment at a selected public hospital.	What are the organisational factors that affect nurse's decision to stay or leave an employment?	The organisational factors that affect nurse's decision to leave employment.	36, 37, 38, 39, 40, 41, 42, 43, 44, 45,
To explore personal factors that affected nurse's decision to stay or leave an employment at a selected public hospital.	What are the personal factors that affect nurse's decision to stay or leave an employment?	The personal factors that affect nurse's decision to leave employment.	1, 2, 3, 4, 5, 6, 7, 8, 30, 31, 32, 33, 34, 35
To describe reasons for nurses leaving the organisation at a selected public hospital.	What are the reasons for nurses leaving the organisation?	The reasons for nurses leaving the organisation.	36, 37, 38, 39, 40, 41, 42, 43, 44, 45
To describe external factors that influenced nurses to leave their place of employment at a selected public hospital.	What are the external factors that will influence nurses to leave their place of employment?	The external factors that will influence nurses to leave their place of employment.	46, 47, 48, 49, 50, 51

3.10.2. Reliability of instrument

Polit and Beck (2008) describe reliability as the consistency and stability of an instrument over time and varying conditions. According to Burns and Grove (2010), reliability is better described as signifying the consistency of measure obtained in the use of a particular instrument and indicating the extent of random error in the measurement instrument and it plays an important role in the selection of scales for use in a study. With reliable instruments enhancing the power of the study to detect significant differences or relationships that actually occur in the population under study it is more accurate. Therefore, it is important to test for the reliability of an instrument before using it in a study. The questionnaire used in this study was previously structured and tested by the researcher Lephhalala (2006). In this study, the participants have been chosen from all categories of nurses in the selected wards and they have answered the same questionnaire to prevent bias to any specific category of nurses.

3.11. Data analysis

A quantitative researcher analyses the data through statistical analysis which includes simple procedures as well as ones that are complex (Polit and Beck, 2008). Data is collected and coded prior to analysis. Statistical analysis enables the researcher to organize, interpret, and communicate numeric information (Polit and Beck, 2008). The statistical package for the social sciences has been used for the data analysis of this research. Bar charts, pie charts, tables, mean, and frequency distribution have been used for this research. Once it is completed it is converted to percentages and frequencies using a student-centred programme such as SPSS (Statistical Package for the Social Sciences), Version 25 has been used for the data analysis. Data was captured using SPSS and data analysed by also using Chi Square tests, grouping and crosstabulation.

3.12. Ethical considerations

Brink *et al.* (2006) state that ethical consideration is crucial in any research and aims to protect the rights of participants, avoid any harm to the participants, and maintain honesty in the research as well as to adhere to ethical principles. Beneficence, Respect for human dignity and justice was maintained at all times in this study.

3.12.1. Beneficence

Beneficence imposes a duty on the researcher to minimize harm and maximize benefits. Human research should be intended to produce benefits for participants (Polit and Beck, 2012). This research may benefit the nursing staff and management with regard to the staff turnover at a selected public hospital after the data analyses and report have been written.

The right to freedom from harm and discomfort

The researcher has an obligation to avoid, prevent, or minimize harm (non-maleficence) in studies with humans. Ethical researchers must use strategies to minimize all types of harm and discomforts, even ones that are temporary (Polit and Beck, 2013). Ethical researchers must be prepared to terminate a study if they suspect that continuation would result in injury, death, or undue distress to participants (Polit and Beck, 2012). There was no harm to the participants during the course of this study as the participants were required to answer a questionnaire voluntarily.

The right to protection from exploitation

Involvement in a study should not place participants at a disadvantage or expose them to damages (Polit and Beck, 2013). Participants have been assured that their participation, or information they might provide, was not used against them (Polit and Beck, 2012). Study participants enter into a special relationship with the researcher and it is crucial that this relationship not be exploited (Polit and Beck, 2012). This study has not led to exploitation of any persons who have been participating in the study as the researcher did not use any personal information of the participants in the documents such as names, addresses, or telephone numbers, except for a signature on the consent form.

3.12.2. Respect for human dignity

The right to self-determination

Humans should be treated as autonomous agents, capable of controlling their actions (Polit and Beck, 2012). Self-determination means that prospective participants have to voluntarily decide whether to take part in the study without the risk of prejudicial treatment. It also means that people have the right to ask questions, to refuse to be given information and to withdraw from the study (Polit and Beck, 2013). Participants have the right to ask questions with regard to the

research at any time as the researcher's details have been put on the information sheet and consent form. Participants have answered the questionnaires voluntarily and can withdraw from the research at any time.

The right to full disclosure

Peoples' right to make informed, voluntary decisions about study participation requires full disclosure (Polit and Beck, 2012). Full disclosure means that the researcher has fully described the nature of the study, the person's right to refuse participation, the researchers responsibilities, the likely risks and benefits were explained (Polit and Beck, 2012). Attached to the questionnaire, were information sheets and a consent form describing what the research is about, how to answer the questionnaire, and more information on the research if participants have any further questions.

3.12.3. Justice

The right to fair treatment

One aspect of justice concerns the equitable distribution of benefits and burdens of research. Participant selection should be based on the study requirements and not a group's vulnerability (Polit and Beck, 2012). The right to fair treatment means that the researcher must treat people who decline to participate or withdraw in a non-prejudiced manner (Polit and Beck, 2013). The participants were nurses from all categories and they have been treated equally in the study by answering the same questionnaire with no names required.

The right to privacy

Most research with humans involves intrusions into personal lives. The researcher should ensure that the research was not more intrusive than was needed to be, and that participant's privacy was maintained continuously (Polit and Beck, 2012). Participants have the right to expect that their data has been kept in strict confidence (Polit and Beck, 2012). In this study the participants information was not disclosed to anyone since no names were on the questionnaires.

Confidentiality

Confidentiality was maintained at all times as there was no need for the participants' names or any personal details, data was put on the questionnaire to ensure anonymity. All questionnaires that are completed are put into the envelope which was provided by the researcher for each department. Each questionnaire was coded using numbers and stored in a password protected computer according to the participants and department to maintain confidentiality.

Informed consent

An informed consent form was attached to each questionnaire explaining the aims and procedure of the study and requesting participation in the study. To respect the rights of participants, the researcher explained the purpose of the study to them and explained that participation in the study is voluntary and that they have the right to withdraw at any time if they feel uncomfortable, without fear of any negative effects. The researcher explained that the participants will experience no harm by participating in the study. After providing all the necessary information regarding the study, the participants filled in the questionnaire voluntarily and signed the consent form as an acceptance to participate in the study. Participation was voluntary, the participants have the right to refuse participation and can withdraw at any time if they wish with no penalties. The nature and purpose of the study has been explained to the participants as in the information sheet and informed consent document as well as the researchers contact information and supervisors contact information provided on the documents if the participants would like to contact them for any reason.

3.13. Data storage management plan

The data was collected by the researcher who ensured confidentiality. The completed questionnaires were immediately put in an envelope and sealed after data collection. They were opened during data entry. The data was stored in a safe locked area in the School of Nursing and Public Health, to which only the researcher and supervisor were allowed access. Following the UKZN policy in data management of research, the data will be maintained in the proper way and then will be destroyed after 5 years.

3.14. Data dissemination

A copy of the marked final report was submitted to the School of Nursing, Faculty of Health Sciences UKZN, where it will be accessible in the UKZN library. A final copy will also be submitted to the Nursing Services Manager of the selected public hospital. In collaboration with the supervisor, the findings from this study were published in an accredited nursing journal.

3.15. Conclusion

The methodology chapter covered the research methods used in this study and explained the paradigm and research approach, the research design, study setting, population, and sampling and sample size used in this study. It also looked at the validity and reliability of the instrument, ethical considerations, the data collection procedure, data analysis, and data management.

Chapter 4

4. Research findings and analysis

4.1. Introduction

This chapter deals with the interpretation and analysis of data collected from respondents as well as a presentation of findings. The researcher uses self-structured questionnaires to generate data for the respondents, with the aim of exploring and describing the factors influencing nursing staff turnover at a public hospital. The data is captured into SPSS after having been gathered and examined for completeness, as suggested by Brink *et al.* (2006). The data is analysed using Statistical Package for Social Science (SPSS) Version 25 for windows. Descriptive statistics are prepared using frequency tables, bar charts, pie charts, percentage tables, mean, and standard deviation as commonly recommended for accurate, clear, and easily understood data presentation (Brink *et al.*, 2006) Chi-square tests are used to establish the relationships of the study variables and the respondents' characteristics.

A presentation of results begins with demographic data of respondents followed by organisational factors, workload items, opinions about team leaders, personal factors, reasons for nurses leaving the organisation, and external factors.

4.2. Sample realization

The number of questionnaires distributed were 100 and 92 questionnaires returned.

4.3. Demographic data of respondents

4.3.1. Gender of participants

Figure 4.1 states that the majority of the respondents, 78.26% (n=72), were female and 21.74% (n=20) were males. A likely reason for this disproportionate gender representation could be the perception that nursing is a female-dominated profession, resulting in a lack of interest from males who might otherwise seek admission to nursing schools.

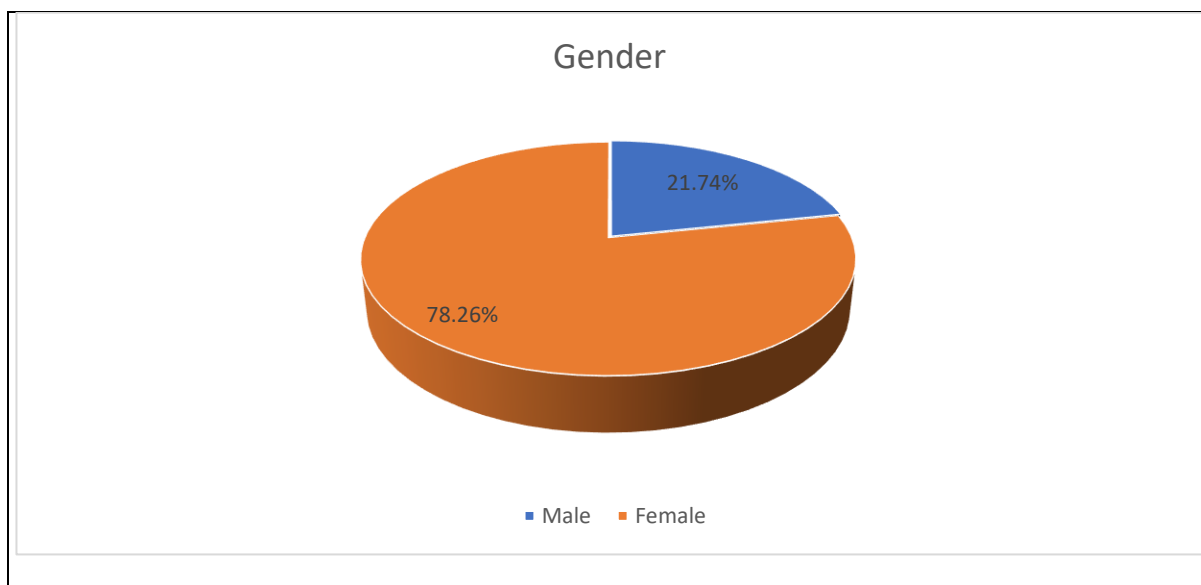


Figure 4.1: Gender

4.3.2. Marital status of participants

Figure 4.2. Shows that a majority of the respondents, 54.35% (n=50), were married, 29.35% (n=27) were single, 8.70% (n= 8) were divorced, and 7.61 % (n=7) widowed.

