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EXPLORING THE REASONS RWANDAN NURSES CHANGE EMPLOYMENT STATUS

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EXPLORING REASONS RWANDAN NURSES CHANGE EMPLOYMENT STATUS

RESEARCH PROJECT REPORT

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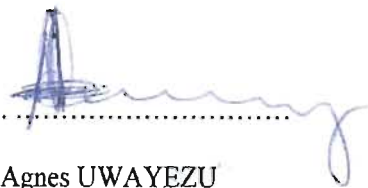SCIENCE (MANAGEMENT /ADMINISTRATION)

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DECLARATION

I hereby state that, the content contained herein is my own work and that all other people whose work has been cited have been fully referenced.

This dissertation is submitted to the School of Nursing, Faculty of Health Sciences at the University of KwaZulu -Natal, Durban in partial fulfilment of the degree, Master's in Nursing Management /Administration.

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Agnes UWAYEZU

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MS ZETHU Z. NKOSI

RESEARCH SUPERVISOR

Date: November 2006

DEDICATION

I dedicate this work to my family; my husband Laurien, our children, and my sister

Emillian.

ACKNOWLEDGEMENTS

ABSTRACT

EXPLORING THE REASONS RWANDAN NURSES CHANGE EMPLOYMENT STATUS

AIM: The purpose of the study was to explore the reasons that influence Rwandan nurses to change employment status.

METHODOLOGY: The study used quantitative, exploratory, and descriptive design. A convenient sample size of eighty –eight (88) nurses, purposively selected using snowballing method, participated in the study from CAMERWA and RAMA organizations. Data was collected by use of a self -administered questionnaire, which had closed and open ended questions. Data were analyzed by SPSS 13.0 for Windows.

FINDINGS: Low salary payments (53.8%),lack of policies and procedures(42.5%), poor staffing in health care facilities (54.8%)and some respondents said they never choose to be nurses (31%), and therefore they did not want to remain in nursing(23.9%.) Reasons included lack of autonomy (65.9%), lack of promotion criteria (52.3%) Lack of career advancement and training were among the major reasons for change of employment status. Nurses however recommended that if the salary is increased, and opportunities for training and further education are improved then retention can be improved,

CONCLUSION: Intrinsic and extrinsic factors were both identified as factors that influenced the nurses to change employment status, it is the government and the relevant healthcare facilities to pay attention to what motivates nurses, since they are the major role players in the health sector .

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ABBREVIATIONS

BTC; Belgian Technical Cooperation

CAMERWA; Centrale d'Achats des Médicaments Essentiels du Rwanda

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CHUK; Centre Hospitalier Universitaire de Kigali

FARG; Fond d' Assistance des Rescapés du Genocide

ICN; International Council of Nurses

ICU; Intensive Care Unit

MMI; Military Medical Insurance

NGO; Non-Governmental Organization

RAMA; La Rwandaise d' Assurance Maladie

UKZN; University of KwaZulu-Natal

WHO; World Health Organization

ANNEXURES

No.	Description
A	Instrument in (English)
B	Instrument in (French)

EXPLORING THE REASONS RWANDAN NURSES CHANGE EMPLOYMENT STATUS

CHAPTER ONE

1.0 BACKGROUND

Globalization has facilitated the migration of health professionals, and research has proven that countries in Africa are experiencing an unstable movement of health professionals due to internal or external migration patterns, and that nurses make up a large number of those who migrate (Awases, Gbary, Nyoni, & Chalata, 2004). It was revealed that internal migration was mostly from the public to the private sector and from rural to urban areas. However, international migration is also out of hand in some African countries of West, Southern and Eastern Africa. In the case of nurses, the main causes of migration are the 'push' factors which stem from the desire for more professional development opportunities, the need for greater wage compensation, and in some cases, the issue of personal safety in the face of political upheavals (Kline, 2003, p.107).

Whereas the 'pull' factors in the countries of migration are the stable socio-political environments, professional work environments that are more conducive to training and skills development; proper equipment; tools and facilities that are more conducive to advanced practice and procedure, more attractive salaries, social and retirement benefits, and sensitive employment policies that recognize good performance (Awases *et al.* 2004).

The high turnover of nurses compromises patient care and adds to the cost of health care and negatively affects care. When nurses leave healthcare institutions, the quality of nursing care declines due to the loss of their expertise. Novice nurses may not have the commitment to the organization, or the ability, intuition and confidence of an expert nurse. As regards the cost of replacing a registered nurse, it was estimated that the minimum amount of $42,000 was required to hire a medical and/or surgical nurse and about $64,000 to replace a nurse specialist in ICU in one American hospital (Strachota, Normandin, O'Brien, Clary, & Krukow, 2003, p111).

Along with the high financial cost of losing individual nurses, hospitals suffer long-term negative effects from a constantly changing novice staff. The quality of patient care resides in the experience and knowledge of the bedside nurses. Without strong competent nurses, well designed strategic plans for excellent patient care are doomed to failure. The goal of providing the right number of highly skilled nurses is intimately woven into nurse retention (VanOyenforce, 2005, p.336).

Nurses are employed in a wide range of other industries outside nursing. In a study conducted in Australia, it was revealed that 28% of nurses were working in management areas that varied from insurance to sports and leisure companies (Duffield, Pallas, Aiken, Roche, & Merrick, 2006, p.59). Some nurses leave to join education, health education, and finance industries, health economics, and occupational health. This is due to the fact that employers outside the health industry are recognizing that nurses possess skills and expertise that are useful in their business. Nurses work effectively in teams and independently, sometimes under immense pressure. They are able to make quick and

effective assessments of situations while adapting to changes. They possess good communication skills, they are flexible, and hiring them is cheap. No employer can resist such a person (Duffield *et al.* 2006, p.59). The migration of highly-skilled nurses has left the remaining nurses overloaded with work, therefore contributing to more errors and declining standards of care (Geyer, 2004a, p.35).

Presently, the government hospitals' admission capacities exceed the number of beds to an estimated extent of 115% in some hospitals in Kigali (Government of Rwanda's Health Policy, 2005).

In a study by Chen-Chung, Samuels, & Alexander (2003, p.294) it was revealed that there are several reasons for staff turnover, these include: job satisfaction for nurses correlated with prestige or job status, independence in decision-making, control over practice and perceived social support, issues of work schedule, job security, salary and fringe benefits. In the same study, other reasons were documented as dissatisfying factors at work and within work settings, these included high workload, stress associated with high work load, biased nursing managers, lack of appreciation and monitory incentives, unreasonable pressure, uncooperative physicians, unclear rules and regulations, understaffing, non-nursing duties and rigid attitude of nursing management (Khowaja & Merchant, 2005, p.32).

Nurse retention is both an expectation and a major responsibility of the nurse manager role that has both organizational and professional implications. Organizationally, a stable workforce reduces direct costs that are associated with turnover which may result in an

organization's ability to provide services. From the professional perspective, the benefits of nurse retention are related to the quality and continuity of care (Anthony, Standing, Glick, Duffy, Paschall, Sauer, Sweener, Modic & Dumpe, 2005, p.146).

Rwanda's nursing migration records are not known. Post-genocide war devastation left all records in a bad situation, and worse still the government then had no legal framework to look into nursing matters, and the profession of nursing was neglected and undeveloped. The recruitment and deployment of nurses was in the hands of the Public Service in collaboration with the Ministry of Health's Human Resources Office. Now, with the new Government engaged in the restructuring and transformation of public services, nursing was not left out. The profession was reinforced by the creation of a nursing office in the Ministry of Health to look into matters relating to the nursing profession, and to initiate the draft law proposal for a Nursing Council. The process of putting in place the Rwanda Nursing and Midwifery Council has been under way since February 2006; thus it is hoped that a proper record of nurses' movements will be kept. From that data one would be able to know who is practicing as a nurse, and in what setting.

1.1 RESEARCH PROBLEM

Health care delivery is highly labour-intensive. The quality, efficiency and equity of services are all dependent on the availability of skilled and competent nurses where and when needed, and also who are appropriately trained to deliver the required services at the high standards required (Awases *et al.* 2004, p. 81).

The end of the 1994 Rwandan genocide left the health sector in a difficult situation. In terms of skilled human resources for health, qualified nurses were very scarce. Many nurses had been killed and others had fled. Public hospitals were mainly operated by foreign Non-Governmental Organizations and volunteers from overseas until the end of the post-war emergency phase. The present government put in place strategies to train more nurses, inviting those in the countryside to come and take up jobs, to repatriate Rwandan professionals and then post them to public hospitals (Health Sector Policy, 2005).

The total number of qualified nurses in the Rwandan public service is estimated to be 5000 and in different categories; Nurses Assistants (A3) Level - 50, Enrolled Nurses (A2) level - 4800, Registered Nurses or Professional Nurses (A1, or A0) level – 150.

The migration of health professionals is from one geographical area to another, from the public to the private sector, from areas of generalization to areas of specialization, from medical to non-medical fields and from one country to another. This affects the capacity of the health system to maintain adequate coverage, access, and utilization of services (Awases *et al.* 2004, p. 2).

It has been noted that from 2000 to date, nurses are continuously leaving the nursing practice to work in various sectors irrespective of their qualifications. They are employed in places such as; public and private Medical Aid Schemes, which include La Rwandaise d'Assurence Maladie (RAMA), Military Medical Insurance (MMI), Fonds d'Assistance aux Réscapés du Genocide (FARG), Prisons, Mutual Associations etc. Another noted

migration is that of skilled nurses leaving hospitals to work with the emerging HIV/AIDS projects managed by Non-Governmental Organizations (NGOs), and CAMERWA, a government company that sell drugs and other medical products. There is yet another unknown number of nurses registered with different universities as part-time students, taking non-nursing courses such as Law, Demographic Studies, Social Studies, Public Administration etc. It is speculated that this group also intend to leave nursing as soon as they complete their studies.

The migration of nurses from public to private and from rural to urban or *vice versa,* influences staff turnover in public health care facilities, affecting all clinical departments such as paediatrics, maternity, emergency, intensive care unit, internal medicine, to mention a few (Awases et al.2004).

The Ministry of Health, in collaboration with donor partners, is putting in place possible retention strategies such as increases in salary, the opening of a university programme of nursing, offering bursaries for basic nursing education at local nursing colleges, and uplifting the level of nursing schools from diploma level (A2) to Advanced Diploma (A1). The individual organizations are making allowances for extra working hours, and are also getting involved in an accreditation process so as to provide a safe working environment for staff. All these strategies are aimed at retention of nurses in public hospitals. Despite all these retention strategies there is still a high turnover of nurses from health sector to other organisations for non nursing duties. If the existing situation continues then the, the quality of health care services may be compromised due to loss of expertise.

It is therefore, not known why nurses are changing their employment status, as well as change of career.

This will be the first study to explore the reason(s) why the Rwandan nurses are changing their employment status.

1.2 RESEARCH QUESTIONS

The following research questions were posed:

1. What are the reasons that influence nurses to change their employment status?

2. What are the factors that would enhance nurses' retention in public hospitals?

3. What retention strategies will be described to the relevant health care authorities?

1.3 RESEARCH OBJECTIVES

The objectives of the study are:

1. To explore the reasons that influence nurses to change their employment status.

2. To suggest retention strategies to the relevant authorities within the healthcare system.

1.4 SIGNIFICANCE OF THE STUDY

Detailed and specific findings will be obtained from the target group, and then policy-makers in relation to the research findings will design retention strategies.

This study will be the first conducted in Rwanda, and the researcher believes that the study will provide baseline information for relevant interventions that are required toward the future retention of nurses.

1.5 OPERATIONAL DEFINITIONS

Turnover: The loss of an employee due to transfer, termination or resignation (Huber, 2005, p.626).

Work Environment: means the organisational climate and physical conditions of that particular healthcare facility where nurses work.

Job satisfaction: The difference between the amount of reward workers receive and the amount they believe they should receive. (Chen-Chung et al. 2003, p.294).

Change of employment status:

means nurses who leave nursing practice for non-nursing duties.

Motivation: Inner force that drives individuals to accomplish personal and organizational goals.

Rwanda Nurses: Means qualified nurses with a recognized certificate, diploma or a degree in Rwanda.

1.6 THEORETICAL FRAMEWORK

Introduction

The Motivation theory of Herzeberg will be used to guide the study in an attempt to identify reasons which influence Rwandan nurses to change employment status.

In the theory, different authors use different terms interchangeably to mean the same thing.

These are: Motivators, Satisfiers, or Intrinsic factors.

         : Maintenance, dissatisfiers, extrinsic factors or hygiene factors.

The two-factor theory

Herzberg's Motivation- Maintenance Theory (Owens, 2004, p.376) has two factors:

The Motivators (satisfiers or intrinsic factors), and the maintenance (dissatisfiers or extrinsic factors/hygiene factors).

The motivators include issues like: achievement, advancement, work itself, growth, responsibility, and recognition.

The maintenance factors include issues like: work environment, type of supervision, salary and fringe benefits, job security, attitudes and policies of administration.

The two-factor theory of Herzberg will help to explain that the maintenance factors alone are not sufficient to retain an employee, unless the intrinsic or (motivators) are also resolved or addressed, and only then could an employee be satisfied and likely to stay.

According to Booyens (1998,p.463) Herzberg's two-factor theory relates to both work motivation and job satisfaction since it assumes that conditions which enhance job satisfaction act to heighten work motivation The two-factor theory proposes that human

beings have two basic sets of needs regarding work motivation which are intrinsic needs and extrinsic needs.

