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Lessons on Attraction and Retention of Health Staff

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ABSTRACT This predominantly quantitative research paper interrogates the attraction and retention of health professionals at eleven randomly selected health centres in Gweru municipality, Zimbabwe. A total of distributed 205 twenty-item questionnaires were responded to by 194 participants. IBM Statistics Package of Social Sciences version 21 was used to analyse the data. It saliently emerges that the Gweru municipality (henceforth GM) health department was failing to attract and retain qualified health professionals due to the mismatch between job and person, limited or no growth opportunities, lack of appreciation, lack of trust and no support and coordination among co-workers and management. The emerging trends highlight the need for the creation of conducive work environment by the GM to ensure the existence of balance between work life and personal life of the health professionals.

INTRODUCTION

The introduction is divided into two sections that discusses the location of GM and related health delivery constrains and enablement within and in areas surrounding Zimbabwe.

Gweru Municipality

GM is located in Zimbabwe's Midlands province. Zimbabwe is located in the southern part of Africa and she attained her independence in 1980. Gweru is well connected by road and rail with Zimbabwean cities and towns like Bulawayo, Harare, Gokwe, Beitbridge and Mutare and countries like South Africa, Mozambique, Botswana and Zambia. The surrounding areas in the midlands province are Shurungwi, Mvuma, Gokwe, Zvishavane, Mashava, Kwekwe and Redcliff among others. In administrative terms, Gweru is the Midlands provincial capital that houses the provincial hospital and a sizeable number of private health institutions. GM ministry of health is responsible for overseeing the health service delivery in the municipality. This sees each Gweru locations having a clinic meant to provide medical service to the local communities. In terms of language, Gweru is inhabited by the Shona and Ndebele speakers, the two most dominant groups in the country.

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Health Delivery

The Zimbabwean municipalities are constituted to provide diverse services to their immediate localities within the specifications and expectations of the government. To achieve this core municipal mandate, municipalities must have the ability to attract and retain properly qualified and experienced health personnel. This is against 'the current brain drain' (Chakeredza et al. 2008) that needs to be stemmed by firstly identifying and solving the problems that lead to brain drain. It is within this context that this research paper explores how GM is ensuring the availability of 'the right number of qualified people into the right job at the right time' (Grobler et al. 2006).

The inadequate number of health workers in urban, remote and rural areas like Gweru and its surrounding areas is a worldwide concern. Dolea et al. (2010) provide an analysis of the effectiveness of interventions to attract and retain health workers in remote and rural areas from an impact evaluation perspective. Dolea et al. (2010) present a synthesis of the indicators and methods used to measure the effects of rural retention interventions against several policy dimensions such as: attractiveness of rural or remote

areas, deployment/recruitment, retention and health workforce and health systems performance. In addition, challenges in the health sector are compounded by the working, living conditions and the salary levels of many health workers, particularly in rural governmental facilities (Grabher 2011). In comparative terms, one can note that the Public Expenditure and Tracking Survey by the World Bank conducted in Zambia in 2008 showed that there was 57% absenteeism rate in the rural areas – for various reasons such as attending trainings, moonlighting, malingering, attending funerals and taking extended sick leave-similar experiences found in GM, Zimbabwe.

In addition, according to Grabher (2011) many health workers are discouraged, demotivated and frustrated because they are unable to offer effective care to patients due to inadequate resources in health facilities, especially in rural areas where the infrastructure is worse. This problem is compounded by inappropriately applied management and supervision tools that add to their dissatisfaction. This suggests that workforce motivation not only has a direct positive influence on their service delivery but also encourages long-term retention.

Also, according to Manafa et al. (2009) there is a range of factors, including worsening socioeconomic conditions in much of sub-Saharan Africa, increasing mobility and migration of health workers and the absence of strategies to train and retain adequate supplies of appropriate health workers that seem to contribute to the resource drain. The continued haemorrhage of health professionals from GM health centres to other cities in Zimbabwe and to regional countries like Botswana, Zambia and South Africa highlight the precariousness of the situation. Furthermore, this speaks to the observation by Manafa et al. (2009) that depletion of human resources is particularly acute at the district and community levels in Zimbabwean health centres, as there are fewer incentives and supportive structures available to attract and retain health professionals. There is also lack of understanding of the factors that motivate and attract staff to work at district and community levels.