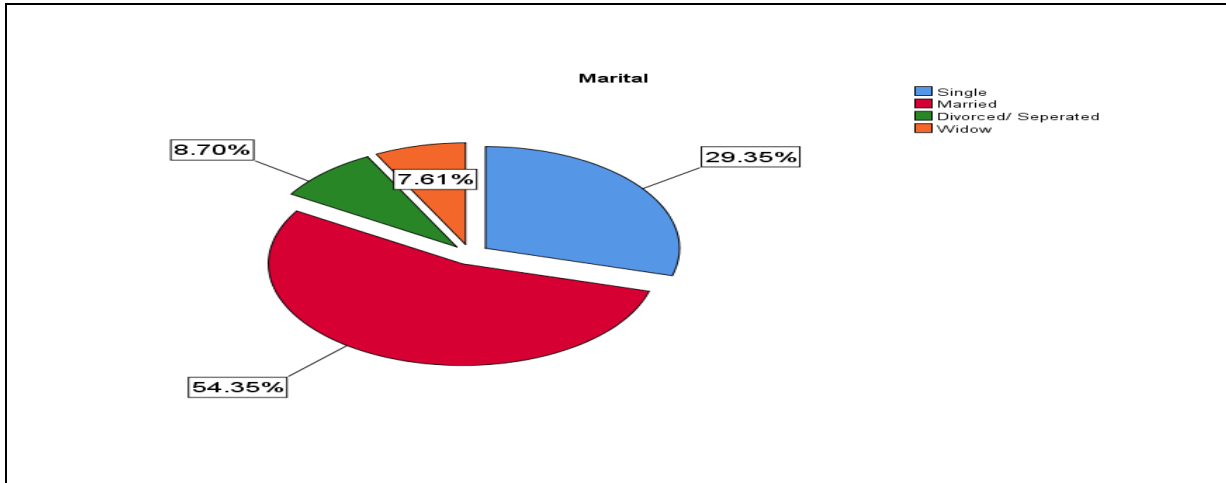


Figure 4.2 Marital status

4.3.3. Age

Figure 4.2. Shows that the majority of the respondents, 36.96%, were between the ages of 20-30 years old, 32.61% were between the ages of 31-40 years old, 25.00% were between the ages of 41-50 years old, and the minority, 5.43%, were between the ages of 51 and above.

4.3.4. Overall age score

The study reveals that the minimum age is 20 and maximum is 57. The mean is 35.24 and standard deviation is 9.140.

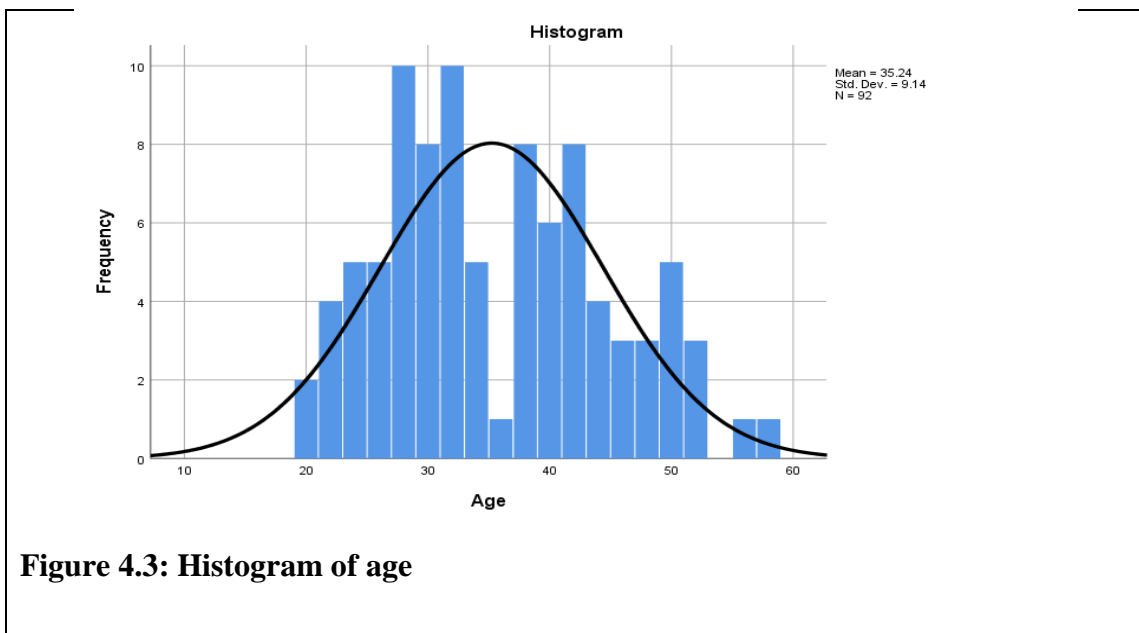
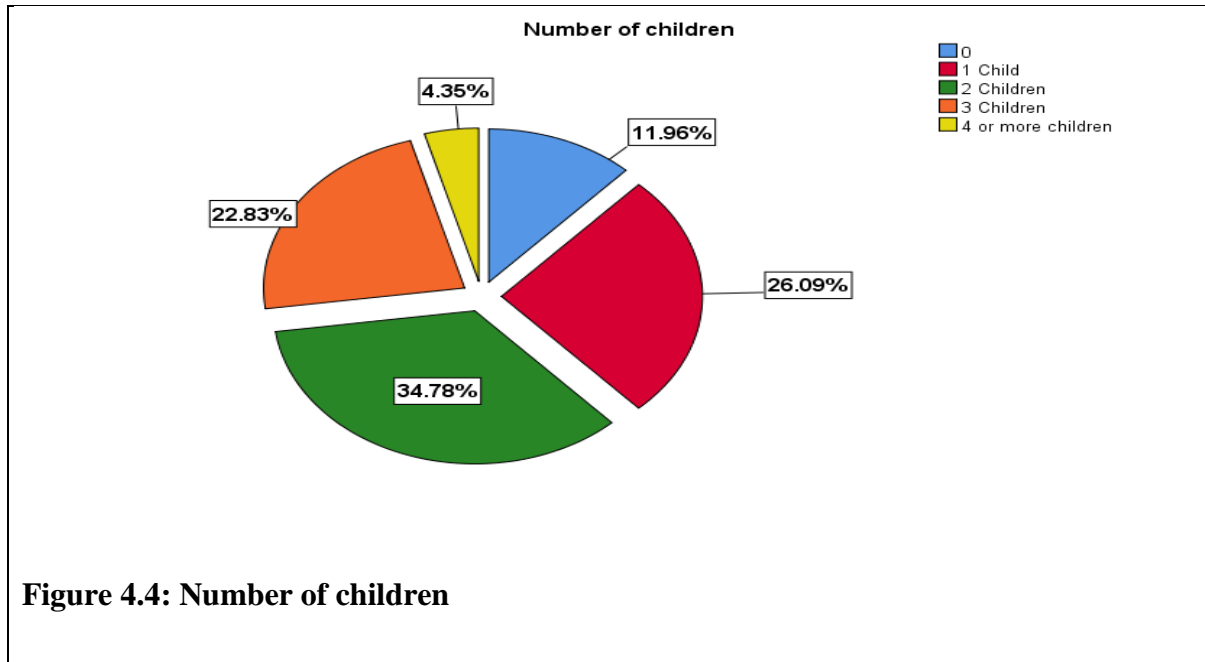


Figure 4.3: Histogram of age

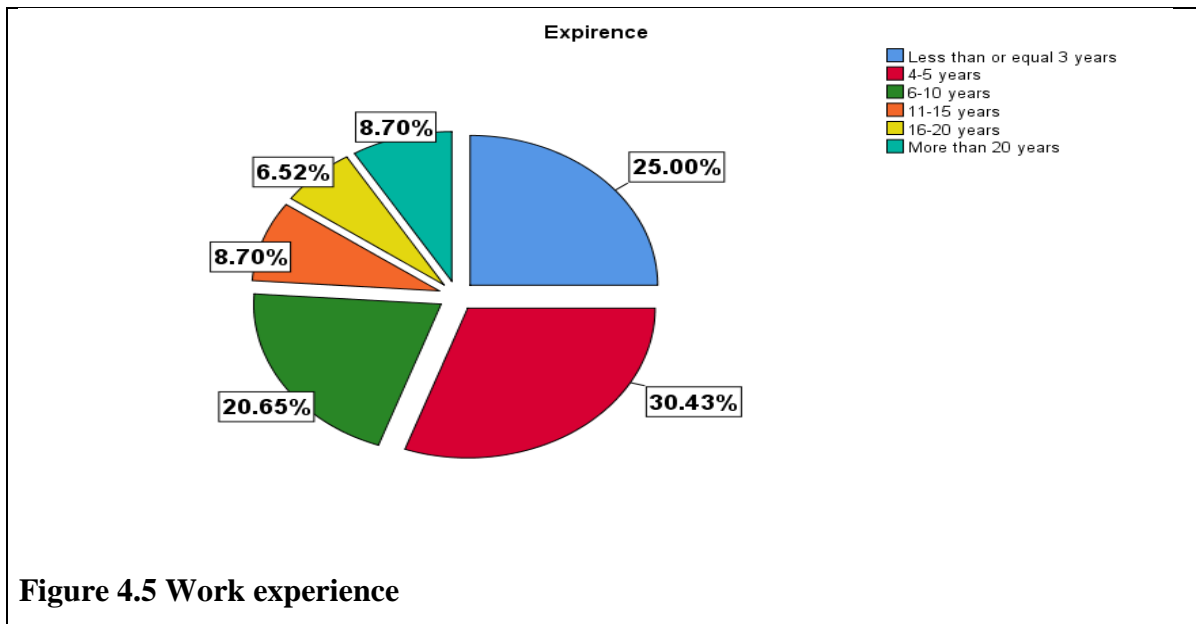
4.3.5. Number of children participants have

Figure 4.3 revealed that the majority of the respondents, 34.78% (n=32), had 2 children, 26.09% (n=24) had 1 child, 22.83% (n=21) had 3 children, 11.96% (n=11) no children, and 4.35% (n=4) had 4 children.



4.3.6. Work experience of participants in the present position at work

In Figure 4.4 it is revealed that the majority of the respondents, 30.43% (n=28), had 4-5 years of experience in their present position within the workplace, 25.00% (n=23) had less than 3 years' experience, 20.65% (n=19) had spent between 6-10 years in their present positions, 8.70% (n=8) had spent 11-15 years' experience in their present position, 8.70% (n=8) had been in their present positions for more than 20 years, and 6.52% (n=6) had spent 16-20 years in the present position.



4.3.7. Crosstabulation between work experience and age

The results showed in the crosstabulation between work experience and age show the effect they have on nurses' turnover intentions. When referring to work experience and age among nurses, the ratio of nurses having turnover intention is 76.0% and the significance in the Pearson's Chi-square is ($p < .000$). There is a negative correlation between the work experience and age on nursing staff turnover intention, which is consistent with the relevant results.

Table 4.2: Crosstabulation between work experience and age

Chi-Square Tests			
	Value	df	Asymptotic Significance (2-sided)
Pearson Chi-Square	56.999 ^a	16	.000
Likelihood Ratio	35.440	16	.003
Linear-by-Linear Association	15.353	1	.000
N of Valid Cases	92		

a. 19 cells (76.0%) have expected count less than 5. The minimum expected count is 11.

4.3.8. Work shift of respondents

As indicated in Figure 4.5 majority of the respondents, 55.43% (n=51), worked full time, 20.65% (n=19) respondents worked part time, 14.13% (n=13) respondents worked mostly night duty, and 9.78% (n=9) respondents worked mostly day duty.