Extrinsic or hygiene or maintenance needs relate to such aspects as satisfactory pay, adequate supervision, job promotions, special perks, enlightened policies and administration, good working conditions and job security.

The intrinsic or motivating factors relate to such aspects as recognition and praise, autonomy in one's work, enjoyment of the work itself, the excitement, and the pleasure of a challenge, opportunities for promotion and the sense of achievement an individual experiences for a job well done. However, Herzberg found that the factors which make a job satisfying are different from the factors that make it dissatisfying. Offering nurses more pay (hygiene factor/maintenance or extrinsic factors) does not replace the nurses' needs for doing fulfilling work (motivator).

Herzberg explains that job dissatisfaction is not the opposite of job satisfaction; it is an element which lies on a different level. Employees who experience job dissatisfaction are dissatisfied with the extrinsic/maintenance job factors and this feeling will most likely lead to behaviours such as absenteeism, voicing of grievances or quitting one's job (Booyens, 1998, p.463).

According to Owens (2004,p.379) the criticism of Herzberg's two-factor theory of motivation was based on the fact that it was developed through research in which people were asked to describe critical incidents in their work lives that involved motivation and job satisfaction. Subsequently it has been strongly supported by additional research carried out by a number of investigators using similar techniques. Together, these provide

strong support for the concept. However some investigators find it troubling that studies which use other research techniques generally fail to support the theory.

Herzeberg's theory has been widely influential, however, and commonly appears in literature of business and industry as well as that of education. Of all the motivation theories, the two-factor theory remains a powerful explanation of motivation in the workplace (Owens, 2004, p.379).

CONCEPTUAL FRAMEWORK
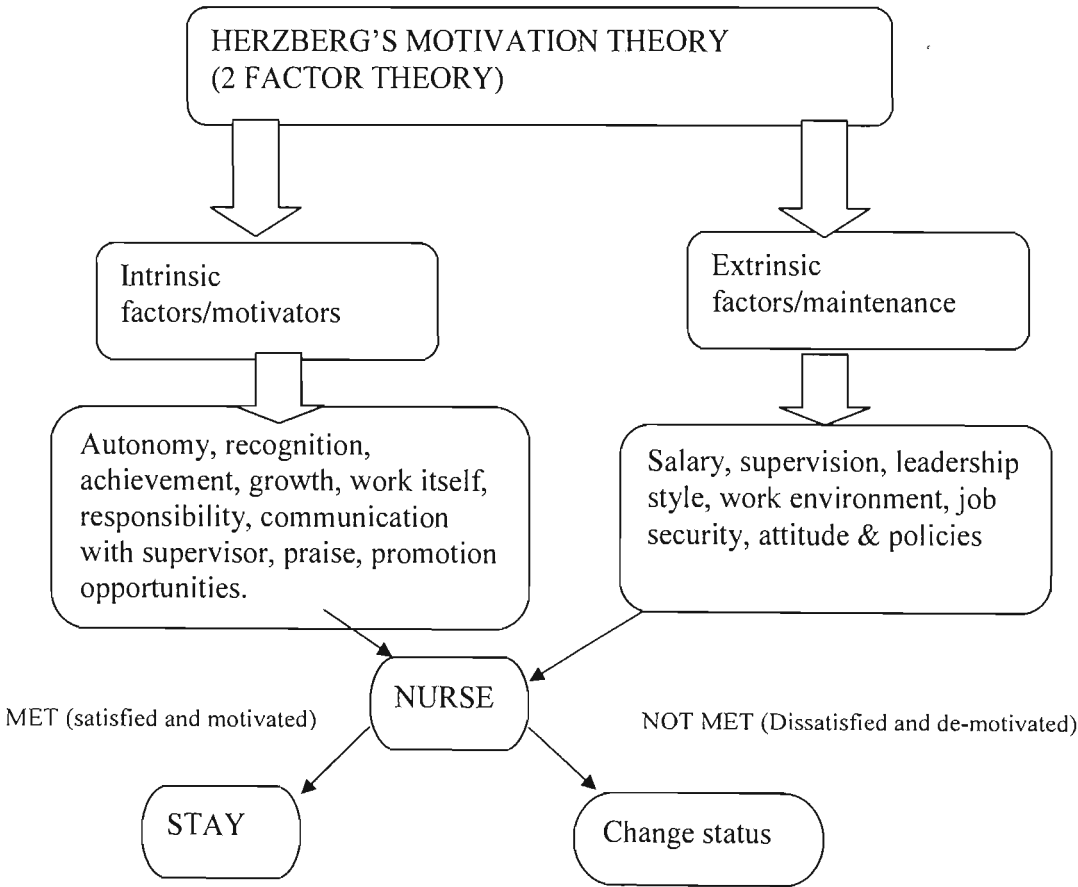
Figure 1: The two-factor theory motivation - maintenance theory (adapted from Owens, 2004).

CHAPTER TWO

LITERATURE REVIEW

2.1 INTRODUCTION

A literature review refers to the activities involved in identifying and searching for information on a topic, developing an understanding of information on a topic and developing an understanding of the state of knowledge on a topic (Polit and Hungler, 1999).

This chapter deals with the reviewed literature concerning studies undertaken on causes of nurses' turnover.

Strachota et al. (2003, p.112) report that the reasons employees leaves their jobs are multifaceted and complex. Researchers have cited the reasons for discontentment under the following: job satisfaction, supervision, work environment, and personal reasons, among other things.

Regarding the same issue, Awases et al. (2004,p.5) also referred to poor job satisfaction and low morale among the African Health Professionals who consequently leave the continent in search of better opportunities. Authors like Duffield et al. (2004, p.664) documented reasons for leaving which included workload, unsafe work environment and harassment.

In another study by Uys, Minnaar, Reid & Naidoo (2004,p.51), it was revealed that salary, opportunities to learn, achievement, recognition by the community and taking part in decision-making were among the most motivating factors of job satisfaction.

2 .2 JOB SATISFACTION

Job satisfaction is a pleasurable or positive emotional state resulting from the appraisal of one's job experiences. Job satisfaction is a heavily researched topic, not only in nursing but also in medicine (Uys et al. 2004p.51). It has been pointed out that initially, job satisfaction studies focused on the influence of job satisfaction on productivity, while later studies have recognised it as a quality of life, with issues pertaining to the welfare of the workers (Uys et al. 2004, p.51).

Different authors have defined job satisfaction differently and common ones are: Locke (1976) studied job satisfaction widely, the author viewed job satisfaction as an evaluation that the employee makes of the job and the environment surrounding the job. Smith defined job satisfaction as a feeling an employee has about the job in general, whereas Geiger and Davit defined job satisfaction as the extent to which a nurse's felt needs are fulfilled by the job that he/she performs, as cited in Chen-Chung et al. (2003, p.294).

Generally, job satisfaction can be defined as the difference between the amount of reward workers receive and the amount they believe they should receive (Chen-Chung et al. 2003, p.294). Job satisfaction plays an integral role in voluntary turnover among nurses. Job dissatisfaction is a problem within nursing, fuelling the phenomenon of "virtual defection" in which nurses may be physically present, but emotionally elsewhere, and unmotivated and definitely dissatisfied, leading to turnover (Khowaja, Merchant, Doulant & Hiran, 2005, p.33).

2.3 MOTIVATION

According to Lindner (1998), what is important to know is what motivates employees, and then to design a motivating programme based on those needs, and he believes that knowing what motivates employees and incorporating this knowledge into the reward system, will help an institution to recruit, employ, train, and retain a productive workforce.

Lindner (1998) explained the role of motivation by stating that motivated employees help organizations survive and are more productive. There is a need for managers to understand what motivates employees within the context of the roles they perform. The author comments that of all the functions managers perform, motivating employees is arguably the most complex, because what motivates employees changes constantly.

Lack of motivation or job dissatisfaction may give rise to a situation where staff often wastes time on unimportant issues. In this case, nurse managers should give attention to the type of supervision which is used, personnel policies and procedures, job circumstances and salaries (Booyens, 1998, p.299). Components of job satisfaction were further discussed by Best & Thurston (2004, p.284). In their study of job satisfaction, it was pointed out that stress and commitment had the strongest relationship to job satisfaction, while communication with the supervisor, autonomy, recognition, communication with peers and keeping to routines correlated moderately with job satisfaction among the registered nurses.

Some others factors such as organizational commitment also play a vital role in nurses' job satisfaction and their retention (Khowaja et al. 2005, p.34). According to Chen-Chung et al., (2003,p.294), job satisfaction for nurses is correlated with prestige or job status, independence in decision-making, control over practice and perceived social support. Additionally, the factors of salary increase and interpersonal relationships substantially increased nurses' job satisfaction, while job stress continued to correlate negatively with nurses' job satisfaction. Khowaja et al. (2005, p.34) added that reasons for high turnover were work-load, staffing, supervisor or career prospects. Nurses were highly dissatisfied with their jobs as they felt that their workload increased because of inadequate staffing.

Staff development has been identified in the literature as an important factor in job satisfaction. It provides employees with an opportunity to improve their practice, level of competency or other areas of self interest (Huber, 2006, p.637). Nurses' job satisfaction and retention are related concepts; nurses who are satisfied in their jobs are likely to retain these jobs, however many healthcare organizations continue to focus on nurses' recruitment without sufficient emphasis on retention (Mrayyan, 2005, p.40).

It is abundantly clear that, collectively, researchers have identified a consistent link between staff nurses' satisfaction and retention (Kleinman, 2004: 112).

2.4 LEADERSHIP STYLE

Issues surrounding the nursing shortage have highlighted the importance of leadership and management intervention related to retention of nursing personnel. Retention is the ability to continue the employment of qualified individual nurses who may otherwise

leave the organization. The impact of this action is to maintain stability, and enhance quality of care while reducing costs to the organization (Huber, 2006, p.626).

Nurse retention is both an expectation and a major responsibility of the nurse manager's role that has both organizational and professional implications. According to Aiken, Clarke and Sloane (2002, p.5) compelling evidence was found that organisational and managerial support was strongly related to staff nurse satisfaction and retention. Nurse executives and nurse managers play a critical role in retaining, motivating, and developing nursing staff. As leaders and mentors for current and future nurses, they are an important link to creating and sustaining a culture of excellence in healthcare facilities (Anthony et al. 2005, p.146).

Research confirms that an employee's relationship with his/her immediate supervisor is a primary determinant of the employee's satisfaction level, and how long the employee remains with the employer, and that the employee's engagement with his/her work is an important predictor of job satisfaction and his/her intention to remain in an organization (Wagner,2006, p.25). The author further emphasized that the level of employee engagement in an organization significantly impacts on retention, absenteeism, patient satisfaction, patient outcomes and ultimately patient safety.

The leadership style described by Barker, as cited in Booyens (1998) is transformational leadership which is believed to play a major role in staff retention. The author further

elaborates that this is evident in an organisation when the following characteristics are apparent:

- A staff retention rate of at least 85%

- High morale of staff that can easily be discerned

- Staff members display an enthusiastic approach to patient care

- Team spirit is apparent among staff

- Staff members express a sense of achievement and belonging

Successful managerial behaviour and leadership behaviour have been described in literature as including communication, advocating for nurses, providing a supportive organizational culture, sustaining an autonomous practice environment, scheduling, staffing, continuing education and maintaining collaborative relationships (Anthony et al. 2005,p. 147).

Different leadership styles have been researched as having an impact on staff turnover. Transformational leadership is, however, viewed by the researchers as addressing the issue of staff turnover. Booyens (1998) describes the importance of a transformational leader as being one who shares a vision of what can be achieved in the future if people are willing to change certain inhibiting attitudes, and certain constricting beliefs about the path that must be followed to get there. In this sense, the leader engages the followers and they raise one another to higher levels of motivation and morality.

Leadership could be important in maintaining high retention rates of nursing staff if the leader displays characteristics such as courtesy, friendliness, belief in the innate work of people, ability to handle complex and uncertain situations, commitment to being a life-long learner, and acceptance of being an agent of change. In nursing, trust is generated through decentralization and through participative management (Anthony et al.2005, p. 147).

Nurse Managers play a key role in achieving positive unit outcomes and retaining staff nurses (Laschinger, Purdy, Cho and Almost, 2006, p.28), thus it is important to ensure that they receive the support they need from the organization. Still referring to the role of nurse manager, Laschinger (1999) as cited in Anthony et al. (2005) observed that nurses perceive themselves to be empowered when their leaders provide purpose and meaning to their work, enhance decision-making and structure a positive work environment. All the mentioned studies provide support for the beneficial role of the nurse manager who has been referred to as "a chief retention officer" (Anthony et al. 2005, p.147).

Bennis, in Booyens (1998, p.437) recommends that the leaders of the future should have transformational characteristics in common such as:

- A broader education
- Boundless curiosity and enthusiasm
- Belief in people and teamwork
- Willingness to take risks
- Devotion to long-term growth rather than short-term profits

- Commitment to excellence

- Readiness to take on a challenge

- Being a visionary

2.5 WORKING CONDITIONS

Working conditions which include improvement of career opportunities and role expansion were also mentioned among strategies to aid retention, as well as a need for autonomy and better salaries which will enhance long-term career prospects and thus retention. Neroli (2003, p.7) emphasized the strategies of improving working conditions by providing better wages to encourage nurses back into the system, and nurse managers to plan effectively for the re-entry and integration of nurses.

Aiken (2001) referred to the term 'Magnet' hospital to describe hospitals which attract nurses because of their work environment. In this description she said they have distinguishing features of nursing retention as nurses have a higher status, increased autonomy and more control over the environment in which they practice. The underlying philosophy is that employees are considered an asset to be developed rather than controlled and supervised. In return, workers are more likely to be flexible, group oriented, quality-conscious, willing to embrace changes and innovation, and in the long run, more committed to the organization. (Khowaja et al. 2005, p.38).

