

## Factors associated with the attrition of nurses in public health facilities in Khomas Region, of Namibia

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### Abstract

**Objectives:** The study objectives were to analyze the relationship between the factors and turnover of nurses at public health facilities and to recommend strategies that would reduce voluntary turnover of nurses in the Khomas Region.

**Methods:** A quantitative and to a less extent, qualitative method (triangulation) was employed against a sample of 172 nursing staff using the stratified random sampling method. The data collection instrument was a questionnaire instrument with the larger part of it focusing on quantitative method and a smaller last part on qualitative data based on open ended questions. Data analysis for the quantitative research method utilized SPSS, while the qualitative analysis employed ATLAS.ti.

**Results:** Using factor analysis, a conundrum of factors affecting nursing turnover were revealed. Prominent among them were poor working conditions; unsatisfactory salary (.79 commonality), insufficient time for training (.75 commonality), lack of chance for promotion (.80) and lack of managers encouraging participation (.80). Further outcomes indicated that nepotism, favoritism, delayed overtime payments, lack of team work, unskilled supervisors including lack of career development were the main factors leading to nursing turnover.

**Conclusion:** A number of predictors were determined in the study through the nurses' demographical make up as well as job satisfaction and remuneration as the cardinal factors causing nurses attrition from the public healthcare sector. More focus should be made in improving job satisfaction through regular employee satisfaction surveys.

**Keywords:** Attrition, nurses, healthcare  
Type of paper: Research

### 1. Introduction

Managing attrition especially in the healthcare sector has become a critical phenomenon globally. (Stanz & Greyling, 2010; Simon, 2014; World Health Organization, 2006). The healthcare sector whether public or private should 'feel the pulse' regularly to deal with factors relating to staff attrition in the organization. The concern of staff turnover affects all organizations whether public or private, and the health care sector is no exception. Attrition of nurses has become a critical concern globally, Namibia included, as it dysfunctionalizes the smooth operations of a health

system (Stanz & Greyling, 2010; Simon, 2014; World Health Organization, 2006). Despite its centrality to a country's nursing shortages, scholars have given little focus on turnover (Meier & Hicklin, 2007; Selden & Moynihan, 2000). The case of Namibia nursing staff turnover is no exception. The management of attrition in the nursing sector is critical in patient care. Nursing staff turnover remains a financial concern to public as well as private institutions, and it has an impact on staff morale and working practices. High nurse turnover can impact negatively on an organization's capacity to meet patient needs and provide

quality care (Gray and Phillips, 1996; Tai et al., 1998; Shields and Ward, 2001).

Retention of nursing staff is important for successful healthcare operations. According to Das and Baruah (2013), staff retention is a key factor for the success of an organisation. The health of a community is of critical for any government; the staff complement of healthcare workers largely determines the quality of service that a health institution can deliver. Studies have shown the criticality of nurses in sub-Saharan Africa and Namibia included. Blaauw (2014) reported that in terms of intending to leave their current job, only 18.8% of health workers in Tanzania, and 26.5% in Malawi, were actively seeking employment elsewhere, compared to 41.4% in South Africa. These statistics indicate the magnitude of the exodus of nurses from the public healthcare sector. The gap left by the departure of the nurses creates a vacuum and a disequilibrium in patient care and service delivery. According to the Ministry of Health and Social Services (MoHSS), the 2008 Health and Social Services System Review Report the public sector has 2.0 health workers per 100 000 population, which is below the World Health Organisation (WHO) benchmark of staff (nurse) to patient ratio of 2.5 per 100 000 patients (Namibia, 2014), The Namibian auditor-general report (2009), also shows that the percentage of vacant posts indicates for nursing jobs is high. This has been exacerbated by the turnover of nurses, which stood at 15% and 18%, respectively compared to optimum turnover rate which is 5-10% per annum (Booyens, 2004).

Despite government's efforts, through MoHSS, to address the shortage of health workers in the public sector by increasing the enrolment of student nurses at higher learning institutions, recruitment of registered nurses in various fields, and recalling retired nurses, nurses (health workers) are still leaving the public sector for the private sector (Jonas, 2007). Between 2010 and 2015, out of 1 388 nursing staff, 597 nurses left the health sector within the Khomas Region (Ministry of Health and Social Services, 2015).

The shortage of health workers in the public health facilities, especially in the Khomas re-

gion, has reached a critical level, which has impacted service delivery. Windle (2008) asserts that turnover of nursing staff affects quality of patients care and overloads the remaining nursing complement. Poor service delivery is partly a consequence of high nurses turnover from public hospitals due to unknown reasons.

It is therefore important for the management of public health facilities to understand the factors that influence nurse turnover so that appropriate retention strategies can be crafted to reduce the exodus of nursing staff in the Khomas Region.