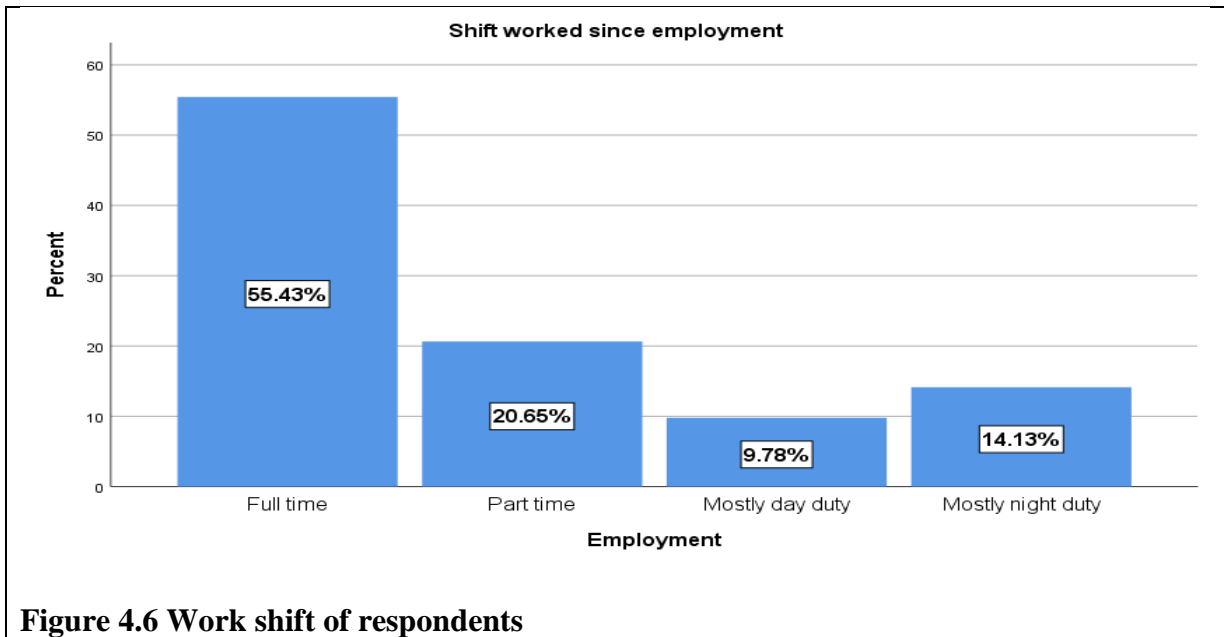


Figure 4.6 Work shift of respondents

4.3.9. Nursing rank of participants

Figure 4.6 revealed that a majority of the respondents, 46.74% (n=43), were enrolled nurses/staff nurses, 30.43% (n=28) were nursing assistants, 19.57% (n=18) registered nurses, and 3.63% (n=3) chief professional nurses/ unit managers.

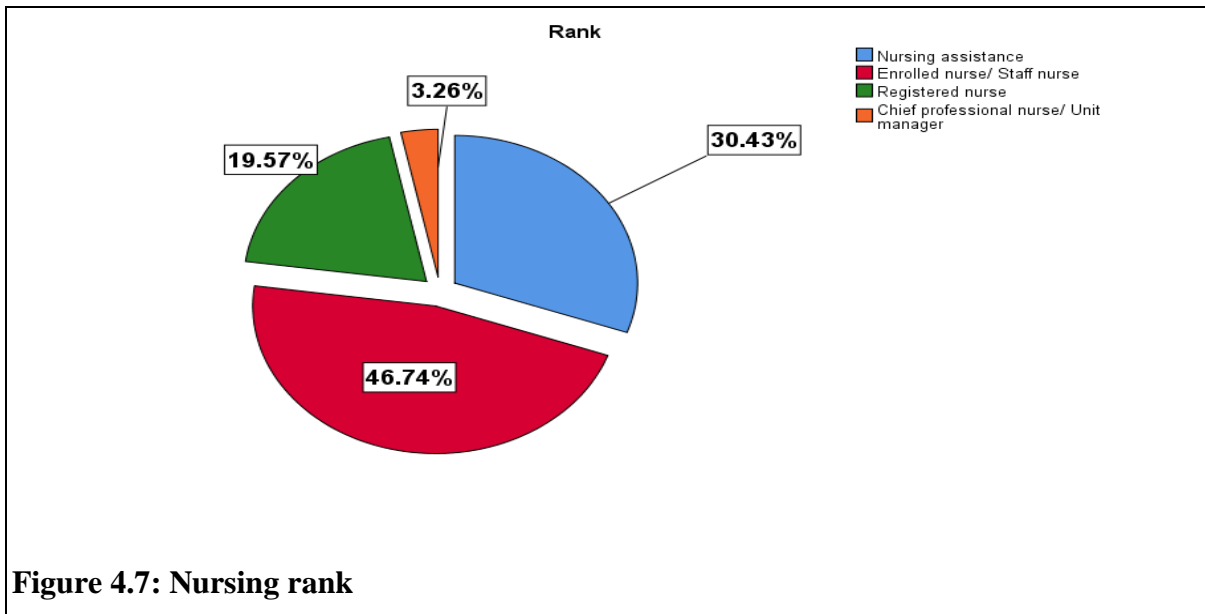
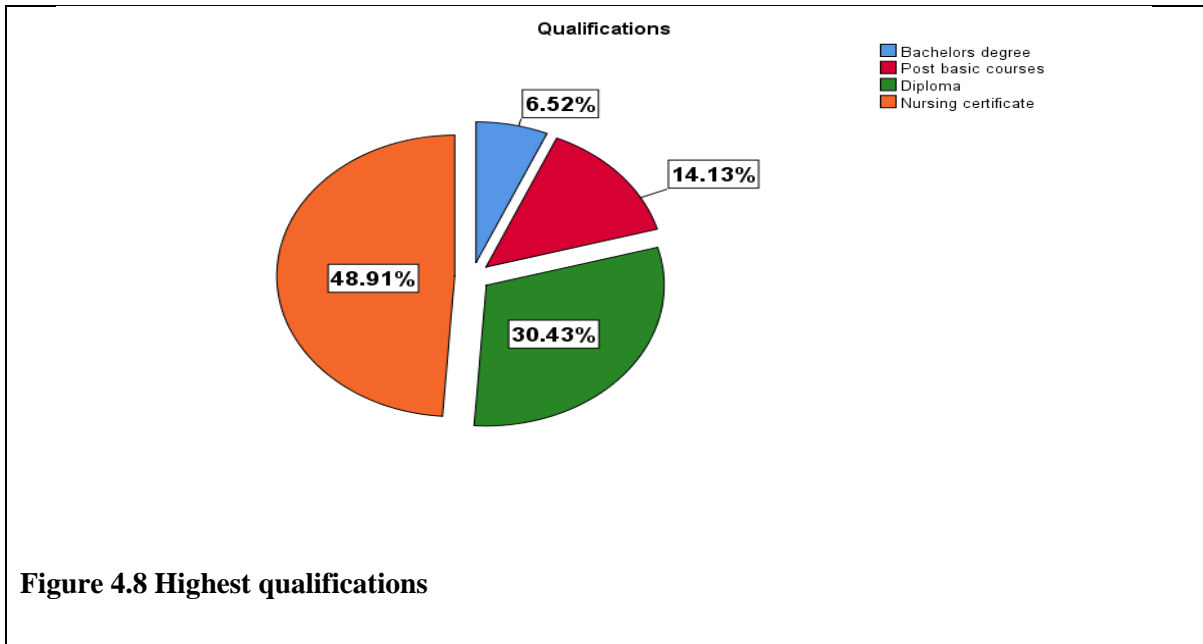


Figure 4.7: Nursing rank

4.3.10. Highest qualifications

Figure 4.7 reveals that majority of the respondents, 48.91% (n=45), had a nursing certificate, 30.43% (n=28) of the respondents had nursing diplomas, 14.13% (n=13) of the respondents

had post basic certificates, and 6.52% (n=6) of the respondents had nursing bachelor's degree. No participants answered that they had a master's degree.



4.3.11. Influence of highest qualifications on nurses' personal factors

A crosstabulation was done to determine the relationship between personal factors and the highest qualifications of nurses. The results displayed on table 4.2 showed that the majority of the nurses had nursing certificates, 84.4% (n=38), while post basic courses were 42.9% (n=12), and 15.4% (n=2) had a diploma while the minority of nurses had a bachelor's degree and were related to the increase in nursing staff turnover rate. Pearson Chi-square test shows a significant association Pearson value=8.32, df= 1, p-value=0.007. The p-value=0.007 is relevant to this study of the crosstabulation between personal factors and highest qualifications.

Table 4.3 Crosstabulation of personal factors and highest qualifications

		Personal factors		Total	P value
		Low	High		
Highest qualifications	Bachelor's degree	6	0	6	
		100.0%	0.0%	100.0%	
		8.5%	0.0%	6.5%	
		6.5%	0.0%	6.5%	
	Post basic degree	11	2	13	
		84.6%	15.4%	100.0%	
		15.5%	9.5%	14.1%	
		12.0%	2.2%	14.1%	
	Diploma	16	12	28	
		57.1%	42.9%	100.0%	
		22.5%	57.1%	30.4%	
		17.4%	13.0%	30.4%	
	Nursing certificate	38	7	45	
		84.4%	15.6%	100.0%	
		53.5%	33.3%	48.9%	
		41.3%	7.6%	48.9%	
Total	71	21	92		
	77.2%	22.8%	100.0%		
	100.0%	100.0%	100.0%		
	77.2%	22.8%	100.0%	0.017	

4.4. Factors that affects nurses' decision to stay or leave an employment.

4.4.1. Organisational factors affecting staff turnover in the organisation

The public reputation of the organisation is a reason for nurses leaving the organisation, a substantial majority of the respondents, 47.8% (n=44), disagreed while 22.8% (n=21) respondents were uncertain. The minority of the respondents, 20.7% (n=19), agreed and 3.3% (n=3) strongly agreed, while 5.4% (n=5) strongly disagreed. Regarding the relationship that the organisation has with its nurses 8.7% (n=8) strongly disagreed while 45.7% (n=42) disagree with the relationship that the organisation has with the nurses. 22.8% (n=21) of the respondents are uncertain while 19.6% (n=28) agreed and 3.3% (n=3) strongly agreed with this proposition. Regarding the purpose or vision of the organisation 6.5% (n=6) respondents strongly disagree 6.5% (n=6) while, 45.5% (n=42) disagree and 23.9% (n=22) were uncertain. A remaining 20.7% (n=19) agreed and 5.4% (n=5) strongly agreed with the vision of the

organisation. Half of the respondents 50.0% (n=46) disagreed with the organisational culture, 5.4% (n=5) strongly disagreed while 25.0% (n=23) uncertain. The remaining responses were 14.1% (n=13) agreed and 5.4% (n=5) strongly agreed.

Regarding the training and development opportunities available a majority, 50.0% (n=46) disagreed while a minority, 5.4% (n=5), strongly disagree and 26.1% (n=24) are uncertain. The remaining responded that they agreed, 13.0% (n=12), and 5.4% (n=5) strongly agreed. In response to the opportunities for career development, most responded, 48.9% (n=45), disagree, 28.3% (n=26) strongly disagree and 5.4% (n=5) uncertain. The rest responded 11.0% (n=11) agree and 5.4% (n=5) strongly agree. A majority, 50.0% (n=46), respondents disagree with the size of their workload, 9.8% (n=9) strongly disagrees, while 27.2% (n=25) remains uncertain. Minority responded, 9.8% (n=9), agree and 3.3% (n=3) strongly agree. Regarding the level of significance or importance of my job, a large majority, 30.4% (n=28), agree while 42.4% (n=39) strongly agree. The minority, 12.0% (n=11), strongly disagree, 4.3% (n=4) disagree, while 10.9% (n=10) were uncertain. Most of the respondents stated that the level of autonomy that their job provided, 31.5% (n=29) strongly disagree, 45.7% disagree, and 8.7% (n=8) uncertain. The rest minority responded, 9.8% (n=9), agree and 4.3% (n=4) strongly agree. Regarding the overall level of job satisfaction majority, 43.5% (n=40), disagrees and 30.3% (n=28) strongly disagrees, while 10.9% (n=10) were uncertain. A large minority, 9.8% (n=9), agree and 5.4% (n=5) strongly agree.