To foster staff retention, organizations need to develop environments in which nurses want to work. Among other things, nurses want a safe workplace that promotes quality

healthcare. It is the role of the nurse executive and nurse manager to establish a work environment that supports professional practice (Runy, www.aha.org./hhnmag/jsp/articledisplay.jsp?dcrpath=HHNMAG/pubsNews Article/d.4/20/2006). The author further advises that it is also important that nurses play an active role in shaping their environment. Nurses want to work in a place that brings high quality care to patients and to know that they have a role in the process.

According to Wilson (2005, p.138) organizational commitment, empowerment, collegial relationships and trust in management are factors affecting a nurse's decision to leave. As to why do nurses stay in the organization, Wilson (2006,p.138) continues to say that this occurs when nurses feel that organizational policies are intended to benefit them and are therefore more committed to accomplishing organizational goals and staying in their jobs.

Management development also provides an opportunity to bring about incremental positive change in nursing attitudes and nursing practice by increasing accountability, critical thinking skills, and the quality of interpersonal relationships. It is likely that they may improve the satisfaction and retention of critically needed managers and enhance the development of future leaders in nursing (Wilson 2005, p.144).

2.6 COMMUNICATION

On the issue of communication as an element to retention and recruitment, the American Association of Critical Care Nursing (AACN) developed standards to promote communication and collaboration competences that will ensure patient safety, enhance

staff recruitment and retention, and maintain an organization's financial viability (Pinkerton, 2005, p.140).

The standards were:

Skilled communication: Nurses must be as proficient in communication skills as they are in clinical skills.

True collaboration: Nurses must be relentless in pursuing and fostering communication.

Efficient decision making: Nurses must be valued and committed partners in making policy, directing and evaluating clinical care and leading organizational operations.

Appropriate staffing: Staffing must ensure an effective match between patient needs and nurse competencies.

Meaningful recognition: Nurses must be recognized and must recognize others for the value each brings to the work place of the organization.

Authentic leadership: Nurse Leadership must fully embrace the imperative of a healthy work environment, authentically live it, and engage others in its achievement.

2.7 ENVIRONMENT

In discussing workplace environment and retention, Ranfoster (2004, p.702) described how the workplace could impact on retention. The author recommends that workplace culture must reflect a civil environment where the employees are, and feel respected, and where civil behaviours are expected in all interactions. Managers and employees must have a common understanding of what constitutes a workplace incivility, its consequences in terms of impact on patient care, staff retention and productivity.

Kaufman (n.d)

http://www.smallbusnessuotpost.com//human_resource/help_new_staff.htm,

described the importance of proper orientation of a new staff by stating that staff

members who are properly trained and orientated at the beginning of their career feel

good about the choice of employer, fit in quickly with peers and colleagues and readily

contribute new ideas, they speak well about their institution to families and friends, they

represent the institution more confidently to clients and collaborators. Poor orientation of

a new employee can cost a lot. It is believed that those who don't start right don't stick

around for long, besides which staff turnover also takes a high toll on the morale of those

who do stay behind. When people leave the organization, those who remain begin to

wonder whether they should also look for new employment.

Duffield et al.(2006, p.59) recommends that nurse managers who are charged

organizationally with responsibilities for minimizing turnover and creating a culture of

retention, must mentor and facilitate career progression of nurses by finding the "best fit"

between organizational needs and individuals skills so as to enhance retention. The

author went on to give other strategies to aid retention such as developing portfolios of

skills for each member, helping individual staff grow and discover other alternative

career options, using nurse executives to portray the image of the nursing profession and

to train the young nurses, and to protect the profession from harassment, verbal and

physical abuse and then to address the issue of workload.

In a study by Hensinger, Minerath, Pary,&Robertson (2004,p. 268), which addressed the issue of nursing shortages in the health care industry it was emphasised that; besides the administrators' desire to retain nurses; keeping them committed to their workplace for best nursing outcomes, and savings realized by lower recruitment and orientation costs, retaining staff also increases institutional identity and pride that is built with a stable staff. Further more, the cumulative knowledge base grows at a faster pace with experienced employees, and the opportunity for mentoring multiplies with seasoned leadership.

Still on strategies, Hayes, Reid Ponte, Coakley, Stanghellin,& Perryman, (2005,p.1090) discusses that fundamental to all retention efforts is an environment that values nursing and empowers nurses to play an active role in shaping the practice setting. Environments that ignore the demands of nurses often suffer the consequences of high nurse-turnover and lasting nurse vacancies. The author's conclusion is that effective retention programs are those that create supportive, challenging and rewarding work environments.

Professional burnout is a syndrome characterized by emotional exhaustion, depersonalization and a reduction in personal accomplishment (Kennedy, 2005, p.382). Prolonged job stress has negative effects on the quality of work life for nurses and patients, in addition, burnout results in increased sick time, tardiness, more workers' compensation claims, greater workplace conflicts, violence, and substance abuse (Laschinger, Finegan, Shamian, and Wilk, 2001). It is on this note that the author recommends that nurse managers in long-term care settings, should assess and manage

stress in the work place to improve the quality of work life for staff, because relevant studies reveal a significant correlation between stress and inadequate preparation to meet the emotional needs of clients and performing job duties.

2.8 CONCLUSION

In view of what literature researched says about causes of staff turnover and retention, it is concluded that some reasons for nurses' discontentment as categorized by Strachota et al. (2005, p.112) are job satisfaction, work environment, and personal reasons. Other authors like Anthony et al. (2005) and Duffield (2006) emphasise the role of leadership in the development and retention of staff by facilitating career progression of the nurses and acting as mentors. Nurse Managers ought to be trained in leadership skills as a retention strategy because they are believed to be central to the organizational activities; they link top management with bedside nurses. According to Huber (2006,p.624) the importance of staff retention is to maintain stability and enhance quality of care while reducing costs to the organization.

CHAPTER THREE

METHODOLOGY

3.1 Introduction

This chapter covers and describes the design, population, and sampling methods, data collection, research instrument, ethical consideration and data analysis

3.2 Research Design

The research design is the researcher's overall plan for obtaining an answer to the research questions or for testing the research hypothesis (Polit & Hungler, 1999). The study design was a quantitative, exploratory, and descriptive design. Quantitative research is conducted to describe new situations, events or concepts in the world (Burns and Grove, 1999, p. 23). Descriptive design is used to obtain information on current status of phenomena so as to describe what exists with respect to variables or conditions (Gerrish and Lacey, 2006, p.261).

The researcher used exploratory design to uncover reasons that influenced nurses to change their employment status. Exploratory research is a study designed to explore the dimensions of a phenomenon, or to develop or refine hypotheses about the relationships between phenomena (Polit & Hungler, 1999).

3.3 Setting

The study was conducted in Kigali, Rwanda's capital city, in two specific organizations; the Medical Insurance company (RAMA) and the Pharmaceutical Company (CAMERWA), and with individual nurses working in the private sector within Kigali. Kigali is the capital city of Rwanda with about one million inhabitants, and a population density of 1927/km^2. There are three referral hospitals, three district hospitals, several health centres, private hospitals, clinics and dispensaries, owned by both the public and the private sector.

Figure 2: Map of Rwanda

3.4 Population

The population surveyed was composed of qualified nurses who are employed to do non-nursing duties in the identified sectors.

3.5 Sampling procedure and Sample

The total number of nurses employed with Rwanda's health sector is extrapolated to be 5000. The total number of nurses who stopped practicing as nurses countrywide is not known; the researcher worked out a sample from the estimates of the known figures of nurses who resigned from the major Kigali Hospitals. These hospitals are the major employers of nurses. The number of nurses who left the three hospitals in the year 2005 was as follows:

Kanombe hospital is a 250-bed hospital and 24 nurses left.

King Faisal hospital is a 150-bed hospital and 10 nurses left.

Kigali Central Hospital is a 425-bed hospital and 26 nurses left.

The total number of nurses who left these institutions was 60.

A sample size was calculated using the formula by Katzennellenbogen (1997, p.275) as follows: $n=z^2pq/d^2$. n is the required sample size. z is the normal deviation, (1.96).
p is the expected proportion 0.085: of nurses who left nursing from the major hospitals in Kigali in the year 2005. q is 1-p,d is 0.05.

Therefore; $n = (1.96^2 \times 0.085x\ (1-0.085) / (0.05)^2 = 110$.

3.6 Sample Size

A sample of 110 nurses was used for the study. The researcher used a purposive sampling method and snowballing method both are of non-probability sampling techniques. According to Brink (2006, p. 133), the purposive sampling technique is based on the judgement of the researcher regarding subjects or objects that are typical or representative of the study phenomenon, or who are especially knowledgeable about the question at hand, and facilitates reaching the targeted group quickly. The technique will facilitate the researcher to access those who work in these organisations, since nurses make a part of the total component of staff working in these organisations, and all of them are not known by the researcher. Brink (2006) suggests that the snowball sampling method involves the assistance of study subjects in obtaining other potential subjects, especially where it is difficult for the researcher to gain access to the population, however there are limitations to this kind of study, the findings cannot be generalised to the entire population.

3.7 Data Collection Process

Data collection was done immediately the ethical clearance was available. After obtaining permission from the selected organizations, the researcher held a brief meeting with the identified nurses in the mentioned institution to make the first contact and to introduce the study, to inform them of their rights, issues of anonymity and confidentiality in relation to the study. The researcher met those willing to participate in the study after working hours to sign the declaration form and to provide them with

questionnaires. The participants were requested to return the questionnaire within three days; otherwise filling out the questionnaire would take a participant 20 minutes.

3.8 Data Collection Instrument

A self-administered questionnaire was the tool for data collection and it was prepared in English and French, as both languages are officially used in the country.

The questionnaire had two parts:

Demographic data

Open- and closed-ended questions to investigate the intrinsic and extrinsic motivating factors.

3.9 Ethical consideration

The proposal was presented to the UKZN school of Nursing Research Committee for approval before submission to the UKZN Ethics Committee. Data was collected after the ethics committee had granted permission. Heads of selected organizations RAMA & CAMERWA were requested for permission to access their staff for a brief meeting and later to administer the questionnaire. An information document and a declaration were given to the identified participants. Privacy and confidentiality were maintained throughout.

3.10 Validity

Validity refers to the degree to which an instrument measures what it is supposed to measure (Brink, 2006). In this study, the instrument measured reasons that influenced nurses to change employment status. All aspects of the study were covered in terms of having a questionnaire that will address the mentioned objectives. A few open-ended questions were content-analyzed into categories and common themes.

Table 1: Content Validity

The following Table describes items and specific concepts measured.

Research objective	Questions
To explore the reasons that influenced the nurses to leave public hospitals	1,2,3,4,5,6,7,8,9,...17.20.
To analyse factors that enhance nurses' retention in public hospitals	21,22,23
To suggest retention strategies	24

3.11 Reliability

Reliability refers to the degree to which the instrument can be depended upon to yield consistent results if used repeatedly on the same person or used by two researchers (Brink, 2006, p.163).

-The instrument was submitted to the scrutiny of experts

-Test re- test reliability among nurses who left to NGOs was done.

3 .12 Data Analysis Process

Each item of the questionnaire was coded (assigned a number). Data analysis was done using SPSS 13.0 for windows (Statistical Package for Social Science) for closed-ended responses; frequency distribution and percentages were used where necessary. The responses for open-ended questions were analyzed using content analysis; all responses were looked at to establish the main ideas or themes, then these themes were categorized according to their characteristics and the information from the literature.

CHAPTER FOUR

DATA ANALYSIS

4.0 Introduction

Data was collected by means of one hundred and ten (110) copies of a self-administered questionnaire through a trained research assistant. In a period of three weeks, only eighty-eight (88) completed questionnaires were returned, that is about an 80% return rate from respondents in RAMA, CAMERWA, and individual nurses in Kigali who were identified to be working outside nursing and who were willing to participate in the study.

Data was analysed using a Statistical Package for Social Sciences (SPSS) 13.0 for Windows. The instrument consisting of the demographic data had 20 closed–ended questions and 4 open-ended items which were later categorised into common themes.

4.1 Results

The results were presented in tables, bar graphs and pie charts, and the numbers of respondents were further interpreted in terms of percentages and frequencies.

4.1.1 Demographic characteristics of respondents:

4.1.2 Distribution of respondents by age

The results revealed that:

18.2 %,(n=16) of respondents belonged to the age group 20-25 years, whereas 55.7 % (n=49) belonged to the age group 26-35 years, and 20.5 % (n=18) belonged to the age group 36-45 years, while a small percentage of respondents 5.7 % (n=5) belonged to the

age group 46-55 years. Young nurses tend to be very unstable in organisations than the older ones, who tend to be more stable (Strachota et al. 2003: 112).