According to Ebuehi and Campbell (2011) rural health workers were generally more likely to work in rural settings (62.5%) than their urban counterparts (16.5%). Major rural motivators for both groups included: assurances of better working conditions; effective and efficient support systems; opportunities for career development; financial incentives like rural allowances (Reid 2004); better living conditions and family support systems. Moreover, Ebuehi and Campbell (2011) note that more urban than rural health workers expressed a wish to leave their current job due to poor job satisfaction resulting from poor working, living conditions and the lack of career advancement opportunities. Therefore, financial incentives can improve recruitment and retention in the short-term (Bärnighausen and Bloom 2009; Buykx et al. 2010).

Additionally, Willis-Shattuck et al. (2008) and Largade and Blaauw (2009) argue that financial incentive alone is insufficient to motivate and retain health professionals. Instead, Wilkinson et al. (2001) and Wilks et al. (2008) established that non-financial incentives related to working and housing conditions had greater potential to influence the retention of qualified health professionals. Contrariwise, Buykx et al. (2010) reckon that health professionals will always move, often for reasons beyond the influence of any workforce retention programme, no matter how well designed. It therefore suffices to conclude that no single measure is likely to improve motivation and retention if other factors are not taken into consideration.

Drawing from developments in Malawi, the problems in the health sector are characterized by inadequate human resource training and education systems which result in the insufficient production of various categories of health workers (Manafa et al. 2009). In this country the problems are compounded by factors such as insufficient fund allocations to health ministries, a lack of strategic human resources planning, insufficient staff audits, lack of comprehensive recruitment and retention strategies, weak management and a global competition for scarce human resources for health. The problem seems endemic as Grabher (2011) argues that just increasing the stock of health workers and their skills will not change the fact that vacancies in rural health facilities remain unfilled. This seems to be the trend as many of the best clinicians either ends up in industrialized countries, private practice or in NGOs or in the urban areas. This means staff members serving at rural health facilities are often nominally available full-time as they end up moonlighting other jobs or work in private practice.

Michal et al. (2001), Mrara (2010) and Makondo (2012) studied the intention to leave an organisation instead of actual turnover and established that before actually leaving the job, workers typically make a conscious decision to do so. Relatedly, employment security, workplace organisation and the working environment were the main factors that inform nurses in the public sector to leave an organisation (Pillay 2009). Equally, the private sector nurses added professional practice to the most important factors they consider in making their decision to leave employment. It also emerges that younger nurses in the public sector and from the more rural provinces were significantly less likely to be in their current positions within the next five years.

Objectives

The objectives of this paper are to:

- Identify GM's attraction and retention strategies of qualified health professionals.
- Examine the effectiveness or otherwise of GM's attraction and retention strategies of qualified health professionals.
- Recommend pragmatic ways of handling attraction and retention expectations of employees.

METHODOLOGY

This research paper partly draws from a 2013 Master of Business Administration submitted to the North West University, Mafikeng campus.

This research materialized after a research permission–seeking letter was written to and approved by the GM Town Clerk. A questionnaire with 20 items was designed, piloted with 60 respondents before being administered for all the study's participants. The piloting phase saw the researchers distributing 60 questionnaires to 15 randomly picked health establishments of GM. This time was also used to establish the total health professionals' numbers at the respective GM health centres. The centres used during the piloting phase were now removed from the hat when the final random sampling was done for the selection of the centres which were eventually used for the research purposes.

The research target participants were the GM Human Resource Management responsible for Health Services and health professionals at 11 randomly selected health centres. The names of GM health centres that were randomly picked in the second round were Mkoba 12, Lundi, Mutapa, Sundowns, Athlorne, Mambo, Senga, Mkoba 14, Gweru Central, Nehosho and Ascot residential areas. During 2006-2008, GM had 235 qualified health personnel and 70 GM HRM manning the 11 health centres. The researchers drew from Sekaran (2003) who recommends that a total of 205 respondents are representative enough for a total population of 305. The 205 respondents were to be comprised of 19 health staff at the GM Head Office Health department and 186 health staff at clinics and hospitals in the 11 residential areas aforestated. In addition, the researchers hired a statistician who coded the data, analysed it using IBM Statistics Software Package for Social Sciences 21.