Table 4.4: Organisational factors

ORGANISATIONAL FACTORS	SD	D	U	A	SA	M	STD
The public reputation of the organisation	5.4% (n=5)	47.8% (n=44)	22.8% (n=21)	20.7% (n=19)	3.3% (n=3)	2.68	.971
The relationship that the organisation has with its nurses	8.7% (n=8)	45.7% (n=42)	22.8% (n=21)	19.6% (n=18)	3.3% (n=3)	2.63	1.002
The purpose or vision of the organisation	6.5% (n=6)	45.7% (n=42)	23.9% (n=22)	20.7% (n=19)	5.4% (n=5)	2.68	.982
The organisational culture	5.4% (n=5)	50.0% (n=46)	25.0% (n=23)	14.1% (n=13)	5.4% (n=5)	2.64	.978
The training and development opportunities available	5.4% (n=5)	50.0% (n=46)	26.1% (n=24)	13.0% (n=12)	5.4% (n=5)	2.63	.968
Opportunity for career development	28.3% (n=26)	48.9% (n=45)	5.4% (n=5)	11.0% (n=11)	5.4% (n=5)	2.63	.957
The size of my workload	9.8% (n=9)	50.0% (n=46)	27.2% (n=25)	9.8% (n=9)	3.3% (n=3)	2.46	.919
The level of significance or importance of my job	12.0% (n=11)	4.3% (n=4)	10.9% (n=10)	30.4% (n=28)	42.4% (n=39)	2.53	.988
The level of autonomy that my job provides	31.5% (n=9)	45.7% (n=42)	8.7% (n=8)	9.8% (n=9)	4.3% (n=4)	2.55	.941
The overall level of job satisfaction I have	30.3% (n=28)	43.5% (n=40)	10.9% (n=10)	9.8% (n=9)	5.4% (n=5)	2.76	2.350

4.4.2. Workload factors affecting staff turnover in the organisation

Regarding the nursing staff involvement during decision making, most of the respondents ,43.5% (n=40), agree, 26.1% (n=24) strongly agree, and 7.6% (n=7) are uncertain. The rest responded, 12.0% (n=11), strongly disagree and 10.9% (n=10) disagree. The majority of nursing staff are not involved during policy making, 13.0% (n=12) strongly disagrees, 16.3% (n=15) disagree, and 7.5% (n=7) uncertain. Most of the respondents, 35.9%, agree and 27.2% (n=25) strongly agree that they are not involved in decision making in the organisation. In response to nurses not receiving updates on the use of equipment, 13.0% (n=12) strongly disagree, 18.5% (n=17) disagree, 6.5% (n=6) uncertain. A majority of the respondents, 30.4% (n=28), agree and 31.5% (n=29) strongly agree that they do not receive updates on the use of equipment. There are mixed responses to the question of whether or not the nursing staff are familiar with the standard operating procedures, 5.4% (n=5) strongly disagrees, 20.7% (n=19) disagree, 29.3% (n=27) uncertain, 28.3% (n=26) agree, and 5,4% (n=5) strongly agree. Regarding the question on where to access information regarding patient care, 22.8% (n=21) strongly disagree, 30.4% (n=28) disagree, and 26.1% (n=24) uncertain. 15.2% (n=14) agree,

and 5.4% (n=5) strongly agree. The final question is related to if nursing staff know where to access information regarding unit management, 14.1% (n=13) strongly disagree, 5.4% (n=5) disagree, and 21.7% (n=20) uncertain. A substantial number, 28.3% (n=26), agree and 30.4% (n=28) strongly agree. These statistics indicate that most of the nursing staff do not know where to access information regarding the unit manager of most of the units in the organisation.

Table 4.5: Workload factors

WORKLOAD FACTORS	SD	D	U	A	SA	M	STD
Not involved during decision making	12.0% (n=11)	10.9% (n=10)	7.6% (n=7)	43.5% (n=40)	26.1% (n=24)	2.58	1.080
Not involved during policy making	13.0% (n=12)	16.3% (n=15)	7.6% (n=7)	35.9% (n=33)	27.2% (n=25)	2.69	1.126
Not receiving updates on the use of equipment	13.0% (n=12)	18.5% (n=17)	6.5% (n=6)	30.4% (n=28)	31.5% (n=29)	2.75	1.105
Not familiar with standard operating procedures	16.3% (n=15)	20.7% (n=19)	29.3% (n=27)	28.3% (n=26)	5.4% (n=5)	2.70	1.134
Do not know where to access information regarding patient care	22.8% (n=21)	30.4% (n=28)	26.1% (n=24)	15.2% (n=14)	5.4% (n=5)	2.72	1.139
Do not know where to access information regarding unit management	14.1% (n=13)	5.4% (n=5)	21.7% (n=20)	28.3% (n=26)	30.4% (n=28)	2.73	1.118

4.4.3. Opinion about team leaders that is affecting staff turnover in the organisation

In response to whether team leaders have an autocratic leadership style, 25.0% (n=23) strongly disagree, 32.6% (n=30) disagree, and 14.1% (n=13) uncertain. The remaining responded, 20.7% (n=19) agree and 7.6% (n=7) strongly agree. A majority of respondents revealed that the team leaders do not have autocratic leadership qualities. In relations to laissez-faire management style, the respondents, 17.4% (n=16) strongly disagree, 6.5% (n=6) disagree, and 22.8% (n=21) are uncertain. Most responded, 20.7% (n=19), agree and 32.6% (n=30) strongly agree. These findings stated that most of the leaders have a laissez-faire management style in the organisation. The question regarding team leaders giving negative performance feedback, 18.5% (n=17) strongly disagree, 10.8% (n=10) disagree, and 19.6% (n=18) are uncertain. The remaining responded, 22.8% (n=21) agreed and 28.3% (n=26) strongly agreed. In this question about team leaders supporting subordinates had fairly mixed response, 18.5% (n=17) strongly disagree, 21.7% (n=20) disagree, and 23.9% (n=22) were uncertain. While 28.3% (n=26) agree and, the minority responded, 7.6% (n=7), strongly agree. The last question on this theme is whether performance appraisals were regularly done in the organization, 19.6% (n=18) strongly disagree, 18.5% (n=17) disagree, and 5.4% (n=5) are uncertain. A large majority, 34.8% (n=32), agree and 21.7% (n=20) strongly agree.

Table 4.6: Opinion about team leaders

OPINION ABOUT TEAM LEADERS	SD	D	U	A	SA	M	STD
Has an autocratic leadership style	25.0% (n=23)	32.6% (n=30)	14.1% (n=13)	20.7% (n=19)	7.6% (n=7)	2.75	1.163
Has a laissez-faire management style	17.4% (n=16)	32.6% (n=30)	22.8% (n=21)	20.7% (n=19)	6.5% (n=6)	2.66	1.179
Gives negative performance feedback	18.5% (n=17)	10.9% (n=10)	19.6% (n=18)	22.8% (n=21)	28.3% (n=26)	2.97	2.371
Does not support subordinates	18.5% (n=17)	21.7% (n=20)	23.9% (n=22)	28.3% (n=26)	7.6% (n=7)	2.71	1.216
Does performance appraisals regularly	19.6% (n=18)	18.5% (n=17)	4.5% (n=5)	34.8% (n=32)	21.7% (n=20)	2.55	1.161

4.4.4. Overall score of organisational factors

The expected minimum is 5 and the expected maximum is 30. The study reveals that the minimum is 20 and maximum is 120. The mean is 56.09 and the standard deviation is 18.376.

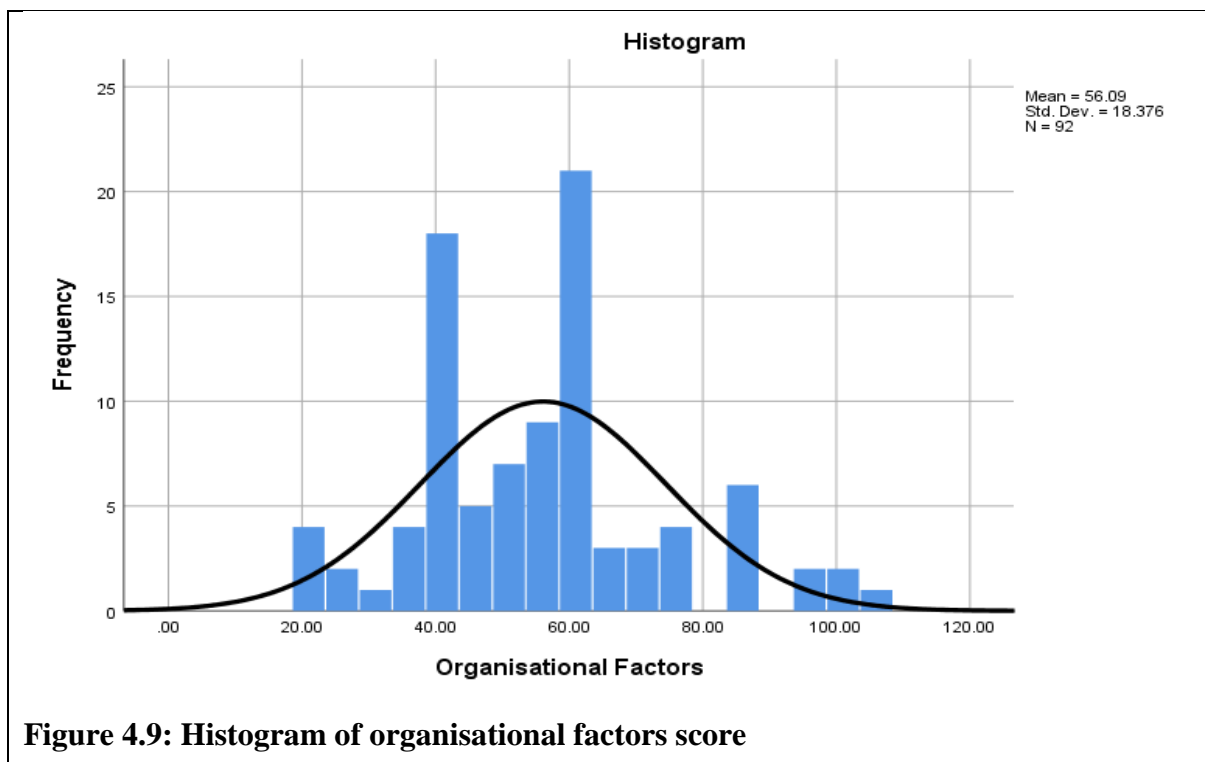


Figure 4.9: Histogram of organisational factors score

4.4.5. Grouping of Organisational factors

When the organisational score was grouped with the score, 20-60 was regarded as low and 61-120 regarded as high. After grouping, about 38.0% (n=35) scored low in external factors while 62.0% (n=57) scored high.

Table 4.7: Grouping of organisational factors

<u>Organisational factors</u>				
		Score	Frequency	Percent
Valid	Low	20-60	35	38.0
	High	61-120	57	62.0
	Total	120	92	100.0

4.4.6. Influence of organisational factors on personal factors

A crosstabulation was done to determine the relationship between personal factors and organisational factors of nurses leaving the organisation. The results displayed on table 4.7 showed that a majority of the total were low, 62.0% (n=57), while the minority of the total were high, 38.0% (n=38). This is related to the increase in nursing staff turnover rate. Pearson Chi-square test shows a significant association, Pearson value=9.46, df= 1, p-value=0.002. The p-value=0.002 is relevant to this study of the crosstabulation between organisational factors and personal factors.

Table 4.8: Crosstabulation between organisational factors and personal factors

		<u>Organisational factors</u>		Total	P Value
		Low	High		
Personal factors	Low	50	21	71	
		70.4%	29.6%	100.0%	
	High	87.7%	60.0%	77.2%	
		54.3%	22.8%	77.2%	
Total	Low	7	14	21	
		33.3%	66.7%	100.0%	
	High	12.3%	40.0%	22.8%	
		7.6%	15.2%	22.8%	
Total	Low	57	35	92	
		62.0%	38.0%	100.0%	
	High	100.0%	100.0%	100.0%	
		62.0%	38.0%	100.0%	0.002

4.4.7. Personal factors affecting staff turnover in the organisation

With specific reference to the amount of flexibility nursing staff have in working hours, most of the respondents, 38.0% (n=35) disagree and 16.3% (n=15) strongly disagree, while 20.7% (n=19) are uncertain. The remaining 18.5% (n=17) agree and the minority, 6.5% (n=6), strongly agree. My work life balance, as indicated by the respondents, 35.9% (n=33) strongly agree. In response to qualifications of nurses in this organisation compared to nurses in the same hospital, 16.3% (n=15) strongly disagree, 34.8% (n=32) disagree, while 23.9% (n=22) are uncertain. The rest, 18.5% (n=17) agree 18.5% and the minority responded, 6.5% (n=6) strongly agree. In determining the perceptions of nurses' responsibilities in this public organisation compared to nurses in others, (value?) disagree, 17.4% (n=16) strongly disagree while, 20.7% (n=19) are uncertain. The remaining 20.7% (n=19) agree and 5.4% (n=5) strongly agree 5.4% (n=5). Qualifications compared to nurses in other public hospitals, most of the respondents, 40.2% (n=37), disagree, 15.2% (n=14) strongly disagree, and 20.7% (n=19) are uncertain. The rest responded, 19.6% (n=18), agree and the minority, 4.3% (n=4), strongly agree. Nurses responsibilities compared to nurses in other public hospitals, 13.0% (n=12) strongly disagree, 34.8% (n=32) disagree while, 27.2% (n=25), are uncertain. The remaining responded, 19.6% (n=18) agree and 5.4% (n=5) strongly agree. Similarly, the perceptions of nurses' responsibilities in this organisation compared to nurses in private hospitals, 10.8% (n=10) strongly disagree, 37.0% (n=34) disagree, that the responsibilities in this organisation is not the same as private hospitals, and 22.8% (n=21) are uncertain. The rest responded, 23.9% (n=22) agree that the responsibilities are the same, and the minority, 5.4% (n=5) strongly agree, that nurses' responsibilities are the same as private hospitals.