Graph 1

Age of the participants

Age of the participants
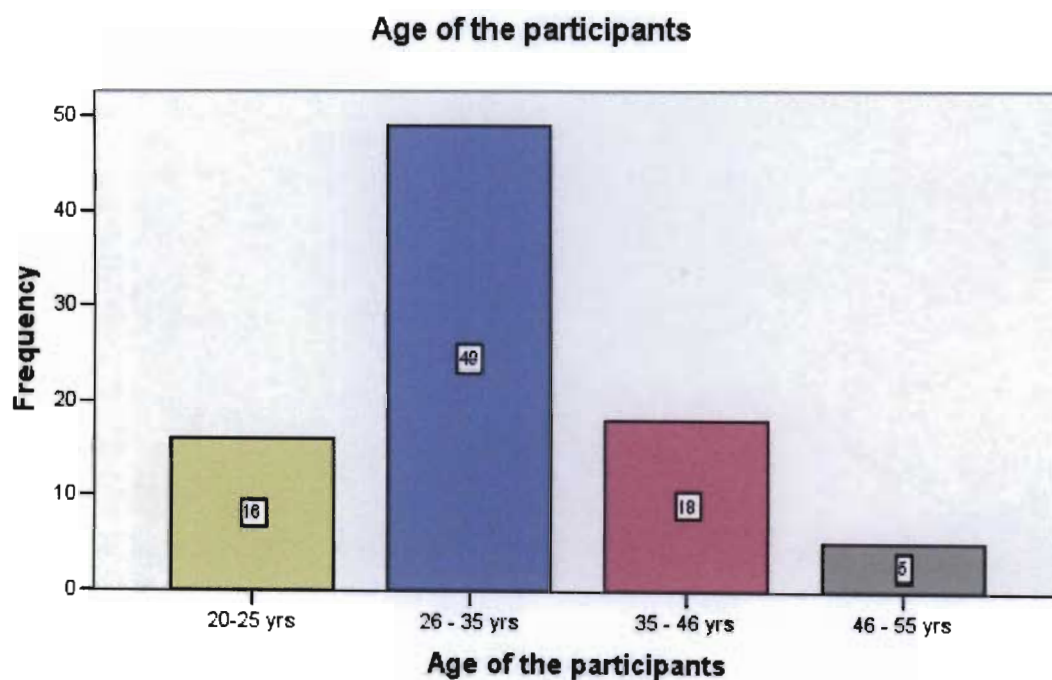
4.1.3 Distribution by Gender

Females comprised 82% (n=72), while males accounted for (n=15), 17.2%.

This could be explained by the fact that the nursing profession still attracts a large number of females (Edwards, 1997).

Graph 2

Gender of the participants

Gender of the participants
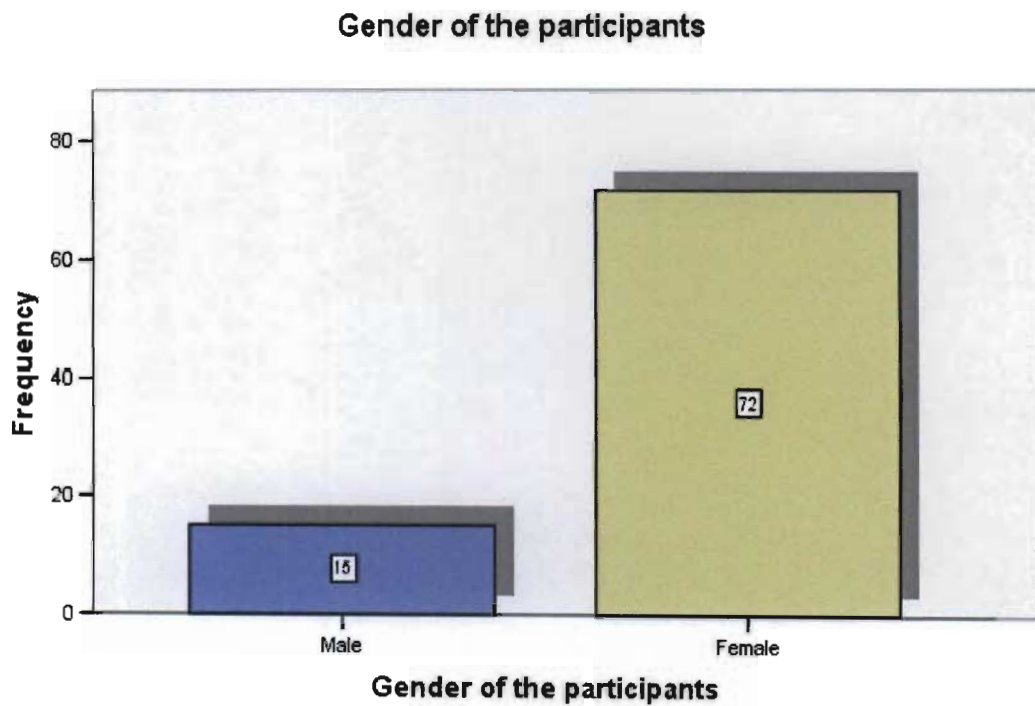
4.1.4 Distribution of respondents by marital status

The highest proportion of respondents were married (n=58), 65.9%, followed by n=24 or 27.3% single and (n=6) 6.8% widows.

Graph 3

Marital status
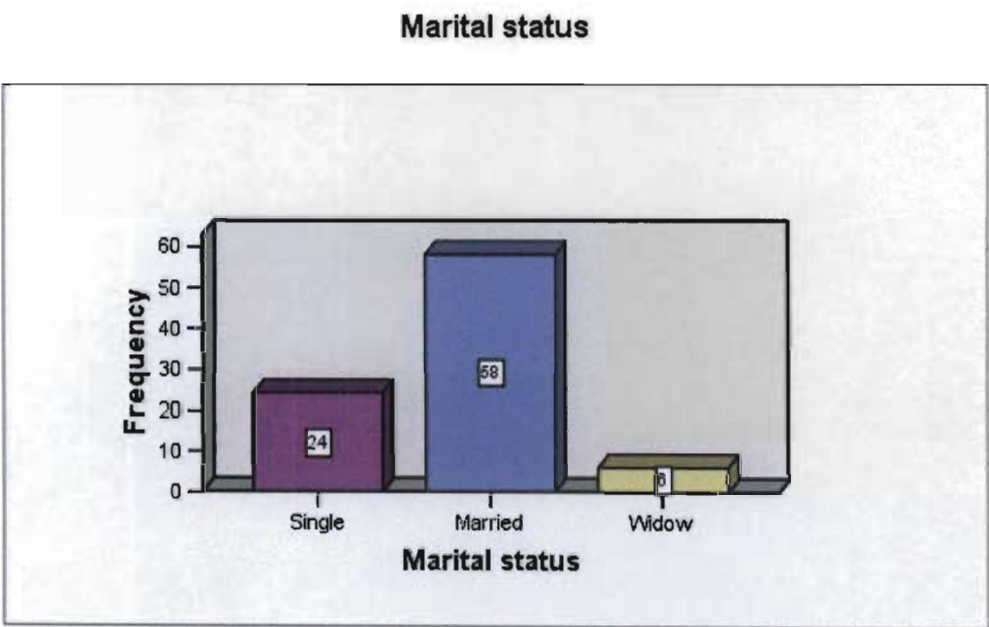
4.2. Professional Data

4.2.1 Responses by their nursing category

The highest number of respondents by their qualification was the enrolled nurses n=74, which was equivalent to 84.1%, followed by Registered nurses (n=13) equal to 14.8%, and other, which is equivalent to 1.1%. The researcher is of the opinion that enrolled nurses make the highest number because there are more nurses in this category than any other category.

Graph 4

Nursing category

36
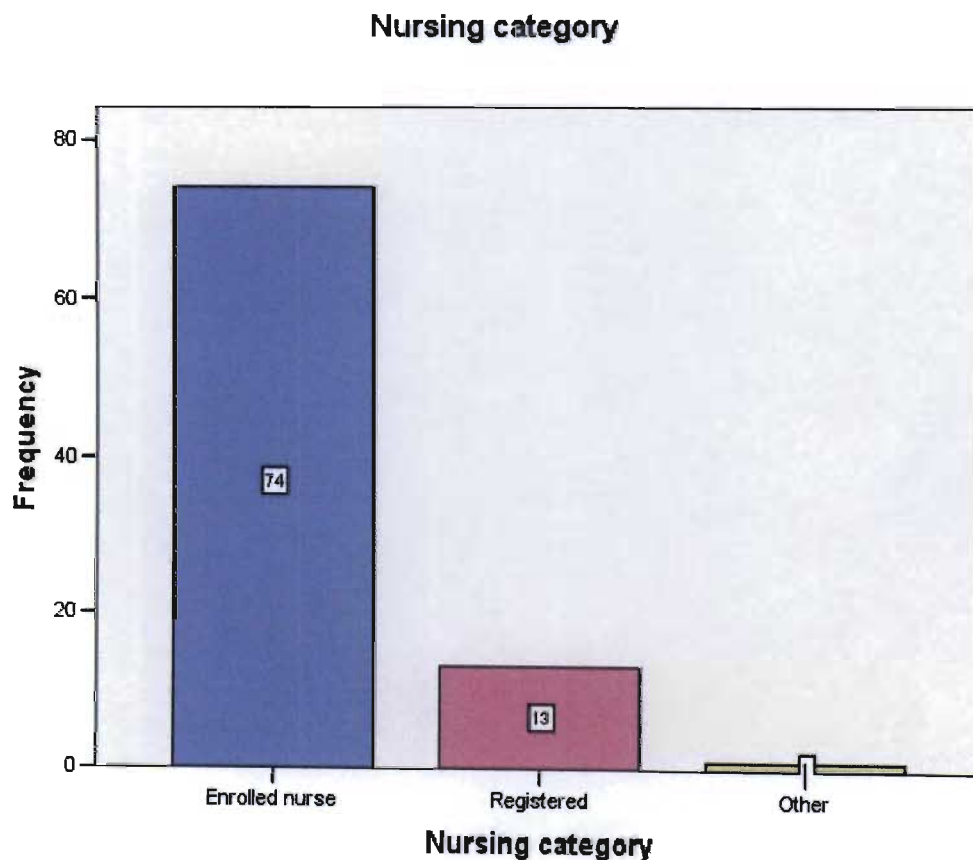
4.2.2 Respondents by their level of education

Respondents with diplomas make up the highest frequency (n=71) equivalent to 80.7%, and Advanced Diploma holders (n=15) which is equivalent to 17.0%, 1.1% degree and 1.1% masters degree holders, this correlates with the above item where enrolled nurses make up the highest percentage of respondents. In Rwanda, the enrolled nurses (A2) are awarded a diploma, and Registered Nurses (A1) are awarded an Advanced Diploma, and the masters and bachelors degree holders explain the 1.1% others.

Table 3 Level of nursing education

Level of nursing education	Frequency	Percent
Diploma	71	80.7
Advanced diploma	15	17.0
Degree	1	1.1
Masters	1	1.1
Total	88	100.0

4.2.3 Respondents by the type of health care facility in which they worked.

21.6% (n=19) of respondents worked in tertiary hospitals.

19.3 %(n=17) of respondents worked in district hospitals.

11.4 %(n=10) of respondents worked in health centres.

3.4 %(n=3) of respondents worked in private hospitals.

12.5% (n=11) of respondents worked in private clinics.

15.9 %(n=14) of respondents worked in other places, whereas between percentages 4.5%-1.1% of respondents worked in multiple settings.

This table reveals the free movement of nurses and multiple working areas in which nurses work.

Table 4 Type of health care facility in which participants worked

Type of health care	Frequency	Percent
Tertiary hospital	19	21.6
District hospital	17	19.3
Health centre	10	11.4
Private hospital	3	3.4
Private clinic	11	12.5
Other	14	15.9
Tertiary hospital, District hosp & Health centre	2	2.3
Health centre, private hospital & private clinic	2	2.3
Tertiary hospital & Health centre	1	1.1
Tertiary hospital, Private clinic & Other	1	1.1
Health centre & Private clinic	4	4.5
Health centre, District hospital & other	4	4.5
Total	88	100.0

4.2.4 Responses by the location of the health care facility

The location of the former health care facility in which nurses worked is shown in the table below. Respondents equivalent to 68.2% (n=60) worked in urban areas, and 28.4% (n=25 of respondents worked in rural areas, while 3.4% (n=3) of respondents worked in both rural and urban areas. The researcher is of the opinion that the higher percentage of respondents who worked in urban areas is explained by the fact that urban people have access to information regarding job opportunities and can take part-time studies, which might influence change of employment status.

Table 5 Location of health care

Location of health care	Frequency	Percent
Urban	60	68.2
Rural	25	28.4
Urban & Rural	3	3.4
Total	88	100.0

4.2.5 Working experiences of nurses in their former health care facilities was described and shown in the table

22.7 % (n=20) of respondent worked for less than one year.

25% (n=22) of respondents worked for between 1-2 years.

17.0% (n=15) of respondents worked for between 2-3 years.

17% (n=15) of respondents worked for between 3-5 years.

17 % (n=15) of respondents worked for over 5 years.

These results show that the duration of service did not make a difference to retention, as the results revealed that most nurses who left had a shorter working duration, although an experience of over (5) five years showed little difference.

Table 6 Working duration in the health facility

Working duration	Frequency	Percent
Less than 1 yr	20	22.7
1 - 2yrs	22	25.0
2 -3 yrs	15	17.0
3 - 5yrs	15	17.0
Above 5 yrs	15	17.0
Less than 1 yr & 1- 2 yrs	1	1.1
Total	88	100.0

4.3.0 As regards the intrinsic motivating factors, the following responses were obtained:

4.3.1 Asked whether nurses were praised for any good services rendered:

67.1 %(n=57) of respondents were praised, while 15.9% (n=14) of respondents were not praised, and 15.9% of respondents were not sure whether they received praise or not.