The term attrition and turnover are used interchangeably in the paper.

### **Review of Literature**

The Unfolding Model of Voluntary Employee Turnover

From the birth of turnover study in the 1920s by Bills (1925) the model of the traditional voluntary turnover has seen tremendous transformation with the introduction of the Unfolding Voluntary Turnover Model. The unfolding model of voluntary turnover as opposed to the traditional model of turnover postulated by (Hom and Griffeth (1995) deals with the decision making theory of Beach (1990). The models' premise is that there is no one specific reason why people leave organisations. This approach to the influence of attrition is a departure from the early pioneers on turnover (March & Simon 1958; Price 1977).

### **Types of turnover**

Griffeth and Hom (2001), further provides different types of employee turnover. Turnover can be categorized as either involuntary or voluntary (Gillies, 2004 ;Hayes et al.2006;Mara,2010).

### **Involuntary turnover**

Involuntary turnover according to Griffeth and Hom (2001) involuntary turnover refers to "employer-initiated job terminations, such as dismissals or layoffs.

According to Mathis and Jackson (2007) staff turnover include "employees who retire and employees who are laid off, who quit or who are discharged. It also includes those who are boarded or die". This definition is very wide and there is a need for specificity in order to align the type of turnover focused by this study. Allen (2000)

makes a distinction between staff turnover and states that “involuntary turnover generally occurs for reasons which are independent of the concerned employee such as when organisations incur losses or unavoidable expenses, and perceive the need to cut costs, re-structure or down-size. In contrast, voluntary turnover refers to an employee’s chosen exit from the organisation. Griffeth & Hom (2001) adds that involuntary turnover refers to “employer-initiated job terminations, such as dismissals or layoffs. For example such turnover is initiated by the employer and could be contributed to poor job performance, misconduct, incapacity or retirement.

### **Voluntary turnover**

This type of turnover is prompted and executed by the individual and not the employer. Allen (2000) states that voluntary turnover represents a worker’s chosen exit from the organization. For example retirement at the employers’ request, poor remuneration including job dissatisfaction. McCooey & Dawn (2010 ) contend that it is best to focus on voluntary separations when addressing turnover from an organization.

### **Attrition among Nurses.**

Turnover among nurses is a complex problem requiring a multi-faceted solution (Brewer, Kovner, Greene, Tukov-Shuser, & Djukic, 2012). The potential cost to the health care system due to turnover among nurses has ramifications which includes temporary staffing, training, recruitment, and hiring (O’Brian-Pallas, Murphy, Shamian, Li, & Hayes, 2010). Nurses currently holding jobs may not have the intent to keep the position they possess. If hospital staffing levels are unstable, there is a resultant reduction in unit capacity, which may in turn negatively influence the quality of care that is provided (O’Brian-Pallaset al.,2010).

Interest in staffing and potential turnover is not a recently reported phenomenon. The causal model of turnover, developed by Price & Mueller (1981), mapped how the determinants of opportunity, routinization, participation, instrumental communication, integration, pay, distributive justice, promotional opportunity, professionalism, general training, and kinship relate to produce

turnover. With continued research on the causal model, they found that intent to stay was significant in explaining variation in turnover among the participants (Price & Mueller, 1981). Significant direct effects included intent to stay, opportunity, and general training. Significant indirect effects included, job satisfaction, routinization, participation, instrumental communication, pay, promotional opportunity, kinship responsibility, amount of time worked, age, and length of service (Price & Mueller, 1981).

### **The drivers of Nurses turnover intentions**

Employees’ turnover is a much-studied phenomenon according to Shaw, Delery, Jenkins & Gupta (1998). Despite a plethora of studies conducted on the causes of attrition in both the corporate sector as well as in the healthcare fraternity, there is no one study that has managed to underpin with specificity the main influence for the quit intentions (Shaw, Delery, Jenkins & Gupta 1998). Employees leave an organization for different reasons and this may differ from one individual to the other as well as the undertones of the environment the person resides in.

### **The Person-Organisation Fit and attrition**

Gustafson & Mumford (1995), argue that the fit between person and environment (P-E fit) can be expressed as the degree of adaptation an individual exhibits with respect to his or her professional position. Moreover, increased fit can be expected to result in positive organisational and personal outcomes such as increased satisfaction, motivation, morale, job performance, commitment and retention.

Both empirical and theoretical evidence advocate that, the fit between the person as represented by the personality attributes, interests, skills, abilities and values together with the environment as represented by the occupation or the organisation, plays a critical role in a number of organisational outcomes which include, job satisfaction, organisational commitment, career involvement or success being all positively correlated while turnover intention and behaviour being negatively correlated (Lauver & Kristof-

Brown, 2001; Westerman & Cyr, 2004). Fit in terms of personality characteristics as explained by Griffeth & Hom (2001), includes negative affectivity, the tendency to perceive oneself and the environment negatively. The afore-mentioned are, among the factors that contribute to job dissatisfaction in employee turnover.