RESULTS AND DISCUSSION

This section presents the emerging results from 20 questionnaire questions and their discussion.

Questions 1 to 5 required mostly biographical data. Results from the first question point out that 19 (9.8%) respondents are in the 20-30 years age range, 75 (38.7%) in the 31-40 age range, 69 (35.6%) in the 41-50 age range and 31 (16%) in the 51 years and above age range. These results show that GM has 94 (48.15%) of its respondents below 40 years. This is against 100 (51.85%) of the GM respondents above 41 years. Therefore, the health professionals at GM are evenly spaced between below 40 years and above 40 years.

On the other hand, the results from question two are that 113 (58.2%) respondents are females against 81 (41.8%) respondents who are males. The results suggest that maybe the bulk of GM health employees are females. The results might also suggest that females are more responsive to survey requests as shown by their large responses for this study.

In terms of race, question three results point out that 172 (88.7%) respondents are in the African category, 5 (2.6%) in the Coloured category, 7 (3.6%) in the Indian category and 10 (5.2%) in the White category. These results indicate that the bulk of GM health employees are Black Africans. The distribution of employees by race is representative enough of the Zimbabwean demography and the location of GM in the Midlands province, a predominantly black residential area.

In addition, results from question four establishes that 83 (42.8%) respondents have worked for 0 to 5 years at GM health centres

while 18 (9.3%) have spent 6 to 10 years. This gives a total of 101 (52.1%) respondents who have worked less than 10 years in the health sector at GM. This means that more than half of GM health staff establishment is leaving the institution before ten years. This indicates high turnover which in most cases is costly to the institution's service delivery. This then suggests that GM management need to be proactive to curtail this trend so as to ensure that it manages to retain its experienced personnel. This trend also is suggestive of the macro Zimbabwean economic situation that saw many qualified professionals in diverse sectors leaving their country for greener pastures within and outside Zimbabwe.

The other side of question four results point out that 45 (23.2%) respondents have worked for 11 to 15 years at GM. These are the staff members who have, according to respondents, have perceived and opted to stay long with GM. In addition, 27 (10.8%) respondents have worked for 16 to 20 years at GM. This means a total of 72 (34%) of the respondents have worked for 11 to 20 years while 13.9% respondents have worked above 21 years at GM. This means that 47.9% of the GM respondents have worked for more than 11 years, an indication that GM' retention programme might not be doing well as the percentage is 2.1% below 50%. This trend is worrying enough as it suggests that GM is failing to retain its talent and experience an indication that turnover might be high.

Question five responses indicate that the questionnaire was answered by 131 (67.6%) nursing staff (88 junior nurses, 43 senior nurses), 43 (22.2%) in the doctors category (36 junior doctors, 7 senior doctors), 12 (6.2%) technicians and 8 (4.1%) administrators in GM health centres. This shows that at GM senior nurses are half of the total number of staff in the nursing category. Additionally, senior doctors are a quarter of the junior doctors. Therefore, GM is failing to retain senior nurses and senior doctors. The technical teams and administrators have 6.2% and 4.1% representation. The results indicate that doctors and technical laboratory personnel are under-represented in GM health centres. The results also suggest that the majority of senior nurses and senior doctors find it easy to leave GM and get employment in other towns in Zimbabwe or outside the country as compared to junior nursing staff and doctors. Also, several doctors have resorted to working at private hospitals and in their private surgeries hence only serve nominal regulatory requirements in government hospitals. Therefore, GM management has significant challenges managing the organisation to ensure the right amount of the right talent is available at the right price (Schuler et al. 2011).

Earlier Zimbabwean studies (Chikanda 2004; Munyuki and Jasi 2009) note that the dominance of the doctors in the Ministry of Health and Child Welfare is one major cause of staff turnover in the health department. This seems to be a cause of intraprofessional rivalry and poor morale among other health workers and is inimical to team spirit which is essential to effective health care delivery. The Ministry needs to open the top positions to the most qualified, competent and experienced health cadres rather than reserving them for doctors only. In addition, most of the expatriate doctors appointed to senior positions at district level are less experienced than other cadres and have a high turnover rate which is disruptive to the efficient provision of health services.