Table 7 Praised for any good service rendered

Praised for good service		Frequency	Percent
	Yes	57	64.8
	No	14	15.9
	No sure	14	15.9
	Total	85	96.6
Missing	System	3	3.4
Total		88	100.0

4.3.2 When respondents were asked about the existence of promotion criteria in their former health care facilities:

The following were their responses:

54.8% (n=46) of respondents said there were no criteria and 32.1 % (n=27) of respondents reported that there were promotion criteria, while 13.1 % (n=11) of respondents reported that they were not sure. A high percentage of responses of 'no criteria', could explain the underlying de-motivating factor that in the end leads nurses to change employment status.

Table 8 Any criteria for promotion in your former institute

Criteria for promotion		Frequency	Percent
	Yes	27	30.7
	No	46	52.3
	No sure	11	12.5
	Total	84	95.5
Missing	System	4	4.5
Total		88	100.0

4.3.3 When asked about their relationships with their former immediate supervisors:

49.4% (n=43) of respondents reported that they had very good working relationships.

35.6 %(n=31) of respondents reported that they had good relationships.

9.2 % (n=8) of respondents reported that they had bad relationships with supervisors.

5.7% (n=5) of respondents reported some other relationships.

4.3.4 When asked whether they had autonomy in decision-making as regards the planning and implementation of patient care, the responses were as follows:

21.8 % (n=19) of respondents reported they always had autonomy.

66.7% (n=58) of respondents reported that they sometimes had autonomy in planning and implementation of patient care.

8% (n=7) of respondents reported that they never had autonomy and 3.4% (n=3) of respondents were not sure.

This could be explained by the fact that the enrolled nurses tend to work under the supervision of registered nurses and doctors, therefore total autonomy could not be guaranteed.

Table 9 Able to make decisions about patient care, planning and implementation

Able to make decision		Frequency	Percent
	Always	19	21.6
	Sometimes	58	65.9
	Never	7	8.0
	Other	3	3.4
	Total	87	98.9
Missing	System	1	1.1
Total		88	100.0

4.3.5 Presence of team work was also investigated in their former health care facilities, and the following were the responses:

85.2% of respondents reported there was teamwork.

8.0% of respondents reported there was no team work, and 5.7% of respondents reported that they were not sure.

Table 10 Teamwork

Teamwork		Frequency	Percent
	Yes	75	85.2
	No	7	8.0
	Not sure	5	5.7
	Total	87	98.9
Missing	System	1	1.1
Total		88	100.0

4.3.6 Respondents were asked whether they enjoyed teamwork; the responses were as follows:

A significant number of respondents enjoyed working in teams, 84.1% (n=74) reported that they enjoyed working in teams, while 9.1% (n=8) reported that they did not like teamwork.

Table 11 Enjoy the team work

Enjoy teamwork		Frequency	Percent
	N/A	8	9.1
	Yes	74	84.1
	No	1	1.1
	Not sure	3	3.4
	Total	86	97.7
Missing	System	2	2.3
Total		88	100.0

4.3.7 Respondents were asked whether they had experienced an orientation period:

The responses were as follows; 55.7% (n=49) of respondents had an orientation period.

40.9% (n=36) of respondents had no orientation period.

2.3% (n=3) of respondents gave no response.

Table 12 Orientation period

Orientation period		Frequency	Percent
	Yes	49	55.7
	No	36	40.9
	Total	85	96.6
Missing	System	3	3.4
Total		88	100.0

4.3.8 When asked who was responsible for their orientation at their former health facility, the responses were as follows:

40.9% (n=36) of respondents were orientated by the ward managers.

36.4 % (n=32) of respondents said nobody was responsible.

11.4 % (n=10) of respondents were orientated by their peers.

5.7 % (n=5) of respondents were orientated by friends, and 3.4 % (n=3) of respondents reported others.

. Table 13 Who was responsible for your orientation?

Who orientated you		Frequency	Percent
	None	32	36.4
	Ward Manager	36	40.9
	A friend in the health care facility	5	5.7
	Peers during their free time	10	11.4
	Other	3	3.4
	Total	86	97.7
Missing	System	2	2.3
Total		88	100.0

4.3.9 When asked about the posts they occupied in their former health care settings the responses were as follows:

4.5 % (n=4) of respondents had occupied top management positions.

28.4 % (n=25) of respondents had occupied middle-level management positions.

The majority of the respondents were bedside nurses (n=41) equal to 46.6% and 17.0 % (n=15) of respondents reported they had held other posts. 'Other' could be explained by

multiple roles nurses have in some health care settings, for example some work as cashiers, pharmacy staff, and others work as counsellors.

Graph 5

Post you occupied

Post you occupied
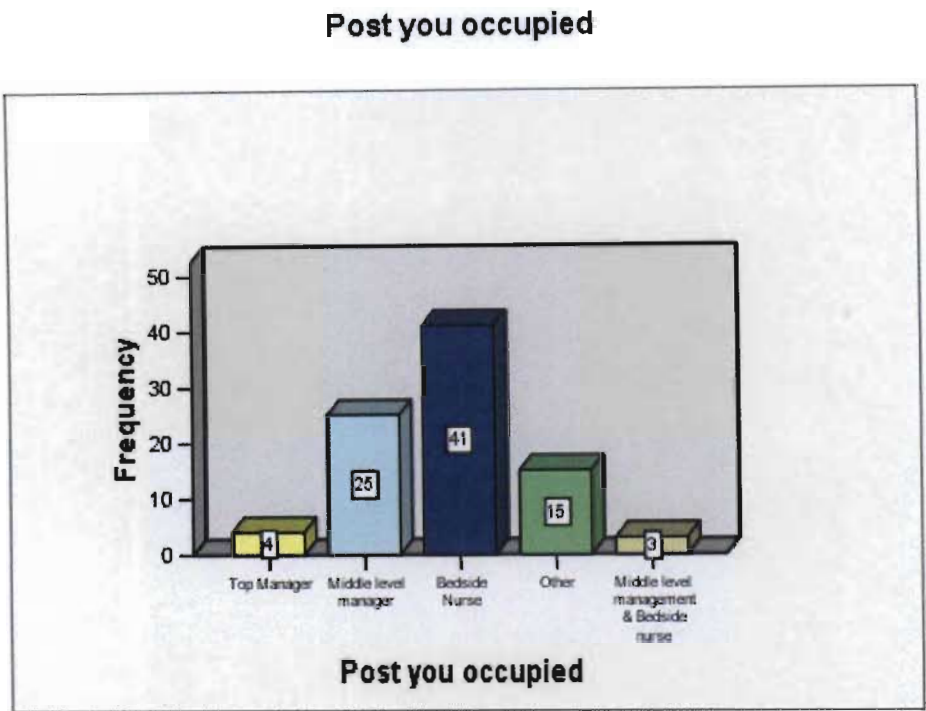
4.3.10 When asked about what they thought about the nature of the work in their former health care setting, the following were their responses:

43.2 % (n=38) responded that the work was exciting.

13.6 % (n=12) responded that the work was challenging.

19.3% (n=17) responded that the work was boring.

13.6% (n=12) responded that they were not sure.

Table 14 Work in the previous work setting

Work in previous setting	Frequency	Percent
Challenging	12	13.6
Exciting	38	43.2
Boring	17	19.3
Not sure	12	13.6
Total	79	89.8
Missing System	9	10.2
Total	88	100.0

4.4.0   Regarding the Extrinsic motivating factors the following responses were as follows;

4.4.1   When asked to give opinions on the staffing in their former health facility the following were the findings:

35.2 %(n=31) of respondents reported sufficient staffing.

52.3 % (n=46) of respondents reported insufficient staffing.

4.5 % (n=4) of respondents reported very insufficient staffing.

3.4 % (n=3) of respondents reported 'other'.

These figures are typical of staffing in health settings where staff nurses are over-burdened by work due to increasing numbers of patients and turnover rates of nurses.

Table 15 Opinion as to what the staffing was like in their former place of work

Staffing in work place	Frequency	Percent
Sufficient	31	35.2
Insufficient	46	52.3
Very insufficient	4	4.5
Other	3	3.4
Total	84	95.5
Missing System	4	4.5
Total	88	100.0

4.4.2 When respondents were asked about collaboration with the physicians the following information was revealed:

42.0% (n=37) of respondents reported that there was collaboration.

36.4% (n=32) of respondents reported that collaboration occurred with difficulty.

3.4% (n=3) of respondents reported that there was no collaboration.

4.5 % (n=4) of respondents were not sure.

9.1 %(n=8) of respondents reported 'other'.

Table 16 collaboration with the physicians on your ward as regards the planning and implementation of care

Collaboration with physicians		Frequency	Percent
	Collaborative	37	42.0
	Collaborative with difficulty	32	36.4
	Not collaborative	3	3.4
	Not sure	4	4.5
	Other	8	9.1
	Total	84	95.5
Missing	System	4	4.5
Total		88	100.0

4.4.3 Were you informed of the retirement plan?

The respondents revealed the following information:

A relatively high number of respondents, 62.5 % (n=55) were not informed of their retirement plan, 11.4 % (n=10) of respondents were not sure, and only 20.5 % (n=18) of respondents were informed of their retirement plan.

Table 17 Informed about your retirement plan

Informed about retirement plan		Frequency	Percent
	Yes	18	20.5
	No	55	62.5
	Not sure	10	11.4
	Total	83	94.3
Missing	System	5	5.7
Total		88	100.0

4.4.4 Did the health care facility experience any shortages of essential drugs and materials?

Respondents reported minor shortages, 71.6 % (n=63), while no shortages at all was reported by 22.7 % (n=20) and 1.1 % of respondents reported serious shortages.

Table 18 Healthcare facility experiencing any shortages of essential drugs and materials

Any Shortages of essential drugs		Frequency	Percent
	No shortages at all	20	22.7
	Minor shortages	63	71.6
	Serious shortages	1	1.1
	Other	2	2.3
	Total	86	97.7
Missing	System	2	2.3
Total		88	100.0

4.4.5 Did you attend any in-service course(s) while you were still employed with your former institution?

The following were the responses:

47.7% (n=42) of respondents attended in-service training, and 48.9% (n=43) of respondents had no in-service training.

Table 19 Attend in-services course(s) while you were still employed with your former institution

Attend In-service Course(s)..	Frequency	Percent
Yes	42	47.7
No	43	48.9
Total	85	96.6
Missing System	3	3.4
Total	88	100.0

4.4.6   Did your former institution have regulations to guide your actions?

The following were the responses:

39.8% (n=35) of respondents had regulations to guide their practices, while 44.3 % (n=39) of respondents had no regulations to guide practices.

Table 20 Former institutions have regulations to guide your actions

Regulations to guide you	Frequency	Percent
Yes	35	39.8
No	39	44.3
Other	9	10.2
Total	83	94.3
Missing System	5	5.7
Total	88	100.0

4.4.7   Did your former institution have policies and procedures to guide you? The following were the responses:

42% (n=37) of respondents reported that they had policies and procedures, whereas 42% (n=37) of respondents reported that they had no policies and procedures and (14.8 %n=13) of respondents reported 'other'.

Table 21 Former institutions have policies and procedures to guide you

Institution Have policies & procedures		Frequency	Percent
	Yes	37	42.0
	No	37	42.0
	Other	13	14.8
	Total	87	98.9
Missing	System	1	1.1
Total		88	100.0

4.4.8 How would you rate your salary scale in relation to other professionals' salaries in other organisations?

The responses were as follows:

70.5 % (n=62) of respondents reported that their salaries were low, and a small number of respondents reported that their salaries were higher, 12.5 % (n=11), while 5.7% (n=5)of respondents reported no salary difference, and 9.1% 9(n=8) of respondents reported 'other".

Table 22 Rate your salary scale in relation to other professional salaries within different organizations

Rate salary scale in relation to others		Frequency	Percent
	High	11	12.5
	Low	62	70.5
	No difference	5	5.7
	Other	8	9.1
	Total	86	97.7
Missing	System	2	2.3
Total		88	100.0

4.4.9 Was the salary paid on time?

The following were the responses:

39.8 % (n=35) f respondents were paid on time.

27.3% (n=24) of respondents were not paid on time.

29.5% (n=26) of respondents were sometimes paid on time, and 3.4 % (n=3) of respondents reported 'other'.

Table 23 Salary paid on time

Salary paid on time	Frequency	Percent
Yes	35	39.8
No	24	27.3
Some times	26	29.5
Other	3	3.4
Total	88	100.0

4.4.10 Did you like being a professional nurse?

The responses were as follows:

56.8 % (n=50) of respondents liked the profession of nursing, whereas 23.9 % (n=21) of respondents did not like the profession, while 11.4% (n=10) of respondents were not sure, and 8 % (n=7) of respondents said they sometimes like being professional nurses.

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Table 24 Liking being a professional nurse

Like being a nurse	Frequency	Percent
Yes	50	56.8
No	21	23.9
Not sure	10	11.4
Sometimes	7	8.0
Total	88	100.0

4.4.11 When asked to explain why they didn't like nursing the responses were:

59.8% of respondents consistently reported that they loved the profession of nursing.

31.0% of respondents said they never chose to be nurses.

2.3% of respondents disliked the work stresses.

3.4% of respondents reported that the profession is not respected.

3.4% of respondents wanted to join another career.

5.0 For open-ended questions, responses were written down and Pie charts were used to illustrate the responses in percentages.

5.1 Reasons for changing employment status were expressed differently as follows:

Multiple reasons were given for changing employment status:

52.9 % (n=46) of respondents gave salary as the major reason for changing employment status. 14.9% (n=13) of respondents reported personal reasons.

9.2% of respondents reported management issues as the reason.

6.9% of respondents reported heavy workload in relation to salary payments as the reason and performance appraisal and lack of recognition for the profession also scored 6.9% (n=6) of the responses.