#### **Job satisfaction and turnover intentions**

Work Attitudes including Job Satisfaction according to Dalessio, Silverman & Schuk, (1986) in most models of turnover, job satisfaction is assumed to influence turnover behaviour. A number of researchers have pointed that job dissatisfaction is the reason for nurses attrition (Lum et al., 1998; Tzeng, 2002). According to Shields & Ward (2001) the criticality of job satisfaction towards reducing the impacts of nurses attrition cannot be overemphasized. In their study, the demographic mode of the nursing staff had an influence on their quit intentions. The study found that the young were the predominant demography that had the prevalence to be attracted by external job opportunities. This is an observation that is also shared by Mobley (1977) as well as Hom, Griffeth, & Sellaro (1984). However, meta-analytic findings as well as theoretical arguments suggest that, because of contractual obligations, satisfaction is likely to have a weaker, yet still significant influence on withdrawal cognitions and actual turnover for military samples than for civilian samples (Carsten & Spector, 1987; Farkas & Tetrick, 1989; Hom et al., 1992). Sjoberg & Sverke (2000) elaborate that organisational commitment, which refers to a relatively stable and more global attitude towards the employing organisation, has been consistently shown to be related to the variables associated with employee withdrawal. On the other hand, Griffeth, Hom & Gaertner (2000) advanced that organisational commitment predicted turnover better than did overall satisfaction.

Even though both satisfaction and commitment have been identified as critical variables in turnover process, there seem to be a lack of conformity concerning the quality of the relationship between these two variables in relation to employee withdrawal.

#### **Macro-Economic Factor and attrition**

Consistently, voluntary turnover has been conceptualised as an act largely developing from an individual's subjective experience of organisational life and labour market conditions. Kammeyer-Mueller & Wanberg (2005) contend that studies that had examined both the subjective and objective indices of alternative jobs available in the labour market, have identified objective indices such as, unemployment rate to be a stronger predictor of actual turnover behaviour. Hulin, Roznowski, & Hachiya (1985) presented strong evidence concerning the relationship between unemployment and voluntary turnover. They found that, unemployment rate and voluntary turnover rate were strongly and negatively correlated sharing up to 70 % of the variance. The findings suggest job dissatisfaction as more likely to eventually lead to turnover when unemployment rate is relatively low. Hulin et al. (1985), assert that market conditions seem to act as a stimulus allowing job satisfaction to best predict employee turnover during periods of low unemployment. Trevor (2001) also concurs that satisfaction had a greater negative effect on voluntary turnover when jobs were plentiful (Kirschenbaum and Mano, 1999).

Hence, based on the reviewed literature, the unemployment rate is expected to influence voluntary turnover both directly and indirectly and through perceived job opportunities. Kirschenbaum & Mano (1999) emphasised the need for inclusion of unbiased job opportunities at the organisation and labour market level within a voluntary model.

#### **Work conditions and attrition**

Working conditions and the environment in which the job is undertaken are paramount to job satisfaction. When these are perceived to be poor, quit intentions will ensue to seek alternative jobs which will give the needed job satisfaction.

De Troyer, (2000) asserts that the state of the working conditions have a bearing on the satisfaction that an employee has on the job. Studies reveal that low job satisfaction levels can be ascribed to the physical working conditions (De Troyer, 2000). Working conditions are a predic-

tor to turnover in most cases (Santhepparaj and Alam (2005). In the health care context, working conditions contribute to staff leaving the organization where the institution is not responsive to the needs of both nurse and patient (Dieleman & Harnmeijer (2006)). Poor working conditions include the lack of equipment to process certain diagnostic tests resulting in the inability for the nursing staff to execute nursing care to the patients, working overtime due to the disparity between nurse to patient ratio, and lack of team work where colleagues do not cooperate.

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### **Salary and attrition**

Maurer (2001) affirms that rewarding workers equitably for service rendered is one of the key factors to job satisfaction. Rewards are an essential to job satisfaction since they meet the needs and wants of the working individual (Ozdemir & Akdemir, 2009). But this may not be true for many workers, especially where the individual has a high achievement need. Individuals who are paid equitably experience a higher job satisfaction according to Souza-Poza & Souza-Poza (2000). This statement is not always true, because there are many variables at play for a “total” job satisfaction to be achieved and to satisfy the individual. For example, poor job design may reduce the satisfaction previously enjoyed by a worker. Reward or compensation plays a central part in people management. Organisations, therefore, try to link the compensation plan directly to performance management so that remuneration, incentives, and benefits align with business goals and business execution.