Table 4.9: Personal factors

PERSONAL FACTORS	SD	D	U	A	SA	M	STD
The amount of flexibility I have in my working hours	16.3% (n=15)	38.0% (n=35)	20.7% (n=19)	18.5% (n=17)	6.5% (n=6)	2.61	1.157
My work life balance	17.4% (n=16)	35.9% (n=33)	20.7% (n=19)	20.7% (n=19)	5.4% (n=5)	2.61	1.157
Qualifications compared to nurses in other public hospitals	15.2% (n=14)	40.2% (n=37)	20.7% (n=19)	19.6% (n=18)	4.3% (n=4)	2.57	1.102
Qualifications compared to nurses in the same hospital	16.3% (n=15)	34.8% (n=32)	23.9% (n=22)	18.5% (n=17)	6.5% (n=6)	2.64	1.153
Responsibilities compared to nurses in other public hospitals	13.0% (n=12)	34.8% (n=32)	27.2% (n=25)	19.6% (n=18)	5.4% (n=5)	2.69	1.097
Responsibilities compared to nurses in private hospitals	10.9% (n=10)	37.0% (n=34)	22.8% (n=22)	23.9% (n=22)	5.4% (n=5)	2.76	1.103

4.4.8. Overall score of personal factors

The expected possible minimum is 5 and the expected maximum is 30. The respondents had minimum of 6 and a maximum of 30. The mean is 15.50 and the standard deviation is 5.965.

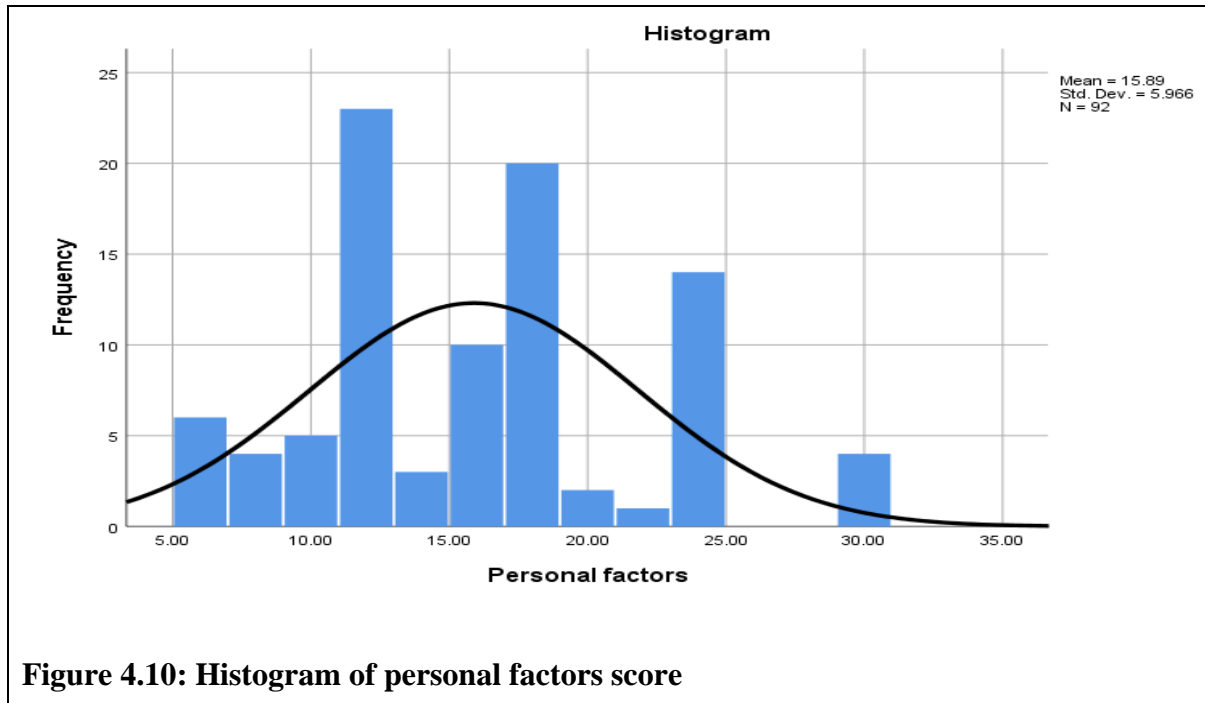


Figure 4.10: Histogram of personal factors score

4.4.9. Grouping of personal factors

When the organisational score was grouped with the score, 6-18 was regarded as low and 19-30 regarded as high. After grouping about 22.8% (n=21) scored low in external factors while 77.2% (n=71) scored high.

Table 4.10: Grouping of personal factors

Personal factors			
		Frequency	Percent
Valid	Low	21	22.8
	High	71	77.2
	Total	92	100.0

4.4.10. Crosstabulation between personal factors and age

The crosstabulation results showed the personal factors and the ages that affect nurses' turnover intention. In regard to ages that affect personal factors among nurses, the ratio of nurses having lower turnover intention is 80.0% and the significance in the Pearson's Chi-square is ($p < 0.001$). There is a negative correlation between the personal factors and age on nursing staff turnover intention, which is consistent with the relevant results. The p -value=0.009 is relevant to this study of the crosstabulation between personal factors and external factors.

Table 4.11: Crosstabulation between Personal factors and external factors

		External factors		Total	P value
		Low	High		
Personal factors	Low	51	20	71	
		71.8%	28.2%	100.0%	
		86.4%	60.6%	77.2%	
		55.4%	21.7%	77.2%	
	High	8	13	21	
		38.1%	61.9%	100.0%	
		13.6%	39.4%	22.8%	
		8.7%	14.1%	22.8%	
Total	59	33	92		
	64.1%	35.9%	100.0%		
	100.0%	100.0%	100.0%		
	64.1%	35.9%	100.0%	0.009	

4.4.11. Reasons for nurses leaving the organisation

In determining the perception on better remuneration, 12.0% (n=11) strongly disagree, 5.4% (n=5) disagree, 20.7% (n=19) are uncertain, 21.7% (n=20) agree, and 40.2% (n=37) strongly agree. A majority of the respondents agree to better remuneration in the organisation to encourage job satisfaction amongst the nursing staff. A majority of 38.0% (n=35) responded that they agree to work closer to home, 25.0% (n=23) strongly agree, while 12.0% (n=11) strongly disagree, 5.4% (n=5) disagree, and 19.6% (n=18) are uncertain. Most, 35.9% (n=33), responded agree and 27.2% (n=25) strongly agree, to the need to be closer to childcare facilities, where as 4.3% (n=4) strongly disagree and 9.8% (n=9) disagree while 22.8% (n=21) are uncertain. A majority of the respondents, 23.9% (n=22), agree and 37.0% (n=34) strongly agree to better working hours in the organisation while, 6.5% (n=6) strongly disagree and 9.8% (n=9) disagree, the rest, 22.8% (n=21), remain uncertain. On whether to work in the unit of their choice, majority of the respondents, 31.5% (n=29), strongly agree, 26.1% (n=25) agree, while

25.0% (n=23) were uncertain. The minority of the respondents, 9.8% (n=9), strongly disagree and 7.6% (n=7) disagreed. A majority responded that they do not have additional qualifications, 31.5% (n=29) agreed, 28.3% (n=26) strongly agreed, while 25.0% (n=23) were uncertain. The minority responded, 9.8% (n=9), strongly disagree, and 4.3% (n=4) disagreed. In response to move to nursing/ health administration, 12.0% (n=11) strongly disagree, 30.4% (n=28) disagree, and 26.1% (n=24) were uncertain. The remaining responded, 25.0% (n=23) agree and 6.5% (n=6) strongly agree. Similarly, to move to a teaching position there were mixed responses, 13.0% (n=12) strongly disagree, 28.3% (n=26) disagree, while 28.3% (n=26) agree, and 5.4% (n=5) strongly agree, the remaining were uncertain, 25.0% (n=23). In response to move to an institution with better nurse-doctor relationships most, 25.0% (n=23), responded agree and, 31.5% (n=29), strongly agree, while the minority, 4.3% (n=4), strongly disagree and 9.8% (n=9) disagree, while 28.3% (n=26) were uncertain. The last question on this theme requested respondents to express whether they would like to move to hospitals where nursing work is appreciated, 23.9% (n=22) agree and 30.4% (n=28) strongly agree. The remaining minority, 5.4% (n=5) strongly disagree and 13.0% (n=12) disagree, while 27.2% (n=25) were uncertain.

Table 4.12: Reasons for nurses leaving the organisation

REASONS FOR NURSES LEAVING THE ORGANISATION	SD	D	U	A	SA	M	STD
Better remuneration	12.0% (n=11)	5.4% (n=5)	20.7% (n=19)	21.7% (n=20)	40.2% (n=37)	2.68	1.108
I want to work closer to home	12.0% (n=11)	5.4% (n=5)	19.6% (n=18)	38.0% (n=35)	25.0% (n=23)	2.73	1.127
I need to be closer to childcare facilities	4.3% (n=4)	9.8% (n=9)	22.8% (n=21)	27.2% (n=25)	35.9% (n=33)	2.80	1.081
better working hours	6.5% (n=6)	9.8% (n=9)	22.8% (n=21)	23.9% (n=22)	37.0% (n=34)	2.80	1.111
to work in the unit of my choice	9.8% (n=9)	7.6% (n=7)	25.0% (n=23)	26.1% (n=24)	31.4% (n=29)	2.90	1.129
I do not have additional qualifications	9.8% (n=9)	4.3% (n=4)	25.0% (n=23)	31.5% (n=29)	28.3% (n=26)	3.13	2.263
to move to nursing/ health administration	12.0% (n=11)	30.4% (n=28)	26.1% (n=24)	25.0% (n=23)	6.5% (n=6)	3.36	4.123
to move to a teaching position	13.0% (n=12)	28.3% (n=26)	25.0% (n=23)	28.3% (n=26)	5.4% (n=5)	2.84	1.138
to move to an institution with better nurse-doctor relationships	4.3% (n=4)	9.8% (n=9)	28.3% (n=26)	25.0% (n=23)	31.5% (n=29)	2.83	1.131
to move to hospitals where nurses' work is appreciated	5.4% (n=5)	13.0% (n=12)	27.2% (n=25)	23.9% (n=22)	30.4% (n=28)	2.81	1.138

4.4.12. Overall score for the reasons nurses leaving the organisation

The expected possible minimum is 5 and the expected maximum is 30. The respondents had a minimum of 10 and maximum of 68. The mean is 28.93 and standard deviation is 10.449.