The N in this study is 194. Discussion here focuses only on the very high correlation findings of questions 6 to 20 and tries to glean lessons from such. This study has the correlation ranges of 0.583 to 0.959 as presented the Table 1. In this study the 2-tailed statistical test is used in inference, in which a given statistical hypothesis (the null hypothesis) will be rejected when the value of the test statistic is either sufficiently small or sufficiently large.

Table 1: Correlations

N	*Q6*	*Q7*	*Q8*	*Q9*	*Q10*
	194	*194*	*194*	*194*	*194*
Q6: Promotion opportunities					
Q7: Work/ life balance	.866				
Q8: Proud with GM attraction	.959	.916			
Q9: Work meaningful	.885	.904	.886		
Q10: Paid well?	.907	.957	.946	.862	
Q11: Staffed adequately	.890	.854	.929	.825	.915
Q12: Job satisfied	.933	.868	.909	.907	.832
Q13: Positive retention	.746	.725	.711	.841	.614
Q14: Likely to look for job	.686	.749	.648	.871	.583
Q15: Workload	.918	.871	.922	.874	.885
Q16: Supervision amount	.923	.868	.918	.937	.861
Q17: Work environment		.933	.884	.936	.930
.882					
Q18: Insurance plan	.840	.887	.826	.862	.822
Q19: Reward consistency	.914	.950	.930	.910	.906
Q20: Team work	.869	.892	.861	.873	.832

A look at question 8 (proud with GM's attraction) and question 6 (promotion opportunities) shows the existence of a strong positive correlation of .959. This highlights that these two variables greatly influence each other. Put in other words, the amount of promotion opportunities at a GM workplace is seen as playing a significant role in attracting and retaining qualified health professionals. The prospect of promotion makes staff feel that the GM organisation appreciates their work and in turn they would commit themselves to serve that organisation for a long time. This highlights that attraction and promotion opportunities have great ability in shaping workers' future with an organisation or not.

The other lesson is that this study established that a .957 correlation exists between work life and personnel life balance (question 7) and remuneration (question 10). It emerges here that staff make an evaluation as to whether it is worthy compromising on the quality of their personal life in favour of a job that does not remunerate well. The close relationship between the two cannot be overemphasized and failure to have a neat balance among work life, personal life and remuneration has resulted in high staff turnover due to employees being frustrated. Furthermore, some respondents note that GM remuneration structure should be done in a way that makes employees feel recognised enough that they could be prepared to find a neat work life and personnel life balance. Failure to have this, respondents felt that it explains why GM has been losing its experienced staff members to the private sector or outside the country.

Congruently, work life and personnel life (question 7) and supervisor consistency in rewarding staff for good work (question 19) has a correlation of .950. Respondents indicated that there is a close relationship between supervision, work life and personal life. It emerges that a balance need to be struck so that a demanding job must be able to satisfy employee expectations for them to remain motivated thereby being retained by the organisation. Those executing supervisory roles need to do such in a way that still makes their subordinates feel they are not being burdened and are being treated as people who cannot be trusted to make pragmatic decisions by their own. Commenting further, some respondents note that they are not worried with much 'warranted' supervision as long it is meant to ensure that they excel in their jobs and are well remunerated for their efforts.

In addition, lessons are drawn from work meaningfulness (question 9) and question 16 (amount of supervision) strong positive correlation of .937. Respondents also indicated that the amount of supervision has bearing on how meaningful the work will be. Put in other words, the amount of supervision one gets depend on the nature of the job, one's experience and trust levels, among others. To this end, a close relationship exists as supervision translates to how one would view the meaningfulness of the work environment based on how one feels he/she is being treated. The results here suggests that properly qualified and experienced staff feel being undermined by constant supervision, moves that have a bearing on whether the organisation would retain its staff or not.