### **Staff training/ development and attrition**

Training and development, according to John et al. (1994), is a systematic process of altering employees’ behaviour to further an organisation’s goals. Development is the acquisition of knowledge and skills that may be used in the present or future. Training programmes can affect work behaviour in two ways. The most obvious is by

directly improving the skills necessary for an employee to successfully complete his or her job. An increase in ability improves an employee’s potential to perform at higher level. Of course, whether that potential becomes realised is largely an issue of motivation.

A second benefit from training is that it increases an employee’s self-efficacy, namely a person’s expectation that he or she can successfully execute the behaviours required to produce an outcome. For employees, those work behaviour tasks and their outcome is effective job performance. Employees with high self-efficacy have strong expectations about their abilities to perform successfully in new situations. They are confident and expect to be successful. Training, then, is a means to positively affect self-efficacy.

For nurses to be able to take charge of institutions in their work environment, ongoing training and development should be available (Strachota et al., 2003). Nurses expect their work environment to supply them with adequate opportunities and equipment to provide patient care of a high standard. Dissatisfactions at work could increase nurse turnover rates (Mrrayan, 2005). However, Dunn, Trivedi, Kampert & Clark (2005) reported that an Australian study did not find a relationship between nurses’ levels of satisfaction and their levels of education.

### **Organisational commitment and attrition**

The theory of organizational commitment used in this study originated from research conducted by Porter, Steers, Mowday & Boulian (1974). According to Porter et al. (1974), an employee’s attitude towards the organization may have a much greater influence on their decision to remain employed with the organization than their attitude towards the job itself. They suggested there were three factors that contributed to organizational commitment: (a) a strong belief in and acceptance of the organization’s goals and values; (b) a willingness to exert considerable effort on behalf of the organization; and (c) a strong desire to remain with the organization (Porter et al., 1974). Schein (1970) states that when workers are less committed to the organisation, they are bound to have quit intentions.

### **The dangers of nurse attrition**

Attrition of nurses in the public hospital has detrimental effects on patient care. In a practical sense, nursing turnover has impacted on stakeholders' welfare, which includes reduced quality of patient care, increased contingent staff costs, and loss of patients (Huston & Marquis, 2003).

However, staff shortages caused by nurse turnover are associated with significant decreases in the overall quality of patient care, increases in the length of patient stays in hospital, and greater numbers of hospital-acquired patient illnesses and conditions that do not qualify for Medicare/medical aid reimbursement. Studies have examined the reasons why nurses leave their jobs, but these have often produced conflicting findings and have frequently relied upon bivariate correlation or multiple regression techniques (Benedict, Josiah, Ogungbenle, & Akpeti, 2012).

### **Loss of talent and knowledge**

Luis, David & Robert (2012), identified the effects of employee turnover and highlighted that loss of expertise and knowledge, negatively effect on customer service due to loss of frontline employees, and reduction in the morale of the remaining employees. The statement is supported by (Benedict, Josiah, Ogungbenle & Akpeti, 2012), as they stated that organizations suffer loss of job-specific skills, disruption in production and incur costs of hiring and training new workers. Loss of job-specific skills can be related to loss of professional health personnel at hospitals, health centres and clinics in the Khomas Region.

### **Overstretched manpower**

Booyens, (2004), also highlighted the effects of higher turnover rate. When fewer nurses are left to tend patients in a hospital with high turnover rate, the quality of care rendered to its patients will suffer Booyens, (2004). He further indicates that if the nurse manager value quality care and does not want patients to suffer she will have to plan a manageable number of patient – nurse ratio. Booyens notions is that although the nurses left are usually replaced by new nurses, it is generally assumed that newly appointed employees will take much longer time to become fully efficient in their new workplace. Other effects according to

(Booyens, 2004), include the recruitment cost of new employees, low staff morale on the remaining staff and less group cohesion. All these effects will eventually lead to decreased level of performance of staff, accompanied by impaired quality of nursing care and in a rise in the incidence of medicolegal incidents.

## **2. Methods**

### **Research design**

A triangulated design was adopted for this study.

### **Samples and settings**

The target nurse population of 597 who resigned between 2010 and 2015, and a 95% confidence interval, was considered with a confidence limit of 0.05%. The calculated sample was  $n = 240$ . A stratified random sampling method was used to select the study sample. This sampling technique divides the population of study into non-overlapping strata, by using ratio of strata to population. The calculation for respondents was as follows: Windhoek Central Hospital 100 (41.8%), Katutura State Hospital 81 (33.8%), clinics 43 (17.9%), and health centres 16 (6.5%). The desired number of elements was selected randomly from each stratum. Two hundred and forty (240) questionnaires were distributed.