Pie chart 1

Reason(s) for changing your employment status

Legend:
- Gain other work experience / better paying job
- Salary issue / low salary
- Discontent with management of human resource development
- Heavy workload
- Hate night duty
- Heavy workload, low salary & conflict within manager
- Personal reasons
- Presence of infectious diseases & bad manager's attitudes
- No profesionalism / no perfomance appraisal
- Missing

Pie values: 1.15%, 2.3%, 6.9%, 1.15%, 14.94%, 4.6%, 1.15%, 8.9%, 9.2%, 52.87%

5.2 What motivated you to leave health care facilities?

The following responses were given in writing:

39.1% (n=34) of respondents needed a better salary, 23.0 % (n=20) needed better job opportunities, 12.6 % (n=12) of respondents left because of poor management at the health facilities, while 9.2 % (n=8) of respondents left due to lack of equity in giving promotions. Heavy workload in relation to salary payment, was a response by 6.9 % (n=6). Others reported lack of interest in the profession, 4.6% (n=4).

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Pie Chart 2

Motivated you to leave your former health facility

Legend:
- Lack of human resources
- Need better opportunity
- need better salary
- Poor management of the centres
- Heavy workload & increase nursing-staffing
- No equity in giving promotion / others are favoured
- Lack of interest in the professions
- Missing

Pie segments: 4.6%, 4.6%, 1.15%, 22.99%, 3.2%, 6.9%, 12.64%, 39.08%
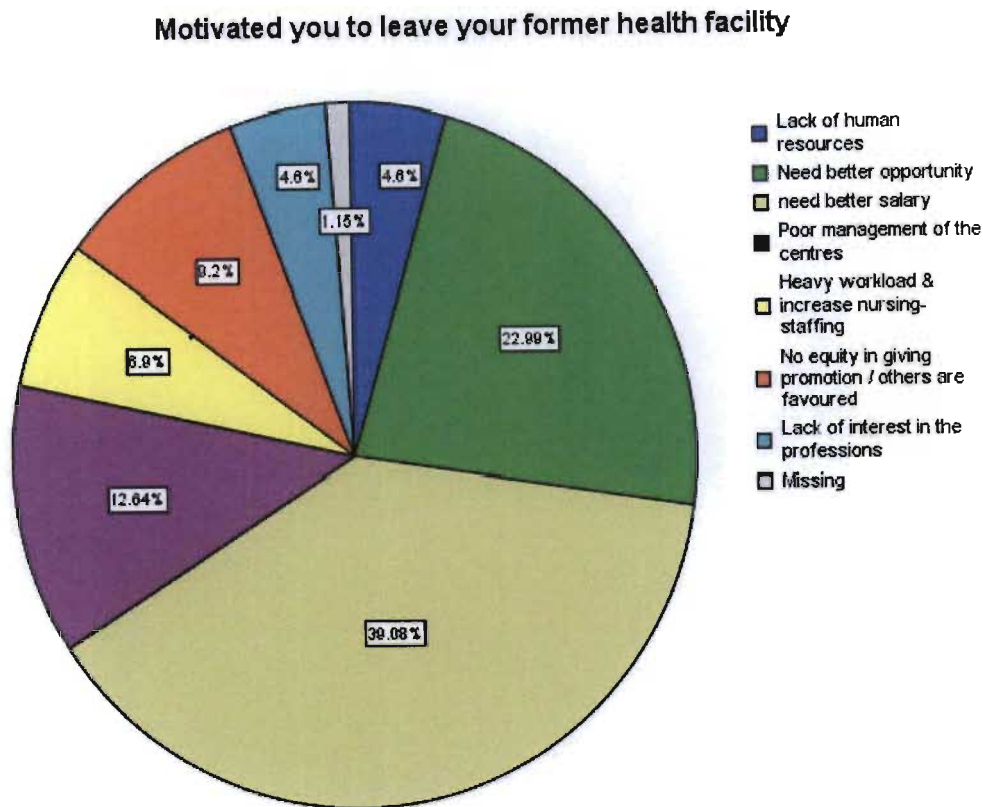
5.3 When asked to give factors that can enhance retention of nurses, following were their responses

Increase in salary was given as a reason by 51.1 % (n=54).

Provide opportunity for further education, and increase in-service training, 34.5% (n=30).

Increase study bursaries and uplift nursing education level, 5.7% (n=5).

Respect of working hours and/or pay for extra working hours, 4.6% (n= 4).

Respect of working hours and labour laws, 2.3 %(n=2) and 1.1% proposed improvement of working environment and salary payments to be made in time.

Pie Chart 3

Factors you believe can enhance retention of nurses

Legend:
- Salary insufficient & many hours of work
- Improve salary scale
- Increase study bursaries & improve nurses education
- Payment in time & improve working environment
- Increase in-service training/ provide opportunity for educ.
- Respect working hours and labour laws
- Missing

Values shown: 1.15%, 2.3%, 4.6%, 34.48%, 51.72%, 1.15%, 5.75%
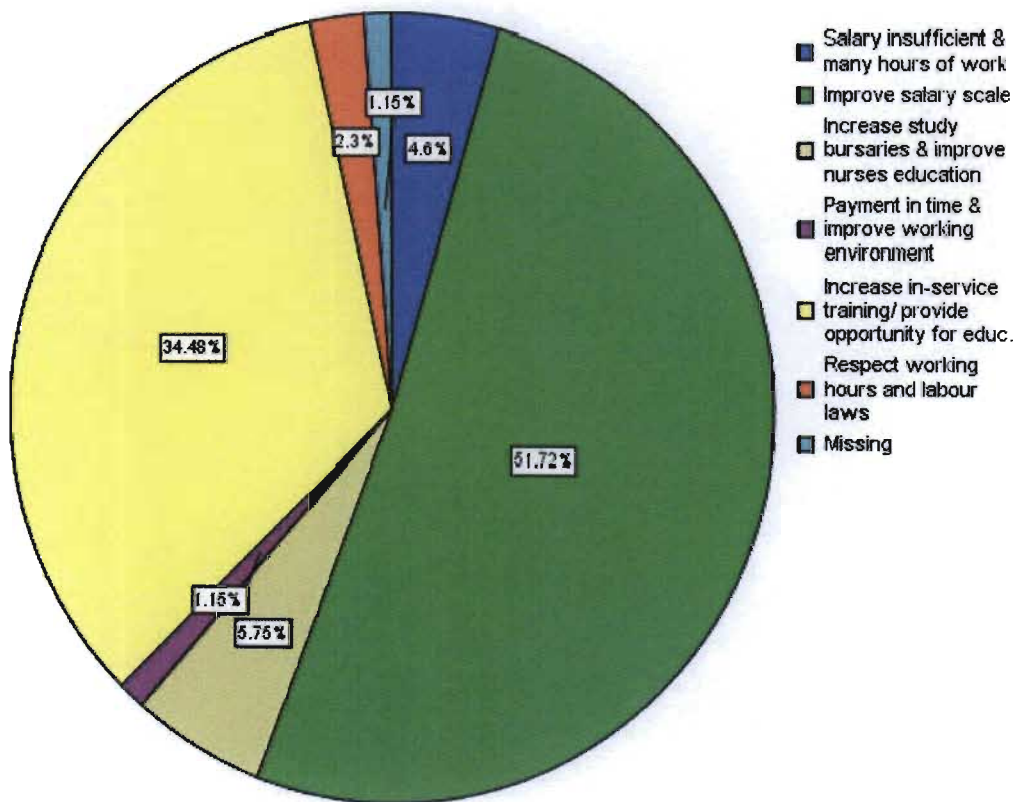
CHAPTER 5

DISCUSSIONS AND RECOMMENDATION

6.0 Introduction.

Guided by the two-factor motivation-maintenance theory of Herzberg, the researcher used qualitative and quantitative data to explore possible reasons that could have influenced the Rwandan Nurses to change their employment status. According to Mrayyan (2005, p. 40). Nurses' job satisfaction and retention are related concepts; nurses who are satisfied in their jobs are likely to retain these jobs.

6.1 Key findings

6.1.1 Age

In the study it was revealed that participants whose age ranged from 20-45 years were the ones changing employment status, whereas those older than 45 years tend to be more stable in organizations. This is reflected in the findings by a figure of 5.7% for the age above 45 years.

6.1.2 Gender

Females make up 82.8% of those who changed their employment status because the profession still attracts a high number of females. This is consistent with the (ICN, 1997) observation that women make up the vast majority of the nursing workforce in many countries, and therefore the profession shares characteristics of other female-dominated occupations: like low salary, low status, lack of recognition, poor work conditions, few

prospects for promotion and poor education, all of which contribute to its image, and thus a factor for high turnover and change of employment status.

6.1.3 Nursing category

Respondents by their nursing category indicated that enrolled nurses made up 84.1% of those who changed their employment status, probably because they make the highest number of nurses in the country, and most of them lack the professional commitment because of their educational preparation and difficult career pathway. This is consistent with Mac Robert, Schmele & Henson (1993) found that the higher the education level the more motivated the nurse, thus retention in the profession.

6.1.4 The type of health care facility you worked in and the location

The results revealed free movement of nurses from one health setting to another, from urban with 68.2%, and from rural with 28.4%. This is consistent with findings (Awases et al, 2004) on the internal migration of health professionals (migrating from urban to rural, public to private or vice versa in search of job satisfaction.

6.1.5 Intrinsic factors or motivators that influenced nurses to change employment status

6.1.5.1 Praise for services

Although a good number of respondents, 67.1% were praised for services rendered, another 15.9% were not praised, while 15.9% were not sure. Recognition of good

performance is an important aspect that raises job satisfaction and boosts one's morale (Khowaja et al, 2005).

6.1.5.2 Criteria for promotion

Availability of promotion criteria is one way of ensuring equity in an institution. Individuals need to feel that they are getting fair treatment at work in terms of their contribution to the job (for example, skills, ability, education, experience effort) and the rewards they receive for working (pay, fringe benefits, recognition, praise, promotion, prestige). People need to feel that they are being treated fairly when they compare themselves with others. Equity does not motivate a change in behaviour such as change of employment status, and instead, inequity motivates a change in behaviour that may increase or decrease actual effort and job performance (Booyens, 1998, p. 470).

In this study 54.8% had no promotion criteria, while 30.7% had promotion criteria and 13.1% were not sure. This issue was also reported as "no equity in giving promotion" or "others were favoured" by 9.2% of the respondents as a factor that motivated them to leave their former health facility.

6.1.5.3 The relationships with immediate supervisors

Generally there were good relationship with the supervisors, but findings revealed that 9.2% had bad relationships. Research has confirmed that an employees' relationship with his or her immediate supervisor is a primary determinant of the employees' satisfaction level and how long the employees remain with the employer (Wagner, 2006, p. 25).

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In the same study, collaboration with the physicians was also investigated, and a figure of 3.6% indicated the lack of collaboration.

6.1.5.4 Autonomy on decision-making towards patient care

Autonomy is one of the motivating factors that influence staff retention according to the findings. 66.7% reported that they sometimes had autonomy in planning and implementation of patient care, while others had no autonomy and some were not sure. This could be largely influenced by the lower qualifications of nurses, where the majority are enrolled nurses who usually work under the supervision of registered nurses and medical doctors, therefore total autonomy cannot be guaranteed. Nurses want autonomy in practice, but the following should be considered before it is guaranteed; their maturity, qualification and the ability to carry out tasks and problem solving, otherwise mentorship should be considered first.

6. 1. 5.5 Teamwork

Team work is one of the evident characteristics of organisational leadership style (transformational) that enhances staff retention (Booyens, 1998). In this study, 86.2% reported the presence of teamwork, while 8.0% reported that there was no teamwork and 5.7% were not sure. With a transformational leadership style, nurse managers can play a big role in retention of staff by initiating teamwork where the culture does not exist.

6. I.5.6 Orientation

In this study, 57.6% had undergone orientation and 42.2% had received no orientation at all. In the same study the findings revealed that right person orientated only 40.9% of the respondents, while others were orientated by friends and peers. Kaufman (2006) emphasises the need for proper orientation of new staff by the line manager, and goes on to say that poor orientation for a new employee can cost a lot, and that it is believed that those who don't start right don't stick around for long.

6.1.5.7 Post occupied

In this study, the findings revealed that of the posts occupied in the former health care organisations, only 4.5% of the respondents occupied top management positions and 28.4% occupied middle-level management positions, while 46.6% were bedside nurses, and 17% occupied other non-nursing posts. It is documented that nurses on higher clinical ladders or in management positions are more satisfied with their jobs, thus further retention occurs (Strachota et al, 2003, p.112).

6.1.5.8 What they think about the nature of the work in their former health facility

The majority of the respondents, 48.5% found the work exciting, 15.2% found the work challenging, 15.2% were not sure, and 21.5% found the work boring. According to Booyens (1998: 463) challenging and exciting work is among the motivating factors. An individual becomes more innovative and hard-working to increase productivity.

Therefore nurses need challenges, a sense of achievement and a feeling of

accomplishment in nursing practice in order to feel fulfilled (Booyens, 1998).

6.1.6 Extrinsic or maintenance factors that contributed to change of employment status

6.1.6.1 Staffing in the former health facility

In this study the findings revealed that 54.8% reported insufficient staffing, 4.8%

reported very insufficient, and 36.9% reported sufficient staffing. The findings suggest

that there was a degree of increased workload per person leading to burnout and stress

and a reason for resignation.