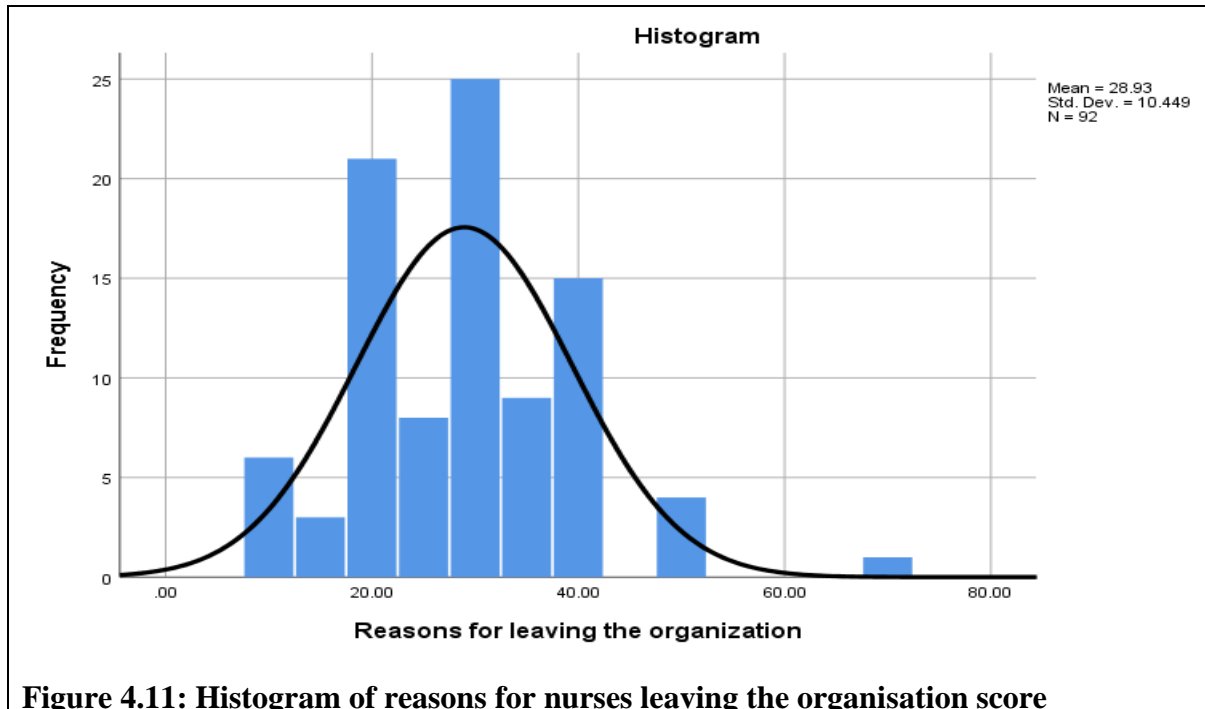


Figure 4.11: Histogram of reasons for nurses leaving the organisation score

4.4.13. Grouping of reasons nurses leaving the organisation

When the organisational score was grouped with the score, 10-30 was regarded as low and 31-68 regarded as high. After grouping about 35.9% (n=33) scored low in reasons for leaving the organisation while 64.1% (n=59) scored high.

Table 4.13: Grouping of reasons leaving the organisation

		Reasons for leaving the organisation	
		Frequency	Percent
Valid	Low	33	35.9
	High	59	64.1
	Total	92	100.0

4.4.14. Influence of organisational factors on reasons for leaving the organisation

A crosstabulation was done to determine the relationship between organisational factors and the reasons nurses leave the organisation. The results displayed on table 4.10 showed that a majority of the total were low, 62.0% (n=57), while the minority of the total were high, 38.0% (n=35), this is related to the increase in nursing staff turnover rate. Pearson Chi-square test shows a significant association, Pearson value=8.32, df= 1, p-value=0.007. The p-value=0.007 is relevant to this study of the crosstabulation between organizational factors and reasons for leaving the organisation.

Table 4.14: Crosstabulation of Organisational factors and reasons for leaving the organisation

		Organisational factors		Total	P value
		Low	High		
Reasons for leaving the organisation	Low	43	16	59	
		72.9%	27.1%	100.0%	
		75.4%	45.7%	64.1%	
		46.7%	17.4%	64.1%	
	High	14	19	33	
		42.4%	57.6%	100.0%	
		24.6%	54.3%	35.9%	
		15.2%	20.7%	35.9%	
Total	57	35	92		
	62.0%	38.0%	100.0%		
	100.0%	100.0%	100.0%		
	62.0%	38.0%	100.0%	0.007	

4.4.15. External factors affecting staff turnover in the organisation

Respondents were asked about external factors affecting staff turnover using five items. The first item was whether the organisation was in a rural setting, 30.4% (n=28) disagreed, 15.2% (n=14) strongly disagreed, while 20.7% (n=19) were uncertain. The remaining responded, 29.3% (n=27) agreed and 4.3% (n=4) strongly agreed. The second item was whether the conditions of the roads are good, 10.9% (n=10) strongly disagreed, 31.5% (n=29) disagreed while, 22.8% (n=2) were uncertain. The remaining responded, 30.4% (n=28) agreed and a minority of 5.4% (n=5) strongly agreed. Similarly, in the third item the respondents indicated

whether the public transport system is good, 10.9% (n=10) strongly disagreed, 32.6% (n=30) disagreed, while 20.7% (n=19) were uncertain. The rest responded, 31.5% (n=29) agreed 31.5% (n=29) and 4.3% (n=4) strongly agreed. In the fourth item, is the quality of education in the area surrounding the organisation good, 9.8% (n=9) strongly disagreed, 32.6% (n=30) disagreed, and 21.7% (n=20) uncertain. The remaining responded, 31.5% (n=29) agreed and a minority of 4.3% (n=4) strongly agreed. The final item indicated whether the availability and quality of health services in the area were good, most of the respondents, 33.7% (n=31), agreed, while 29.3% (n=27), disagreed, and 20.7% (n=19) were uncertain. The remaining responded, 10.9% (n=10) strongly disagreed and a minority of 5.4% (n=5) strongly agreed.

Table 4.15: External factors

EXTERNAL FACTORS	SD	D	U	A	SA	M	STD
Rural setting	15.2% (n=14)	30.4% (n=28)	20.7% (n=19)	29.3% (n=27)	4.3% (n=4)	2.77	1.158
Urban setting	13.0% (n=12)	28.3% (n=26)	22.8% (n=21)	31.5% (n=29)	4.3% (n=4)	2.79	1.124
Conditions of the roads	10.9% (n=10)	31.5% (n=29)	22.8% (n=21)	30.4% (n=28)	5.4% (n=5)	2.85	1.105
Public transport system	10.9% (n=10)	32.6% (n=30)	20.7% (n=19)	31.5% (n=29)	4.3% (n=4)	2.85	1.115
Quality of education in the area	9.8% (n=9)	32.6% (n=30)	21.7% (n=20)	31.5% (n=29)	4.3% (n=4)	2.88	1.097
Availability and quality of health services in the area	10.9% (n=10)	29.3% (n=27)	20.7% (n=19)	33.7% (n=31)	5.4% (n=5)	2.93	1.136

4.4.16. Overall score for external factors

With a possible minimum and maximum score of 5 and 30, the respondents had a minimum score of 6 and maximum score of 30. The mean is 17.09 and standard deviation is 18.000.

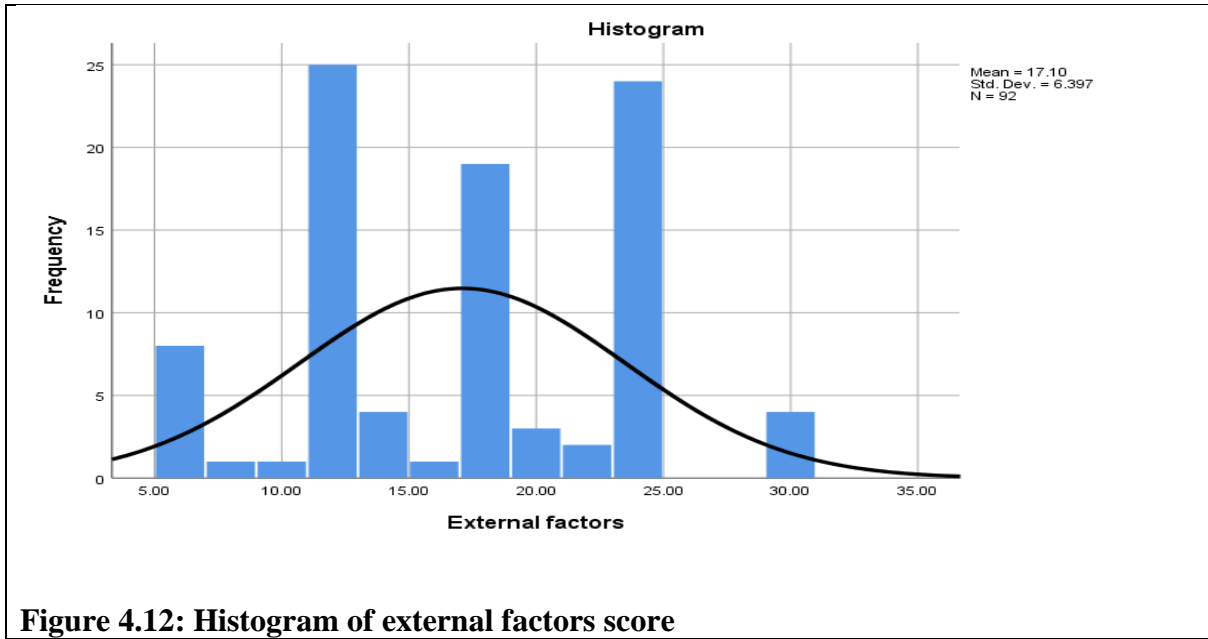


Figure 4.12: Histogram of external factors score

4.4.17. Grouping of external factors

When the organisational score was grouped with the score, 6-18 was regarded as low and 19-30 regarded as high. After grouping, about 64.1% (n=59) scored low in external factors while 35.9% (n=33) scored high.

Table 4.16: Grouping of external factors

		<u>External factors</u>	
		Frequency	Percent
Valid	Low	59	64.1
	High	33	35.9
	Total	92	100.0

4.4.18. Influence of external factors on nurses leaving the organisation

A crosstabulation was done to determine the relationship between external factors and nurses leaving the organisation. The results displayed on table 4.16 showed that a majority of the total were low, 64.1% (n=59), while the minority of the total were high, 35.9% (n=33), this is related to the increase in nursing staff turnover rate. Pearson Chi-square test shows a significant association, Pearson value=25.5, df= 1, p-value=0.000. The p-value=0.000 is relevant to this study of the crosstabulation between external factors and reasons for leaving the organisation.

Table 4.17: Crosstabulation between external factors and reasons for leaving the organisation

		External factors		Total	P value
		Low	High		
Reasons for leaving the organisation	Low	49	10	59	
		83.1%	16.9%	100.0%	
		83.1%	30.3%	64.1%	
		53.3%	10.9%	64.1%	
	High	10	23	33	
		30.3%	69.7%	100.0%	
		16.9%	69.7%	35.9%	
		10.9%	25.0%	35.9%	
Total	59	33	92		
	64.1%	35.9%	100.0%		
	100.0%	100.0%	100.0%		
	64.1%	35.9%	100.0%	0.000	

4.5. Conclusion

In this chapter, the findings from questionnaires were completed and indicates that there is a shortage of registered nurses, increase staff turnover, and nurse educators. There are not enough strategies focusing on improving retention through the workplace environment and empowering nurses to stay in their present working environment leading to an increase in staff turnover rate.

Chapter 5

5. Discussion of findings, recommendations and conclusion

5.1. Introduction

This chapter presents the summary of findings and recommendations on how to improve working conditions and reduce the rate of staff turnover at a selected public hospital in KwaZulu-Natal as well as the conclusion for the entire research.

The study was conducted to evaluate the factors influencing staff turnover at a selected public hospital in KwaZulu-Natal. To achieve the aim, five objectives were set: firstly, to explore organisational factors that affect nurses' decisions to stay or leave employment in a selected public hospital, to explore personal factors that affect nurses' decisions to stay or leave employment in a selected public hospital, to describe reasons for nurses leaving the organisation in a selected public hospital, to describe external factors that may influence nurses in leaving their place of employment in a selected public hospital, and to explore possible recommendations for staff retention in a selected public hospital.