This study adopted both the random sampling for the quantitative data and purposive for the qualitative data.

### **Instruments**

A self-administered questionnaire was used for data collection. The questionnaire comprised three parts of both closed-ended and open-ended questions to obtain both quantitative and qualitative data. Part 1 comprised close-ended demographic questions. Part 2 comprised closed-ended questions pertaining to factors associated with turnover. Part 3 comprised open-ended questions where respondents were given an opportunity to give their opinions on retention, recognition, reward and other influences that contributed to them leaving their previous jobs was qualitatively analysed.

### **Data collection process**

Table 1: Population of the study

Public health Facilities	2010- 2011	2012	2013- 2014 - 2015	Total
Windhoek Central Hospital	19 39 44		53 57 37 249	
Katutura Hospital	39 4 74		36 26 23 202	
Clinics	6 7 52		12 10 20 107	
Health Centre	8 6 7		5 6 7 39	
<b>Total</b>	<b>72 77 177</b>		<b>112 105 97 597</b>	

The researcher contacted potential participants using information gathered from the Ministry of Health and Social Services (MoHSS). The researcher obtained a letter of authorisation and introduction from the University of Namibia. An approval letter was provided by the Permanent Secretary MoHSS. Letters were written to private hospitals requesting permission to carry out the study within their hospital surroundings; permission was granted by the Roman Catholic Hospital located in Windhoek. Questionnaires were distributed at potential participants' current work places during working hours, at their homes after working hours and weekends. Those who had moved outside the study region were mailed the questionnaire. All were asked to complete the questionnaire within a week of receiving it. Collection of data spanned 60 days since potential participants were not confined to a single study site.

### Ethical Considerations

The potential respondents had a choice to participate or to refuse participation; participation was totally voluntary. Participants were protected by giving informed consent before participating, by participating voluntarily, and being allowed to withdraw from the study at any time and for any reason. No individuals were identified in any manner in the research findings or throughout the final dissertation. In addition, all participants were offered a debriefing session by phone in order to pose any specific questions. The respondents who accepted participation were required to give verbal consent, after which they were given the questionnaires to complete.

### Data analysis

The study employed both descriptive and in-

ferential statistics for the quantitative data which included correlations, covariance and factor analyses using SPSS.ATLAS ti was used in analyzing the qualitative data. The qualitative data was captured on a word document by grouping the verbatim responses to questions and after the grouping of each question, the quotations were assigned into ATLAS ti which is a software designed for qualitative analysis. The quotations were then coded by selecting the meaning from each resulting in networks showing how the themes were related. The second stage of analysis was to merge similar codes into higher or super codes to reduce and combine the most important aspects of the coding (Silver & Lewins, 2014). Networks were then produced for interpretation purposes (Friese, 2014).

## 3. Results

### Objective 1

The objective was to determine the demographic data and their association to turnover among nurses in the public health facilities.

The data presented are bimodal: demographic data and their association to turnover.

#### Demographic data

Relating to the gender of respondents, (123/71% were male and 49/29%) were female. The age range of respondents showed that those between 21-30 years were (96/55.8%); 31-40 years (41/23.8%); 41-50 years (27/15.7 %); and >50 years (8/ 4.7%). The findings show that 46 (27%) respondents were married, 105 (61%) were single, 6 (4%) were widowed, 7(4%) were divorced, and 8 (4.7%) were living with partners. It was noted that the majority of the respondents

(61%) were single. Pertaining to salaries obtained per month, it was noted that < N\$10.000 (41/23.8%); N\$ 10 000 – 15 000 (55/32%); N\$ 15 000 – 20 000 (44/25.6%); N\$ 20 000 – 25 000 (16/9.3%); N\$ 25 000 – 30 000 ( 8/4.7%); N\$30 000 – 35 000 (4/2.3%); and >N\$35 000 (4/2.3%). Among the respondents 43 (25%) had certificates, 53(31%) diplomas, 69(40%) degrees, and only 4(2%) had master’s degrees. It can be noted that most of the respondents (40%) were degree holders.

A total of 48% of the respondents had worked in the public health sector for three or less years, and 31% had worked between four and seven years. Those who worked for more than 10 years constituted 13% whereas those who had worked between eight and ten years were only 8%. This illustrates that the majority, or close to half of the respondents were relatively new staff members, which could be an indication of high staff turnover.

**Objective 2**

The purpose of the objective was to determine company reward or compensation practices; training and development practices; promotional opportunities to previous job, recognition factors by previous employer; work-related stress and previous job; leadership relationship in the previous job; work environment factors at previous employment, and factors relating to retaining nursing staff training and work environment that could contribute to turnover of nurses in the public health facilities in the Khomas Region. These factors results are presented below.