According to Geyer (2004a) rational mandatory minimum staffing alleviates excessive

workloads, and would reduce the likelihood of compassionate fatigue and burnout and

would promote quality care and patient safety. Proper staffing would address the issue of

long working hours per week as mentioned by the nurses in the study. Most nurses work

about sixty four (64) hours per week while other people in public service work forty (40)

hours per week

6.1.6.2 Information of the retirement plan

Informing workers of their retirement plan is their right so that they can make decisions

to take up the job or leave it, instead of recruiting them then, within the next few months

they are gone. Professional workers look forward to getting a decent pension on

retirement. In this study, only 21.7% were informed of their retirement plan.

6.1.6.3 Supply of essential drugs and materials

Shortage of medical supplies in African healthcare facilities was identified as one of the dissatisfying factors that contributed to turnover and migration of health professionals (Awases et al, 2004). In this study, 1.2% reported serious shortages, 73.3% reported minor shortages and 23.3% reported no shortages. This means a shortage of supplies was not a significant issue to the majority of nurses.

6.1.6.4 In-service Training

Training is one of the satisfying factors documented in literature in relation to retention. In the absence of training, staff will be dissatisfied and will eventually leave the profession because there is no growth and career advancement. In the study it was revealed that 48.4% attended in-service training and 50% had no in-service training.

6.1.6.5 Institutions have policies and procedures to guide you.

The study's findings revealed that 42.5% of the respondents had policies and procedures, and 42.5% had no policies to guide their practice, while 14.9 reported they were using others. Khowaja et al. (2005) states that organisational policies are among the key factors associated with organisational staff commitment and that their absence contributes to staff turnover and may lead to change of employment status.

6.1.6.6 Salary scale in relation to other professionals' salaries in other organisations

The study revealed that a large number of respondents' (72.1%) salary scale was low compared to other professionals. This factor is a reasonable issue which might make an individual leave the profession. According to Collins, Jones, Mcdonnell, Read &

Cameron (2000,p.3) low salary is a dissatisfier, and was significantly related to intention to leave the profession This element may reflect the status of the nursing profession in Rwanda, where nursing may be a less valued profession. If this situation is not reviewed professionals are likely to change their employment, and the health sector will suffer chronically from lack of staff in terms of quality and quantity, thus compromising care.

6.1.6.7 Do you like being a professional nurse?

Findings revealed that 56.8% liked being professional nurses. Others were not sure (8%), some said they sometimes liked being nurses, but 23.9% did not like nursing. Rwandan nurses enter the profession at an early age (15years) after three years' post-primary school education, and by the age of 18 years they are qualified as enrolled nurses (A2). This is not in accordance with the recommendation by Uys. (2001) in the unpublished report on age, that entrance to nursing should only follow 12 years of general formative education. These findings were further emphasised by the response rate of 31% of respondents who said they never chose to do nursing.

6.1.6.8 Reasons for change of employment status

Among the reasons mentioned are:

Low salary payment response scored higher among the reasons for change of employment status,

Personal reasons,

Management-related issues,

Workload and some respondents were worried about contracting infectious diseases.

6.1.6.9 What motivated you to leave your former health facility?

The respondents revealed combinations of intrinsic and extrinsic factors.

Payments/salary issues were consistently mentioned in the study.

Job opportunities and poor management of healthcare facilities.

Lack of fairness in awarding of promotion.

Lack of interest in the profession.

6.1.6.10 Factors that nurses believe would enhance retention

Increase in salary.

Opportunities for further education and training.

Improved working environment.

Reviewed working hours for nurses on night shift, as in one day, nurses work for about 16 hours. The three-shift working system needs to be adopted by the Ministry of Health and Public Service. This would solve the problem of stress and burnout and eventually nurses' resignations from their jobs.

Salary increase is consistent with Fochsen, Sjogren, Josephson & Lagerstrom's (2005, p. 338) study, which revealed that unsatisfactory salary contributes most to the nursing personnel's decisions to leave the profession.

As regards opportunities for further education and training, Uys et al, (2004, p. 55) recommend that managers address the issue of training and career development.

World Health Organization (1992,p.5) documented that "Countries attribute the continuing shortage of nurses to such causes as inadequate facilities for training,

emigration to other more attractive career opportunities, and the inability to offer continuous education, adequate reward and opportunities for advancement."

6.2 Recommendations

Recommendations are made in relation to the study's findings. They are separated into; those made for the government and those made for the institution.

Government

Entrance age into nursing profession should be reviewed by the government. The recommended age by WHO is 17-18 years after general education. People should be given an opportunity to choose to do nursing, instead of the government just sending people to schools of nursing, where the entry requirement is based on the marks scored in the final exams. In the study, nurses reported that they never choose to be nurses and it was one of the causes that influenced change of employment status.

The profession should be empowered by the government by uplifting the level of nursing education to a degree programme, and increasing postgraduate study opportunities like any other profession in the country. This will change the image of nursing which was formally associated with female-dominated occupation characteristics.

Review of salary scales for nurses should be considered seriously, as this was the major dissatisfying factor among other things, and payments should be made on time. It was revealed in the study that nurses change employment status due to late salary payments.

Schools should be provided that give nurses an opportunity to pursue higher education and a policy put in place that recognises the prior learning of those nurses who left due to a lack of career advancement. A bridging programme should be provided for all those experienced enrolled nurses who are still passionate about the profession, because of the fact that they form the majority workforce and cannot simply be ignored, training them would be a motivation and a retention strategy, and would be more beneficial for patient care.

Staffing in healthcare facilities should be a concern of the government which needs to be addressed because understaffing leads to turnover and poor patient outcomes, consequently, the issue of long working hours reported by the nurses, together with relevant remunerations for extra hours.

Health care managers and nursing service managers need to be educated in basic management and administration skills as a means to empower them with leadership and management skills that were found to be factors in retention of staff.

Institution

Institutional management should carry out staff performance appraisals at least annually, thus Nurse Managers need to learn to appraise individual nurses for outstanding behaviour.

The lack of policies and promotion criteria in healthcare facilities was highlighted by respondents in the study, and yet promotion, advancement, and growth are among the motivators or satisfiers as cited in the literature. It is therefore suggested that institutions have policies and promotion criteria in place, and should have this communicated to the staff.

Leadership style: - it is recommended that transformational leadership style is applied in reinforcing teamwork because healthcare needs multi-sectoral teams to provide quality services. Supervision is important, because nurses' working relationships with doctors, nurse managers, and administrators influence their decision to stay, once they see themselves involved in decision-making and other unit activities of care. Supervision should therefore be viewed as a teaching strategy in practice, intended to help a junior staff achieve growth and empowerment, and not as a policing tool or a punitive measure.

Improve physical work environment for nurses: - Put in place an infection control policy and have sufficient materials available for prevention, and ensure the accessibility of such materials by the staff. Protective materials for nurses should include appropriate masks, gloves, protective gowns, protective eyeglasses etc. In the study it was revealed that one of the reasons nurses left was because they were afraid of being infected with chronic diseases. Currently, chronic common infections that nurses are likely to contract if they don't use protective materials are: Multi-Drug Resistance Tuberculosis, Hepatitis, and HIV/AIDS from needle-pricks or other related injuries.

In-service training: It is proposed that institutions should plan and ensure that nurses receive:

- In-service training, for the growth of the nurse, and for better patient care because new diseases are emerging, and in science, new knowledge is being generated and technology is changing. The study revealed that about 50% of the nurses had never had in-service training.

Nurse leaders in their respective institution can carry out exit interviews for those who are resigning as such information could be used to design future retention strategies.

6.3 Limitations of the study

The findings of the study cannot be generalised because the sample size is small for a quantitative study. Besides that, the respondents were purposively selected, so there is no representativity of the population. This was due to the time factor the researcher faced.

An extensive study is required to provide the true picture as to why nurses are changing employment status. The lack of nursing records in relation to the change of employment status remains an obstacle, in establishing the turnover rate for nurses in the healthcare industry in Rwanda.

6.4 Conclusion

According to Owens (2004) Herzberg's motivation –maintenance theory, motivators/ satisfiers and dissatisfiers were present among the nurses who left the nursing practice. A significant finding of the study is the low salary payment and a need for further training and education plus poor management-related issues. If the government improves

on the reward system, empowers the healthcare managers with management skills, and then gives nurses access to higher education and training, retention rate would improve, and some people might possibly desire to return to nursing services.

Retention of staff is the most challenging and complex task for managers because what motivates people changes according to what they want to achieve. It is therefore important for managers to understand what motivates staff and incorporate it in the reward system Linden, (1998). This will help institutions to recruit and retain a productive workforce.

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ANNEX   A

INSTRUMENT

Questionnaire will have 2 sections

Section 1

    Comprise the Demographic data

Section 2

Comprise of open and closed ended questions to help the researcher explore the factors that might have influenced nurses to change their employment status. And also to describe the factors nurses believe would enhance retention.

Instruction.

Please indicate with X in the boxes provided where you believe it is the most appropriate answer.

Q1.AGE   a) 20-25 ☐   (b) 26-35 ☐   c) 35-46   d) 46-55 ☐

e) above 55 ☐

Q2.SEX.   (a) Male ☐   (b) Female ☐

Q3.Marital status, (a) single ☐   (b) Married ☐   c) Widow ☐

d) Divorced ☐   e) Other ☐

Q4. What is your nursing category?

a) Enrolled Nurse ☐   (b) Registered nurse ☐   c) Nursing Assistant ☐

(e) Other ☐

Q5.What is the level of your nursing education?

a)Certificate ☐   b)Diploma ☐   c)Advanced diploma ☐   d)Degree ☐

e) Masters ☐   f) PhD ☐   g) Other ☐

Q6.Type of health care facility in which you worked

(a) Tertiary hospital ☐   (b) District hospital ☐   c) Health Centres ☐

(d) Private hospital, ☐   (e) Private clinic   f) Other ☐

Q7.Where was the health facility situated?   (a) Urban ☐   (b) Rural ☐

Q8. For how long did you work in the facility mentioned in Q .6

a) Less than1 year ☐   b) 1-2 year ☐   c) 2-3years ☐   d) 3-5years ☐

e) Above 5 years ☐

FACTORS THAT MIGHT HAVE INFLUENCED NURSES TO CHANGE EMPLOYMENT STATUS;

INTRINSIC

Q1. Were you praised for any good service rendered?

a) Yes ☐   b) No ☐   c) Not sure ☐

Q2. Were there any criteria for promotion in your former institute?

a) Yes ☐   b)   No ☐   c) Not sure ☐

Q3.What was your relationship with your immediate supervisor?

a) Very good ☐   b) Good ☐   c) Bad ☐   e) other ☐

Q4. Were you able to make decisions about patients care planning and implementation?

(a)Always ☐   b) Sometimes ☐   (c) Never ☐

e) Other ☐

Q5. Was there teamwork? (a) Yes ☐   b) No ☐   c) not sure ☐

Q6. If yes did you enjoy the team work?   a) Yes ☐   b) No ☐   c) Not sure ☐

2

Q7. After recruitment did you have an orientation period? (a) Yes ☐ (b) No ☐

Q8. If yes, who orientated you? a) Ward Manager ☐

(b) A friend in the health care facility ☐   (c) Peers during their free time ☐

(d) None ☐   e) Other ☐

Q9.What post did you occupy? (a)Top Manager ☐   (b) Middle level manager ☐

(c)Bedside Nurse ☐   e) Other ☐

Q10. What do you think about your work in the previous work setting?

a)challenging ☐   b)exciting ☐   c) boring ☐   d) not sure ☐

EXTRINSIC

Q11.In your opinion what was the staffing like in your former place of work

a) Sufficient ☐   b) Insufficient ☐   c) Very insufficient ☐

e) Other ☐

Q12. How did you get along with the physicians on your ward as regards the planning and implementation of care?

(a)Collaborative ☐   (b) Collaborative with difficulty ☐

c) Not collaborative ☐   e) Not sure ☐   f) Other ☐

Q13. Were you informed of your retirement plan?

a) Yes ☐   b) No ☐   c) Not sure ☐

Q14. Was the healthcare facility experiencing any shortages of essential drugs and materials?

(a) No shortages at all ☐   (b) Minor shortages ☐   (c) Serious shortages ☐

e) Other ☐

3

Q15. Did you attend any in-services course(s) while you were still employed with your former institution?　(a) Yes ☐　　(b) No ☐

Q16 . Did your former institution have regulations to guide your actions?

a) Yes ☐　　　b) No ☐　　c) Other ☐

Q 17. Did your former institution have policies and procedures to guide you?

a) Yes ☐　　　　　b) no ☐　　c) Other ☐

Q18. How would you rate your salary scale in relation to other professional salary within different organizations?

a) High ☐　　b) Low ☐　　c) No difference ☐　　e) Other ☐

Q19. Was the salary paid on time?　a) Yes ☐　　b) No ☐　c) Some times ☐

d) Other ☐

Q20. Do you like being a Professional nurse? (a) Yes ☐　(b) No　(c) Not sure ☐

e) Sometimes ☐　　f) Other ☐

Q21. Please explain...

Q22. Why did you change your employment status?..

....

....

....

Q23.What motivated you to leave your former health facility?. ....

....

....

....

Q24. What factors do you believe can enhance retention of nurses?

....

....

....

....

Thank you for participating in the study.

ANNEX   B

INSTRUMENT.

FRENCH VERSION

Le questionnaire aura deux sections.

Section 1

Identification

Section 2

Questions à réponses ouverts et/ou fermées pour aider ie chercheur à étudier les facteurs qui auraient pu influencer les infirmiers (ères) à changer leur statut d'emploi, et aussi à décrire les facteurs pouvant aider à retenir les infirmiers (ères) dans leurs domaines.