5.2. Discussion of findings:

5.2.1. Demographics

The majority, 78.26% of the participants, were females which is in line with a study conducted by Coleman *et al.* (2006), which states that in sub-Saharan Africa, 10% of nurses are male and female nurses are in the majority. The majority, 36.96% of the participants, are between the ages of 20-30 years old. In a study conducted among Greek registered nurses, Maria *et al.* (2010) discovered that the age of thirty-six years is a cut-off point in relations to job satisfaction. A majority of 54.35% of the participants were married, which is in line with a study conducted by Thorsen *et al.* (2011) that concludes that employees who have the responsibility of raising children, doing domestic chores, and a duty to take care of a spouse experience more pressures as nurses resulting in stress, illness, and poor performance, which leads to an increase in staff turnover and absenteeism. This study revealed that the majority, 30.43% of the participants, had four to five years of experience in their present position. This is consistent with studies of nurses in southern Ethiopia (Asegid *et al.* 2014), Ghana

(Bonenberger *et al.*, 2014), Tanzania, Malawi, South Africa (Blaauw *et al.*, 2013) and in Lebanon (El-Jardali *et al.*, 2013) which indicates in their studies that nurses that were newly qualified are more likely to move to different organisations seeking job satisfaction and career advancement.

5.2.2. Organisational factors that affects nurse's decision to stay or leave an employment at a selected public hospital

The results indicated that the majority, 50.0% of the participants, were dissatisfied with the opportunity for career development. These results confirmed studies conducted by *Blaauw et al.* (2013), *Bonenberger et al.* (2014), and *Franco et al.* (2002), these studies suggest that turnover intentions are associated with job dissatisfaction, low motivation, and poor performance, which potentially undermine productivity and the quality of care. According to this study, a majority, 48.9% of the participants, disagreed with the opportunity for career development, training, and development in the organization. In accordance to a study done by *Sheikhi et al.* (2015) it is suggested that by having career advancement, nurses feel greater commitment and responsibility toward their jobs and, therefore, career advancement is a requirement for nurses. Similar studies done by *McCabe and Garavan* (2008) and *Marian Cullin* (2012) state that training, development, and career progression are also a factor highlighted in the sense that nurses are professionally obliged to set aside time for professional training and development to increase job satisfaction and reduce staff turnover rates. Furthermore, *McCabe and Garavan* (2008) and *Marian and Cullin* (2012) also mentioned that it is necessary for nurses to continuously update their working practices and advancements but factors were hindered when nurses found it difficult to get time off to study, as well as the cost of studying being high, and management not allowing staff to study, which leads to job dissatisfaction and an increase in staff turnover.

The results indicated that a majority, 47.8% of the participants, were dissatisfied with the autonomy in their work, it is also in line with the contention by *Beliasa et al.* (2014) which states that autonomy at work is important not only as a valuable reward, but as a determinant series of results, such as job satisfaction, stress, one's health, and autonomy at work is one of the most important work characteristics that directly affect employees job satisfaction in order to reduce staff turnover. A similar point is made by *Asegid et al.* (2014) who note that nurses who are dissatisfied at work, have no control over the duties, and have no autonomy were also found to distance themselves from their patients and their nursing chores, resulting in

suboptimal quality of care and dissatisfaction at work which causes poor job performance, low productivity, staff turnover, as well as being costly to the organisation. Asegid *et al.*, (2014) further states that the ability to produce, the quality of the work, the opportunity to learn and express creativity, the sense of pride in their profession, the recognition for a job well done, the ability to work well in a team the social satisfaction derived from relationships at work, the opportunity to experience personal growth, and autonomy are all factors that impact job satisfaction and reduces staff turnover. Furthermore, in this study a majority, 43.5%, of the participants were dissatisfied with the overall job satisfaction they received. A similar point is stated in a study by Baumann (2007), that a healthy and positive work environment is therefore characterised by innovative policy frameworks focused on the recruitment and retention of staff; strategies for continuing education and upgrading of skills and competencies which leads to job satisfaction and reduces staff turnover rate. Baumann (2007) further states that adequate employee compensation, innovative recognition programmes, sufficient equipment and supplies, safe and clean working environments, and visionary and inspirational leadership in nursing will lead to good organisational practices which reduces the rate of staff turnover within the organisation.

Workload factors

Findings of this study revealed that a majority of 43.5% of the participants were not involved in decision making and policy development. This is in line with the study by Cowden *et al.* (2011) which reveals that nurses employed in environments where they felt supported by their leaders and peers, recognized and valued for their contributions, and encouraged to participate in decision making were more likely to remain in their positions were more satisfied and more committed to the organisation. It has also emerged that a majority of 31.5% of the participants were not receiving updates on the use of equipment. This is congruent with a study conducted Frankel (2008), a culture based on continual learning through support and best-practice methods has proved to be a strong strategy to empower and motivate staff to improve self-confidence and supportive clinical environments are vital to make the clinical nursing environment enticing for nursing staff to remain in the jobs. A similar study done by Mrrayan (2005) further states that nurses expect their work environments to supply them with adequate opportunities and equipment to provide patients with care of a high standard, but job dissatisfactions at work could increase nurses' turnover rates.

Opinion about team leaders

In this study findings revealed that that a majority of 28.3% of the participants were given negative performance feedback. It is in line with a study conducted by McCabe and Garvan (2008) which states that nurses felt they were undervalued and that there was a bias towards giving negative feedback to nurses about job recognition and efforts, leading to job dissatisfaction and increase in staff turnover rate in the organisation.

5.2.3. Personal factors that affects nurse's decision to stay or leave an employment at a selected public hospital

This study revealed that a majority of 38.0% of the participants had not enough flexibility with working hours. A study conducted by Stone *et al.* (2011) states that a lack of health and personal concerns compel nurses to continue seeking the kind of nursing work they choose to perform which increases job dissatisfaction and increase staff turnover. Similarly, Creegan, *et al.* (2008) reported that nurses leave the acute care setting looking for work with more sociable hours and safety, this hinders recruitment efforts which may contribute to hospital personnel shortages and higher staff turnover. The findings in this study reveals that a majority of 35.9% of the participants do not have work life balance. A study conducted by Collins (2015), reported that hospitals are struggling with high employee turnover rates resulting in a lack of employee morale, decreased productivity, increase termination expense. and increased learning curve error. Job satisfaction is the most frequently studied psychological characteristic or affective state thought and work life balance to be related to turnover or turnover intentions. Furthermore, a majority of 40.2% of the participants stated that there are more responsibilities in a private hospital compared to government hospitals and they have less qualifications compared to nurses in other public hospitals. This is consistent with a study conducted by Chen *et al.* (2008) which states that increased nursing staff turnover rates in Taiwan, where poor promotion opportunity, work stress due to high workload, lack of continuing education, dissatisfaction with salary, dissatisfaction with superiors, inflexible scheduling, administrative policies, recognition, unstable scheduling, and dissatisfaction with fringe benefits lead to higher rates of turnover.

5.2.4. Reasons for nurses leaving the organisation of a selected public hospital

This study reveals that a majority of 40.2% of the participants stated that there is inadequate remuneration and there are no childcare facilities in the organisation, which can lead to staff dissatisfaction. Similarly, studies conducted in South Africa by Mokoka *et al.* (2010), Schmiedeknecht *et al.* (2015), and Willis-Shattuck *et al.* (2008) have concluded that uncompetitive salaries, along with other factors, do have a negative impact on nurse retention, suggesting that integrated packages of financial and non-financial incentives are needed to retain health workers such as bonuses and accommodation to reduce staff turnover rates. In addition, a majority of 30.4% of the participants stated that they would like to move to hospitals where nurses work is appreciated. This is in line with the study by Leurer *et al.* (2007) which states that nurses felt appreciated by patients and their families for their work efforts but there is a perception that employers lack gratitude for their efforts which increases job dissatisfaction and higher staff turnover. A majority of 38.0% of the participants stated that they would like to work closer to home and that they would like better working hours as not having these things increases job dissatisfaction which leads to increase in staff turnover rate in the organisation. A similar study conducted by Baibang *et al.* (2017) states that factors that lead to turnover of nurses include long working hours, heavy workloads, employee shortages, an inability to finish shifts on time, unpaid overtime, vacancies left unfilled, a lack of funds for training and development, as well as a culture of nurses using their own time and money to undergo training.

5.2.5. External factors that may influence nurses to leave their place of employment at a selected public hospital

This study reveals that a majority of 32.6% of the participants would like to have an improvement in the public transportation system and the quality educational systems by having more schools near the hospital. This is in line with the study by Neves *et al.* (2009) which states that arranging transport for employees by coordinating work hours with public transport, or investing in organisational transport for employee, should reduce staff turnover.

5.3. Limitations

This study was conducted in a public hospital in KwaZulu-Natal, South Africa, and involved a sample population of 100, with only 92 participants responding to the research questionnaires. As a result, the findings of this study cannot be generalised. The study did not capture external

factors related to nursing staff turnover rate because it was about the environment out of the hospital.

5.4. Possible recommendations

In addition to the strategies revealed in this study as well as the strategies that could be adopted to reduce employee turnover at the hospital, the following recommendations are also made to management to help improve the level of worker satisfaction in order to retain more employees at the selected public hospital.

- The management should attempt to provide better remuneration for staff such as bonuses or better salaries to retain staff and prevent them going to other organisations for employment.
- Management should analyse the environment and try to provide childcare facilities for staff, such as a crèche, to encourage staff to stay in the organisation. Management should also contact relevant authorities in the area to improve public transportation services and educational systems in the area for staff.
- There are training programmes at the hospital, but not enough staff are given the opportunity to do the training. Give more staff the opportunity to train and study within hospital and out of the organisation in places such as universities.
- A flexible working time that is available to help employees to balance work and life demands should be provided and communicated to the employees.
- The management or human resource department should consider employing more staff to reduce the workload and responsibilities of the staff that are presently working at this selected hospital.
- Management should give attention to those factors they can control, including communication with staff, fair treatment, recognition for effort and performance, participation in decision making, providing support and encouragement, training and developing staff to prepare them for promotion, and enhanced responsibility in order to reduce staff turnover rate.
- Management should involve their employees when they are making decisions and policies as this will increase their level of commitment in the organisation which will reduce staff turnover rates.

- Regular surveys should be conducted to established employee needs as well as to measure their perceptions regarding their jobs. This can assist management in tackling the reasons for nursing staff turnover.

5.5. Recommendations for further research

Further research should focus on continuously conducting a large-scale qualitative study nationally in private and public health services to formulate ways to reduce nursing staff turnover rates in South Africa.

5.6. Conclusion

The outcome of the research determined that the most influential factor in a decision to stay or leave in an employment was the relationship the organisation had with its nursing staff. It is therefore prudent for the management of this selected public hospital to see to it that the level of worker satisfaction with regard to workload factors, personal factors, organisational factors, and opinions of team leaders does not fall short and, if possible, attempts should be made to improve upon it in order to encourage nursing staff retentions. It is also prudent for the management of the hospital to see to their retention of staff and staff turnover strategies before losing highly talented and skilled employees.

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Annexure A: Participant Information Sheet

Information sheet

PROJECT TITLE: Exploring factors influencing nursing staff turnover at a selected public hospital in KwaZulu-Natal

RESEARCHER

Full Name: Neshani Sukhraj Uhumamure
Nursing

College: Howard

Campus: Howard

Proposed Qualification: Masters in Nursing Education

Contact: 0737047109

Email: shanisukhraj@gmail.com

SUPERVISOR

Full Name of Supervisor: Makhosazane Dube School:
School: Nursing

College: Howard

Campus: Howard

Contact details: 0312601511

Email: dubeb@ukzn.ac.za

HSSREC RESEARCH OFFICE

Full Name: Prem Mohun
HSS Research Office
Govan Bheki Building
Westville Campus
Contact: 0312604557
Email: mohunp@ukzn.ac.za

I, Neshani Sukhraj Uhumamure, Student no. 207527441 am a student, at Nursing School, at the University of KwaZulu-Natal. You are invited to participate in a research project entitled: Exploring factors influencing nursing staff turnover at a selected public hospital in KwaZulu-Natal. The aim of the study is to explore factors that may influence staff turnover such as organisational factors, personal, factors, external factors at a selected public hospital.