Additionally, a .936 correlation is between work environment (question 17) and question 8 (attraction and retention strategies). Indeed, if the work environment is comfortable it logically suggests that the organisation's retention programmes are in place, among others. The result here also suggests that a strong relationship exists between these variables; therefore, GM management should ensure that they provide a comfortable work environment for them to be an employer of choice who can manage to attract and retain staff.

Moreover, work environment (question 17) and promotion opportunities (question 6) has a .933 correlation. In addition, a comfortable work environment is one that affords staff equal promotion opportunities. The provision of such opportunities ensures that staff would be retained as they reckon that the organisation rewards hard and diligent labour. This means that GM management should ensure that staff of different talents, abilities and experiences are duly recognized for them to feel motivated. Failure to offer diverse recognition to employees in forms of long serving certificates, merit awards and promotions to name a few, might lead to staff turnover.

Likewise, question 12 (job satisfaction) and question 6 (promotion opportunities) has .933 correlation among them. The correlation results here make it clear that there exists a close relationship between promotion opportunities and having a satisfied staff establishment. This is so as employees need to see that their manage-

ment respects and recognizes talent by duly rewarding properly talented, qualified and experienced people. This become a motivating factor for employees to excel and realize their dreams, moves that can help retain staff or otherwise.

Equally, supervisor consistency in rewarding good work (question 19) and question 8 (attraction and retention strategies) have a .930 correlation. It emerges that there exists a strong relationship between the supervisors' rewarding of staff and staff attraction and retention. Put differently, the staff expects management to reward appropriately staff that achieves set targets and excel beyond the set norm. Failure to reward such becomes a demotivating factor and the spread of such news makes it difficult for the organisation to attract and retain properly qualified staff. Therefore, GM health supervisors should ensure that they properly reward the efforts of their staff as a way of retaining them.

Moreover, .923 correlation between question 16 (supervision adequacy) and promotion opportunities (question 6) exists. Also, to have a motivated staff establishment, staff should see the link between supervision and promotion opportunities that exist in an organisation. Put slightly different, there seems to be no need supervising employees meticulously if they stand to get nothing in return. In this instance, supervision becomes meaningless. Therefore, GM should ensure that in as much as supervision is core, this needs be done to quality assure all services at the same time it should be a way of rewarding deserving staff members.

Drawing from correlation coefficients results discussed here, the study finds that five variables feature most in the linear relationship between random variables considered for this study. The results identify question 10 (remuneration adequacy) having been mentioned 14 times with questions 6 (promotion opportunities), 8 (attraction and retention strategies), 9 (work meaningfulness) being mentioned 13 times each while question 7 (work and personal life balance) was mentioned 12 times. This means that these variables play a significant role in influencing trends in the attraction and retention of properly qualified health professionals at GM. Therefore, as Olifi and Usiholo (2009) note, job satisfaction is a complex phenomenon that involves various personal, institutional and social aspects. GM management should be proactive by judiciously attending to these variables so that GM health professionals would not feel dissatisfied due to lack of appreciation and lack of achievement (De Nobile and McCormick 2005).

CONCLUSION

With reference to the first research objective, the need for GM to be proactive, to avail suitable working environment and competitive remuneration among others came to the fore. Also, in terms of the second research objective, attracting and retaining strategies, GM management is called upon to draw lessons from other health institutions within and outside the country and come up with proactive pragmatic approaches that would ensure the municipality is an employer of choice so that it can succeed in attracting and retaining staff. Workload need be managed and supervision should be done in ways that make staff appreciate its benefits. Also, the health insurance plan needs to be improved upon so that it provides adequate security and cover to employees, moves that attract and retain staff. This paper also established that the bulk of health staff namely doctors, senior nurses and technical laboratory personnel among others are knowledge workers that are relatively scarce due to global trends that see them being employable almost in any country hence GM need pragmatic approaches to attract and retain them.

RECOMMENDATIONS

It is hoped that a similar study focusing on a larger scope of attraction and retention strategies, work meaningfulness, work and personal life balance, remuneration among others on the Zimbabwean health sector can bring fascinating findings on attraction and retention trends of health professionals. Also, it is envisaged that a comparative study of attraction and retention trends of health professionals in Zimbabwe and the region may yield eye-opening results.

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