- Company reward or compensation practices
  
- **Promotional opportunities at previous job**

In relation to promotional opportunities at their respective previous job respondents rated four items as illustrated in Table 4.

**Objective 3**

The objective was to describe opinions of the respondents regarding turnover.

Three questions on the questionnaire were in a form of open-ended question in order to allow the respondents to express their views or opinion on the retain nursing staff at public health facilities; recognition/reward practices cause staff turnover and other factors that could have influenced the employee to leave the previous. ATLAS ti software was used to analyse the qualitative data for this study. There were three questions in this study soliciting the opinions of respondents on the retention nursing staff at public health facilities; recognition/reward practices cause staff turnover; and factors that could have influenced employees to leave the public health facility. The most critical and prominent themes were remuneration scales which were considered low compared to the workload and unfair promotions within the public healthcare sector in the Khomas region.

- **Increased salary**

Increased salary was associated with verbatim comments/ statements as shown in Figure 1 that made it one of the most essential factors among other factors related to turnover.

Opinions such as these below were pronounced by the respondents:

*A good salary always goes along ay because people have bills to pay among others contribute to staff turnover but most of all, staff search for better opportunities in other health institutions especially in private healthcare institutions where the pay is much improved [P.D.3.34],*

*Positive, caring relationship and public health facilities must offer nursing staffs more decent wages and benefits [P.D.1.40].*

The issue of salary received more groundedness as noted from the quotations and the problem of salaries appears to be the main area of concern. Ozdemir (2009,p. 16) posit that rewards are an essential of job satisfaction since they meet the needs and wants of the working individual. When salaries are perceived to be low in a particular economic dispensation, workers tend to balance the disequilibrium by leaving the organization for “greener pastures”.

According to many researchers a constructive relationship exists between the salary one gets and



Table 2: Respondents' rating on company reward or compensation practices

STATEMENT / ITEM	SA F (%)	A F (%)	F (%)	D F (%)	SD F (%)
Item 1: My previous employer took pride in paying satisfactory salary [PPS].	24(14.0)	36(21.1)	54(31.4)	38(22.1)	18(10.5)
Item 2: My previous employer really cared about rewarding great achievements [PGA]	27(15.7)	51(29.7)	40(32.3)	28(16.3)	26(15.1)
Item 3: My employer valued the well-being of employees, inform of rewards [WR]	28(16.3)	41(23.8)	42(24.4)	39(22.7)	22(12.8)
Item 4: My employer strongly considered salary increase annually [SIA]	26(15.1)	32(18.6)	47(27.3)	37(21.5)	27(15.7)
Total	105	160	183	142	93

Table 3: Respondents' rating on training and development practices

STATEMENT / ITEM	SA F (%)	A F (%)	F (%)	D F (%)	SD F (%)
Item 1: Sufficient time was allocated for training in the previous job [STP]	20(11.6)	34(19.8)	44(25.6)	49(28.5)	25(14.5)
Item 2: Sufficient money was allocated for training [SMT]	24(14.0)	46(26.7)	51(29.7)	36(20.9)	14(8.1)
Item 3: Did the training plans developed, monitored for all employees? [TPE]	19(11.0)	49(28.5)	53(30.8)	39(22.7)	12(7.0)
Items 4: Training programmes were consistently evaluated. [TPC]	18(10.5)	45(26.2)	55(32.0)	35(20.3)	18(10.5)

Table 4: Respondents' rating promotional opportunities at previous job

STATEMENT / ITEM	SA F (%)	A F (%)	F (%)	D F (%)	SD F (%)
Item 1: I had a very good opportunity for advancement in my previous job [GOA]	44(25.6)	18(10.5)	38(22.1)	23(13.4)	49(28.5)
Item 2: I had a good chance for promotion [GCP]	29(16.9)	16(9.3)	31(18.0)	47(27.3)	48(27.9)
Item 3: Promotions were based on my ability [PBA]	37(21.5)	17(9.9)	37(21.5)	33(19.2)	46(26.7)
Item 4: Opportunities for promotion were limited [OPL]	49(28.5)	62(36.0)	23(13.4)	19(11.0)	18(10.5)

job satisfaction. Maurer (2001:38-9) states that rewarding workers equitably for service rendered is one of the key factors to job satisfaction.