Through your participation, I hope to understand your perceptions and challenges in the work environment and personally to be able to identify the factors for staff turnover at your hospital. I guarantee that your responses will not be identified and kept confidential. Your participation is voluntary and there is no penalty if you do not participate in the study. Please sign on the dotted line to show that you have read and understood the contents of this letter. The questionnaire will take approximate 20-25 minutes to complete.

Thank you very much.

Annexure B: Declaration for Consent

DECLARATION FOR CONSENT

I..... (Full Name) hereby confirm that I have read and understand the contents of this letter and the nature of the research project has been clearly defined prior to participating in this research project.

I understand that I am at liberty to withdraw from the project at any time, should I so desire.

Participants

Signature.....

Date.....

Annexure C: Questionnaire

Questionnaire

STUDY TOPIC: EXPLORING FACTORS INFLUENCING STAFF TURNOVER AT A SELECTED PUBLIC HOSPITAL IN KWAZULU NATAL

Instructions

1. Do not write your name on the questionnaire.
2. Please tick the correct response.

Section A: Demographic Data

1. Gender

Male	1	
Female	2	

2. Marital status

Single	1	
Married	2	
Divorced/ Separated	3	
Widow	4	

3. What is your age in years

4. Number of children

1 Child	1	
2 Children	2	
3 Children	3	
4 or more children	4	

5. Years of experience

Less than or equal 3 years	1	
4-5 years	2	
6-10 years	3	
11-15 years	4	
16- 20 years	5	
More than 20 years	6	

6. Basis of employment

Full time	1	
Part time	2	
Mostly day duty	3	
Mostly night duty	4	

7. Present rank

Nursing assistance	1	
Enrolled nurse/ Staff nurse	2	
Registered nurse	3	
Chief Professional nurse/ Unit manager	4	

8. Highest qualification in nursing

Master degree	1	
Bachelor's degree	2	
Post basic courses	3	
Diploma	4	
Nursing certificate	5	

Section B: TO EXPLORE FACTORS THAT AFFECTS NURSES DECISION TO STAY OR LEAVE AN EMPLOYMENT

Please mark your response with a tick in the appropriate box in each question

Statements:	Strongly disagree	Disagree	Uncertain	Agree	Strongly agree
	1	2	3	4	5
ORGANIZATIONAL FACTORS					
9. The public reputation of the organization					
10. The relationship that the organization has with its nurses					
11. The purpose or vision of the organization					
12. The organizational culture					
13. The training and development opportunities available					
14. Opportunity for career development					
15. The size of my workload					
16. The level of significance or importance of my job					
17. The level of autonomy that my job provides					
18. The overall level of job satisfaction I have					
WORK LOAD ITEMS					
19. Not involved during decision making					
20. Not involved during policy making					
21. Not receiving updates on the use of equipment					
22. Not familiar with standard operating procedures					
23. Do not know where to access information regarding patient care					
24. Do not know where to access information regarding unit management					
OPINION ABOUT TEAM LEADERS					
25. Has an autocratic leadership style					
26. Has a laissez-faire management style					
27. Gives negative performance feedback					
28. Does not support subordinates					

29. Does performance appraisals regularly					
PERSONAL FACTORS					
30. The amount of flexibility I have in my working hour					
31. My work life balance					
32. Qualifications compared to nurses in other public hospitals					
33. Qualifications compared to nurses in the same hospital					
34. Responsibilities compared to nurses in private hospitals					
35. Responsibilities compared to nurses in other government hospitals					
REASONS FOR NURSES LEAVING THE ORGANIZATION					
36. Better remuneration					
37. I want to work closer to home					
38. I need to be closer to childcare facilities					
39. better working hours					
40. to work in the unit of my choice					
41. I do not have additional qualifications					
42. to move to nursing/ health administration					
43. to move to a teaching position					
44. to move to an institution with better nurse-doctor relationships					
45. to move to hospitals where nurses' work is appreciated					
EXTERNAL FACTORS					
46. Rural setting					
47. Urban setting					
48. Conditions of the road					
49. Public transport system					
50. Quality of education in the area					
51. Availability and quality of health services in the area					

This is the end of the questionnaire Thank you for completing this questionnaire.

Annexure D: Letter of permission for the study from King Edward Hospital

17 November 2017

The Nursing Service Manager
King Edward VIII Hospital
P/Bag X02
Congella
4013

Dear Nursing Services Manager
Re: Request permission to Conduct a Research Study

Topic: Exploring factors influencing nursing staff turnover at a selected public hospital in KwaZulu-Natal

I hereby request permission to conduct a research study at your hospital. I am a student studying Master degree in Nursing in full research at the University of KwaZulu-Natal, School of Nursing.

The purpose of the study is to explore the factors influencing nursing staff turnover at a selected public hospital in KwaZulu-Natal. The study findings may generate a new body of knowledge in nursing and to the development of the nursing profession with regards to factors influencing nursing staff turnover. Findings may also identify the need to revise the hospital policies and current practices related to staff turnover. Please note that there are no incentives for participation.

Questionnaires will be given to 100 participants and will be collected after two weeks for analysis. If participants agree then a signature and names on the consent form only as an acceptance to participate in the study. There are structured questionnaires that the participants are requested to complete it upon your voluntary agreement to participate in the study. Completing the questionnaire will take approximately 20-25 minutes. The information will be treated with the utmost confidentiality. Any personal information will not be disclosed unless required by law. Participants names will not appear anywhere on the study findings. There are no expenses involved because the study will be conducted at King Edward hospital. Participation is voluntary but it is highly encouraged to be done in all honesty.

Thank you for your cooperation. Hoping that my request will meet your favourable consideration.

Yours faithfully

Student: Neshani Sukhraj Uhumamure

Student Number: 207527441

Contact number: 0737047109

E-mail: shanisukhraj@gmail.com

Annexure E: Letter of permission to conduct the study from King Edward Hospital



health
Department:
Health
PROVINCE OF KWAZULU-NATAL

OFFICE OF THE HOSPITAL CEO
KING EDWARD VIII HOSPITAL

Private Bag X02, CONGELLA, 4013
Corner of Rick Turner (Francois Road) & Sydney Road
Tel: 031-3603853, Fax: 031-2001437, Email: info@kzn.gov.za
www.kznhealth.gov.za

Ref.: KE 2/7/1/(60/2017
Enq.: Mrs. R. Sibiyi
Research Programming

8 December 2017

Ms. NS Uhumamure
School of Nursing & Public Health
Howard College Campus
UNIVERSITY OF KWAZULU-NATAL

Dear Ms. Uhumamure

Title: "Exploring factors influencing nursing staff turnover at a selected public hospital in KwaZulu-Natal". REF. NO. HSS/1374/017M

Permission to conduct research at King Edward VIII Hospital is provisionally granted, pending approval by the Provincial Health Research Committee, KZN Department of Health.

Kindly note the following:-

- The research will only commence once confirmation from the Provincial Health Research Committee in the KZN Department of Health has been received.
- Signing of an indemnity form at Room 8, CEO Complex before commencement with your study.
- King Edward VIII Hospital received full acknowledgment in the study on all Publications and reports and also kindly present a copy of the publication or report on completion.

The Management of King Edward VIII Hospital reserves the right to terminate the permission for the study should circumstances so dictate.

Yours faithfully


DR. SA MOODLEY
ACTING SENIOR MEDICAL MANAGER

SUPPORTED / NOT SUPPORTED

08/12/17
DATE

Annexure F: Letter of permission to conduct the study from Department of health



health

Department:
Health
PROVINCE OF KWAZULU-NATAL

DIRECTORATE:

Physical Address: 330 Langalibalele Street, Pietermaritzburg
Postal Address: Private Bag X9051
Tel: 033 395 2805/ 3189/ 3123; Fax: 033 394 3782
Email:
www.kznhealth.gov.za

Health Research & Knowledge
Management

HRKM Ref: 506/17
NHRD Ref: KZ_201712_012

Date: 17 January 2018
Dear Mrs Neshani Sukhraj Uhumamure
UKZN

Approval of research

1. The research proposal titled '**Exploring factors influencing nursing staff turnover at a selected public hospital in KwaZulu-Natal**' was reviewed by the KwaZulu-Natal Department of Health.

The proposal is hereby **approved** for research to be undertaken at King Edward VIII Hospital.

2. You are requested to take note of the following:
 - a. Make the necessary arrangement with the identified facility before commencing with your research project.
 - b. Provide an interim progress report and final report (electronic and hard copies) when your research is complete.
3. Your final report must be posted to **HEALTH RESEARCH AND KNOWLEDGE MANAGEMENT, 10-102, PRIVATE BAG X9051, PIETERMARITZBURG, 3200** and e-mail an electronic copy to hrkm@kznhealth.gov.za

For any additional information please contact Mr X. Xaba on 033-395 2805.

Yours Sincerely

Dr E Lutge

Chairperson, Health Research Committee

Date: 17/01/18

Annexure G: Letter of permission to conduct the study to Ethics Committee

1 December 2017

HSSREC RESEARCH OFFICE

HSS Research Office
Govan Bheki Building
Westville Campus
Contact: 0312604557

Dear Sir/ Madam

Re: Request for Ethical Clearance

Topic: Exploring factors influencing nursing staff turnover at a selected public hospital in KwaZulu-Natal

I, Neshani Sukhraj Uhumamure, hereby request Ethical clearance to conduct a research study at King Edward hospital. I am a student studying Master degree in Nursing in full research at the University of KwaZulu-Natal, School of Nursing.

The purpose of the study is to explore the factors influencing nursing staff turnover at a selected public hospital in KwaZulu-Natal. The study findings may generate a new body of knowledge in nursing and to the development of the nursing profession with regards to factors influencing nursing staff turnover. Findings may also identify the need to revise the hospital policies and current practices related to staff turnover. Please note that there are no incentives for participation.

Questionnaires will be given to 100 participants and will be collected after two weeks for analysis. If participants agree then a signature and names on the consent form only as an acceptance to participate in the study. There are structured questionnaires that the participants are requested to complete it upon your voluntary agreement to participate in the study. Completing the questionnaire will take approximately 20-25 minutes. The information will be treated with the utmost confidentiality. Any personal information will not be disclosed unless required by law. Participants names will not appear anywhere on the study findings. There are no expenses involved because the study will be conducted at King Edward hospital.

Thank you for your cooperation. Hoping that my request will meet your favourable consideration for ethical clearance. Attached to this letter is my research proposal, questionnaire, information sheet and consent declaration form.

Yours faithfully

Student: Neshani Sukhraj Uhumamure

Student Number: 207527441

Contact number: 0737047109

E-mail: shanisukhraj@gmail.com

Annexure H: Ethical Clearance



12 February 2018

Mrs Neshani Sukhraj Uhumamure 207527441
School of Nursing and Public Health
Howard College Campus

Dear Mrs Sukhraj Uhumamure

Protocol reference number: HSS/1374/017M

Project Title: Exploring factors influencing nursing staff turnover at a selected public hospital in KwaZulu-Natal

Full Approval – Expedited Application

In response to your application received 4 August 2017, the Humanities & Social Sciences Research Ethics Committee has considered the abovementioned application and the protocol has been granted **FULL APPROVAL**.

Any alteration/s to the approved research protocol i.e. Questionnaire/Interview Schedule, Informed Consent Form, Title of the Project, Location of the Study, Research Approach and Methods must be reviewed and approved through the amendment /modification prior to its implementation. In case you have further queries, please quote the above reference number.

PLEASE NOTE: Research data should be securely stored in the discipline/department for a period of 5 years.

The ethical clearance certificate is only valid for a period of 3 years from the date of issue. Thereafter Recertification must be applied for on an annual basis.

I take this opportunity of wishing you everything of the best with your study.

Yours faithfully

.....
Professor Shenuka Singh (Chair)
Humanities & Social Sciences Research Ethics Committee

/pm

cc Supervisor: Ms M Dube
cc. Academic Leader Research: Dr Tivani P Mashamba-Thompson
cc. School Administrator: Ms Caroline Dhanraj

Humanities & Social Sciences Research Ethics Committee

Professor Shenuka Singh (Chair)

Westville Campus, Govan Mbeki Building

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