Instruction

Veuillez indiquer par X dans les cases données, la réponse que vous trouvez la plus appropriée.

Section 1

Q1. AGE

a) 20-25 ☐   b) 26-35 ☐   c) 35-46 ☐

d) 46-55 ☐   e) plus de 55 ☐

Q2. SEXE

a)Masculin ☐   b) Féminin ☐

Q3. Statut Matrimonial

a) Célibataire ☐   b) Marié(e) ☐   c) Veuf(ve) ☐   d) Divorcé(e) ☐

e) Autre ☐

Q4. Quelle est votre catégorie d'infirmier (ère)?

a) Infirmier (ère) A2 ☐   b) Infirmier (ère) A1 ☐   c) Infirmier (ère) assistant ☐

d) Autre ☐

Q5. Quel est votre niveau d'éducation en sciences infirmières?

a) Certificat ☐   b) Humanités ☐   c) Graduat ☐

d) Licence ☐   e) Maîtrise ☐   f) PhD ☐   g) Autre ☐

Q6. Dans quelle sorte d'institution de santé avez-vous travaillé?

a) Hôpital de référence ☐   b) Hôpital de District ☐

c) Centre de santé ☐   d) Hôpital privé ☐

e) Clinique privé ☐   f) Autre ☐

Q7. Où était située l'institution de santé?

a) Milieu urbain ☐   b) milieu rural ☐

Q8. Pendant combien de temps avez-vous travaillé dans l'institution cite au Q6?

a) Moins d'une année ☐   b) 1-2 an(s) ☐   c) 2-3 ans ☐

d) 3-5 ans ☐   e) Plus de 5ans ☐

Section 2 :

Facteurs qui auraient influencé les infirmiers (ères) à changer leur statut d'emploi.

Intrinsèque

Q1. Etiez-vous apprécié(e) pour les bons services rendus?

a) Oui ☐   b) Non ☐   c) Pas sûr (e) ☐

Q2. Y avait-il une critère de promotion dans votre ancienne institution?

a) Oui ☐   b) Non ☐   c) Pas sûr (e) ☐

Q3. Comment était votre relation avec votre supérieur (e)?

☐   ☐   ☐   ☐

a) Très bon   b) Bon   c) Mauvais   d) Autre

Q4. Aviez vous la permission de décider sur les soins à donner aux patients?

a) Toujours ☐   b) Quelques fois ☐   c) Jamais ☐   d) Autre ☐

Q5. Travaillez-vous en équipe?

a) Oui ☐   b) Non ☐   c) Pas sûr (e) ☐

Q6. Si oui, aimeriez-vous ce travail en équipe?

a) Oui ☐   b) Non ☐   c) Pas sûr (e) ☐

Q7. Après recrutement, avez-vous eu une période d'orientation?

a) Oui ☐   b) Non ☐

Q8. Si oui, qui vous a orienté?

a) Résponsable de Salle ☐   b) Un(e) ami(e) dans l'institut ☐

c) Collegues durant leur temps libre ☐   e) Personne ☐   e) Autre ☐

Q9. Quel poste avez-vous occupé?

a) Chef de nursing ☐   b) Responsable de Salle ☐

c) Infirmier (ère) soignant (e) ☐   d) Autre ☐

Q10. Que pensez-vous de votre travail dans votre ancienne institution?

a) De défi ☐   b) Passionant ☐   c) Ennuyant ☐   d) Autre ☐

Extrinsèque

Q11. Selon vous, comment était le personnel de votre ancien lieu de travail?

a) Suffisant ☐   b) Insuffisant ☐   c) Très suffisant ☐   d) Autre ☐

Q12. Comment était votre relation avec les Médecins dans votre salle, en ce qui Concerne la pratique des soins?

a) Très bonne collaboration ☐   b) Collaboration avec difficulté ☐

b)   c) Pas collaborant ☐

d) Pas sûr (e) ☐   f) Autre ☐

Q13. Aviez-vous été informé sur votre plan de retraite?

a)   Oui ☐   b) Non ☐   c) Pas sûr (e) ☐

Q14. Est-ce que l'institution de santé avait des ruptures de stock en médicaments et matériaux essentials?

a) Pas du tout ☐   b) quelques fois ☐

c) Ruptures graves ☐   e) Autres ☐

Q15 Avez-vous eu des formations au cours de votre emploi?

a)   Oui ☐   b) Non ☐

Q16. Est-ce que votre ancienne institution avait des regulations pour guider vos actions?

a)   Oui ☐   b) Non ☐   c) Autre ☐

Q17. Votre ancienne institution avait-elle de politiques et procédures pour vous guider?

a)   Oui ☐   b) Non ☐   c) Autre ☐

Q18. Comment classez-vous votre salaire en comparaison avec autres salaires professionnelles dans différentes organisations?

a)   Grand ☐   b) Maigre ☐ c) Pas de difference ☐   d) Autre ☐

Q19. Est-ce que le salaire était payé à temps?

a)   Oui ☐ b) Non ☐   c) Quelques fois ☐   d) Autre ☐

Q20. Aimeriez-vous être infirmier (ère) professionnel (le)?

a)   Oui ☐   b) Non ☐   c) Pas sûr (e) ☐   d) Quelques fois ☐   f) Autres ☐

Q21. Veuillez expliquer _____

_____

_____

Q22. Pourquoi avez-vous changé votre statut d'emploi? _____

_____

_____

_____

Q23.Qu'est-ce qui vous a poussé à quitter votre ancienne institution d'emploi?

_____

_____

_____

_____

_____

Q24. Quels sont les facteurs, pensez-vous, pourraient aider les infirmiers (ères) à rester dans leurs domaines?

_____

_____

_____

Merci pour votre participation.

5

ANNEX C

INFORMATION DOCUMENT

STUDY TOPIC.

"EXPLORING THE REASONS RWANDAN NURSES CHANGE EMPLOYMENT STATUS"

Introduction;

I am called Uwayezu Agnes, a post graduate student at the University of KwaZulu-Natal; I am studying for a master's degree coursework in Health Service Management. My thesis is being taken as a partial fulfillment of the requirements for this degree; I would like to welcome you to this meeting and to thank you for participating in the research study. The topic is "Exploring the reasons Rwandan Nurses change employment status."

Research is just the process to learn the answer to a question. In this study, I want to explore the reasons nurses change employment status. The findings will be communicated to the relevant authorities to help in designing retention strategies.

Invitation to participate: I am inviting you to participate in this research study.

What is involved in the study- The study includes filling out questionnaire of 22 questions, which can take about 20 minutes. The study will involve qualified nurses who are currently working with RAMA and CAMERWA

Risk; Participating in this research may inconvenience you in terms of time, but you are free to find time after work and fill it out. I request that you return the questionnaire within two days.

Benefits; In the long term, strategies towards retention of nurses will be designed by the relevant authorities once the reason(s) for change of employment status is/ are known.

You will be informed of the findings should you require so.

Participation is voluntary; refusal to participate will involve no penalty or loss of benefits to which you are entitled, and you may withdraw at any time without any penalties.

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Reimbursements, participants will be refunded the transport money they used to come to the meeting place and back home, a snack will be served since the session will be held after work.

Confidentiality; Efforts will be made to keep information obtained from you confidential. Absolute confidentiality cannot be guaranteed. Organizations that inspect and /or copy your research records for quality assurance and data analysis include groups such as the Research Ethics Committee.

Results will be published but your name will not be disclosed.

I will be available to answer any questions that you may have.

Contacts: UWAYEZU Agnes: (+250) 08 52 10 32 (Rwanda)

                                    (+27)   073 000 46 00 (South Africa)

My Research supervisor is Ms Z.Z NKOSI:

                                  TEL. 031-2602901 (South Africa)

ANNEX D

INFORMED CONSENT

<u>**Study topic**</u>

"EXPLORING THE REASONS RWANDAN NURSES CHANGE EMPLOYMENT STATUS"

<u>**Consent to Participate in the Research**</u>

I --------------------------- hereby consent to take part in this research study.

I understand the nature and the content of the study, that my participation is entirely voluntary, and that I might withdraw from the study at any time, should so desire. I further consent to fill out a questionnaire provided and to return it in two days as requested by the researcher. I understand that the questionnaire will be coded to ensure privacy and confidentiality of record.

………………………   date……..

Signature of the participant

…………………………..

Signature of witness

UNIVERSITY OF
KWAZULU-NATAL

RESEARCH OFFICE (GOVAN MBEKI CENTRE)
WESTVILLE CAMPUS
TELEPHONE NO.: 031 – 2603587
EMAIL : ximbap@ukzn.ac.za

2. AUGUST 2006

MRS. A UWAYEZU (203502936)
NURSING
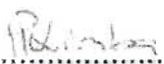
Dear Mrs. Uwayezu

ETHICAL CLEARANCE APPROVAL NUMBER: HSS/06351A

I wish to confirm that ethical clearance has been granted for the following project:

"Exploring the reasons Rwandan nurses change employment status"

Yours faithfully

....
MS. PHUMELELE XIMBA
RESEARCH OFFICE

PS: The following general condition is applicable to all projects that have been granted ethical clearance:

THE RELEVANT AUTHORITIES SHOULD BE CONTACTED IN ORDER TO OBTAIN THE NECESSARY APPROVAL SHOULD THE RESEARCH INVOLVE UTILIZATION OF SPACE AND/OR FACILITIES AT OTHER INSTITUTIONS/ORGANISATIONS. WHERE QUESTIONNAIRES ARE USED IN THE PROJECT, THE RESEARCHER SHOULD ENSURE THAT THE QUESTIONNAIRE INCLUDES A SECTION AT THE END WHICH SHOULD BE COMPLETED BY THE PARTICIPANT (PRIOR TO THE COMPLETION OF THE QUESTIONNAIRE) INDICATING THAT HE/SHE WAS INFORMED OF THE NATURE AND PURPOSE OF THE PROJECT AND THAT THE INFORMATION GIVEN WILL BE KEPT CONFIDENTIAL.

cc. Faculty Officer (Post-Graduate Studies)
cc. Supervisor (Ms. Z Nkosi)

ANNEX   F

RAMA

LA RWANDAISE D'ASSURANCE MALADIE

B. P 6655 Kigali
Tél : 585338/583153
Fax : 585156
E-mail : rama@rwanda1.com

Kigali, 28 / 07 / 2006

Ref. N° RAMA DIR /0502/06

Agnes UWAYEZU
KIGALI

Subject: Your Application for permission to conduct a research project on RAMA nurses

We hereby acknowledge the reception of your letter applying for permission to conduct a research project and we examined with attention the questionnaires attached to your request.

We allow you to access our nurses and distribute your questionnaires to whoever wants to participate in your research

We therefore look forward to see the result of your research

Yours faithfully

Dr Innocent GAKWAYA
Managing Director of RAMA

For

ANNEX   G

19 June 2006

To: The Director RAMA
      Kigali - Rwanda

From: Agnes Uwayezu
      Masters Student
      University of KwaZulu -Natal
      Nursing School
      P.O Box 4041 Durban, South Africa.
      E-mail agnesuwayezu@yahoo.com

Dear Sir,

Application for permission to conduct a research project on your staff, in July 2006.

I am a student at the Nursing School of the University of KwaZulu-Natal in Durban, South Africa; studying for Masters Degree in Health Service Administration. As a requirement for the degree, I have to conduct a research project.   The topic is: **"Exploring the reasons Rwandan nurses change employment status"**. I therefore request for your permission to access the nurses to brief them on the study and to provide all the information necessary regarding the study, and the data collection process.

Participation will be voluntary and withdrawal from the study is allowed. Informed consent, confidentiality and anonymity will be ensured.

I hope my application will receive your favorable consideration as information obtained will be of relevance to further retention of nurses in the profession.

Yours faithfully,

Agnes Uwayezu.   Ms Z.Z.Nkosi

Master's student   Supervisor

SCHOOL OF NURSING
UNIVERSITY OF KWAZULU-NATAL
DURBAN SOUTH AFRICA, 4041
KWAZULU-NATAL
FAX: 031 260 1543
TEL: (031) 260 2499

**School of Nursing
Decentralised Programmes**   1

Postal Address: Durban 4041, South Africa

ANNEX   H

CAMERWA

Centrale d'Achats des Médicaments Essentiels du Rwanda

July, 20th, 2006

Ref N° : 468/DG/AZM/nf /2006

To Agnes
Masters Student
University of Kwa Zulu-Natal
Nursing School
P.O Box 4041 Durban, South Africa.

**RE: Permission for your research
on CAMERWA staff**

Dear Madam,

I would like to hereby inform you that we have put a positive note on your request to conduct a research project on CAMERWA staff. You are therefore now allowed to have a free access to any information related to your case study.

For any problem related to this subject, please get in touch with the CAMERWA Administrative Service.

Best regards.

Ambassador Zephyr MUTANGUHA

General Manager

ANNEX I

19 June 2006

To: The Director CAMERWA
      Kigali - Rwanda

UNIVERSITY OF KWAZULU-NATAL

From: Agnes Uwayezu
      Masters Student
      University of KwaZulu -Natal
      Nursing School
      P.O Box 4041 Durban, South Africa.
      E-mail agnesuwayezu@yahoo.com

Dear Sir,

Application for permission to conduct a research project on your staff, in July 2006.

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Participation will be voluntary and withdraw from the study is allowed. Informed consent, confidentiality and anonymity will be ensured.

I hope my application will receive your favorable consideration as information obtained will be of relevance to further retention of nurses in the profession.

Yours faithfully,

Agnes Uwayezu.

Master's student

Ms Z.Z.Nkosi

Supervisor

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