- **Promotion on merit**

Promotion on merit was another factor in the open-ended questions. Respondents' comments (quotes) are listed in Figure 2

These were some quotes associated with promotion:

*Introduce a promotion system [P.D.1.62]*

*Promote old staffs according to experience but not according to qualification [P.D.1.22]*

*The government should interview candidates for promotion to avoid favouritism [P.D.1.13]*

*Promotion should be given to those who deserve*

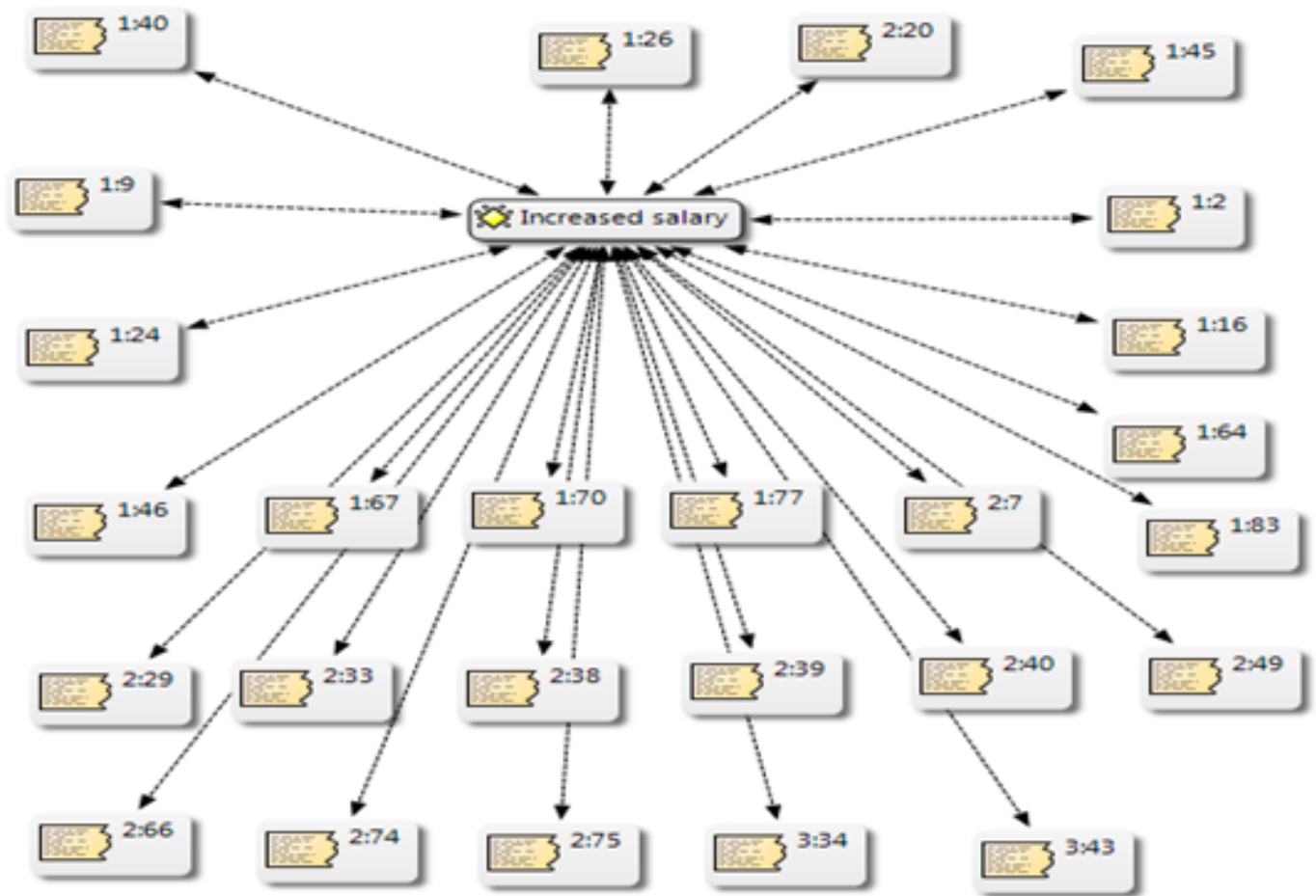


Figure 1: that made it one of the most essential factors among other factors related to turnover.

*it, no favouritism* [P.D.1.91]

*Promote using merit and not age* [P.D.2.6]

There is a constructive association among promotion and job satisfaction (Baloch,2009).Workers become more committed if there is an expectancy of a job promotion since it uplifts status and emoluments as suggested by Kosteas (2011).Where there is transparency in the way appraisals are done and such are regular, then the upliftment to become committed is increased.

#### Study limitations

Since the study was cross sectional it was limited in obtaining a more representative picture of the problem of nurses' attrition countrywide. Another limitation was the difficulty in locating those respondents who had resigned from public sector health services since there were no available records relating to their new locations.

#### 4. Discussion

Apart from other similar studies on nursing attrition in the Kavango region and at the Ministry of Health and Social Service conducted by Chani, Cassim & Korodia (2014) and Gorases, Jonas & Kapaama (2014) respectively, this study investigated the factors influencing the attrition of nurses in the Khomas region of Namibia. It was found that job dissatisfaction was the main predictor of turnover intention. Organizational characteristics associated with workload, management style, promotional opportunities are believed to contribute to turnover. It is therefore suggested that the public health management focus on improving job satisfaction in order to improve and retain the public healthcare nursing staff.

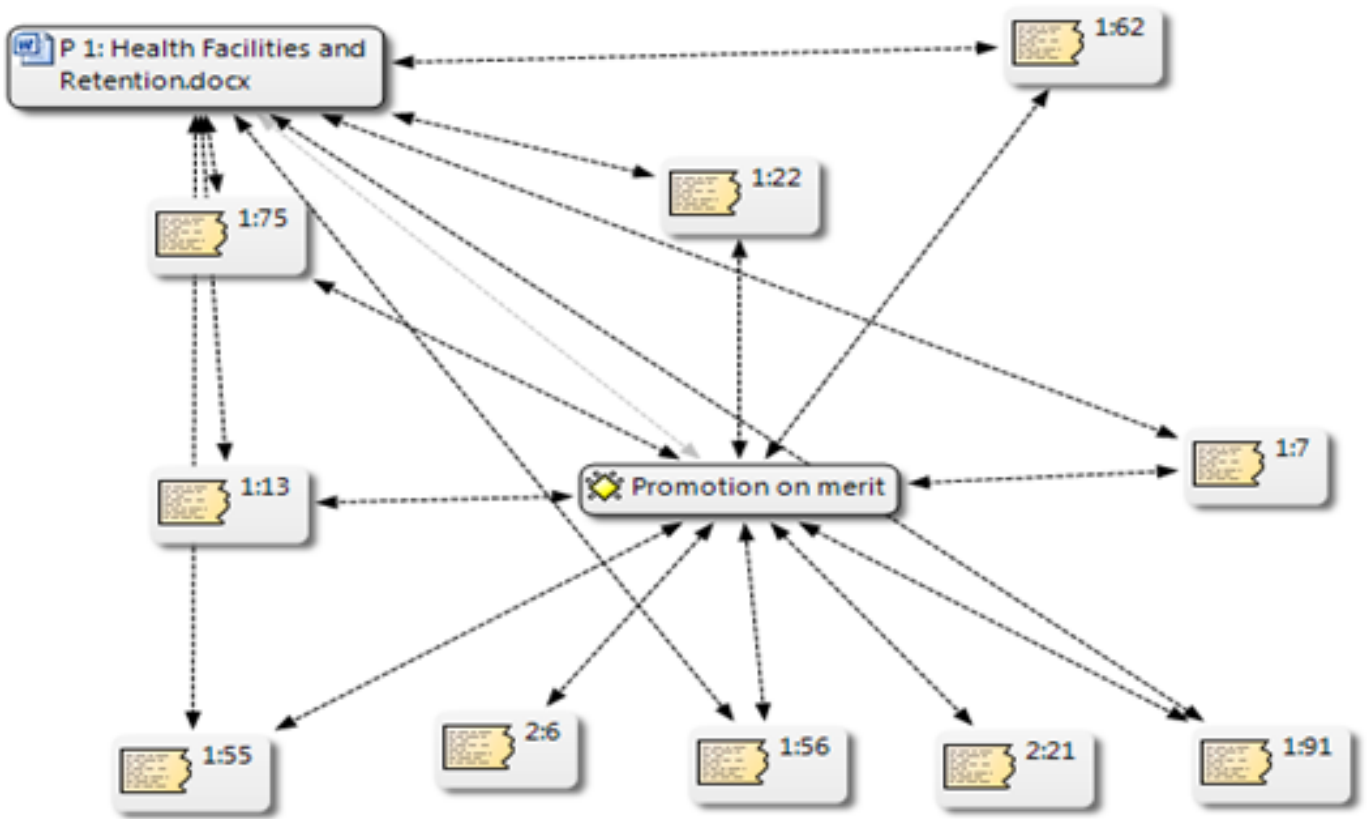


Figure 2: Quotes on promotion on merit.

## 5. Conclusion

The findings of this study show that the plight of nurses is of critical concern to the government of Namibia and the general populace. Despite the training of additional nurses by the government, this phenomenon will continue to be a critical concern if the salaries and work conditions are not addressed. These findings will inform and assist policy-makers and healthcare centre management on improvement initiatives, as well as form a basis for future assessments to retain nursing staff. The study could also provide useful information on the factors that public health management should address to curb the exodus of nurses from the sector. Regular surveys could be conducted by hospital management in order to “feel the pulse” of the nursing staff in order to address the important aspects that is causing dissatisfaction. This will enable hospital management to come up with remedial interventions that will retain the nursing fraternity and continue providing the patients

with the required service quality.

## 6.