

AN INVESTIGATION OF STAFF TURNOVER AT A PRIVATE HEALTHCARE PROVIDER IN THE KAVANGO REGION, NAMIBIA

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ABSTRACT

The study sought to investigate the factors contributing to the high turnover of clinical staff at two Catholic Health Services (CHS) hospitals of Andara and Nyangana in the Kavango region of Namibia. The conceptual framework, factors related to the decision to stay in or leave rural and remote areas, was adapted from Henderson and Tulloch (2008) and guided this study. A quantitative, cross-sectional and descriptive study design was used to describe the factors associated and contributing to the turnover of clinical staff from these two health facilities. The sampling frame consisted of 107 CHS employees in Andara and Nyangana (10 medical officers, 1 pharmacist, 4 pharmacist assistants, 39 registered nurses and 53 enrolled nurses). Written permission to conduct the study was obtained from the Director of CHS and informed consent was obtained from each respondent prior to data collection. A non-probability convenience sampling technique was utilized to realise a sample of 33 respondents (8 medical officers, 1 pharmacist, 1 pharmacist assistant, 16 registered nurses and 7 enrolled nurses). Data was collected using a self-administered structured questionnaire. SPSS and MS Excel were used to capture, clean and analyse the data.

The main findings of the study showed that while compensation factors were important to clinical staff in Andara and Nyangana, they may not necessarily contribute to turnover. However, lack of good schools for children, high workload due to staff shortages, poor telephone and internet connectivity, lack of accommodation for staff, and poor supervision and management could be contributing to this turnover of clinical staff from the two hospitals. Based on the findings of the study, CHS management should design and implement interventions to improve the accommodation situation, build capacity of their supervisors in supportive supervision, mentorship and management, liaise with relevant agencies to improve telephone and internet connectivity and improve access to good schools by liaising with other good Roman Catholic schools in the region.

Key Words: Healthcare; Turnover; Rural; Compensation Factors; Employees; Management; Economic Development

Introduction

The retention of healthcare workers is a topical issue on a global level, particularly within developing countries, and remote or rural areas. The World Health Organization (WHO) estimates that globally, half of the world's population resides in rural and remote areas, yet most health workers and health facilities are located in cities. Statistics indicate that these areas are served by only 38% of the total nursing workforce and by less than a quarter of the total physician workforce (WHO, 2010: 1). Countries, regardless of their level of economic development, struggle to achieve health equity and to meet the health needs of their populations, especially vulnerable and disadvantaged groups. One of their most complex challenges is ensuring that people living in rural and remote locations have access to trained health workers. Skilled and motivated health workers in sufficient numbers at the right place and at the right time are critical to deliver effective health services and improve health outcomes. Insufficient numbers and inadequate types of qualified health workers in remote and rural areas impedes access to health-care services for a significant percentage of the population, slows progress towards attaining the Millennium Development Goals and challenges the aspirations of achieving equitable health care for all (Mutale, Ayles, Mwanamwenge and Balabanova, 2013: 1).

Objectives of Study

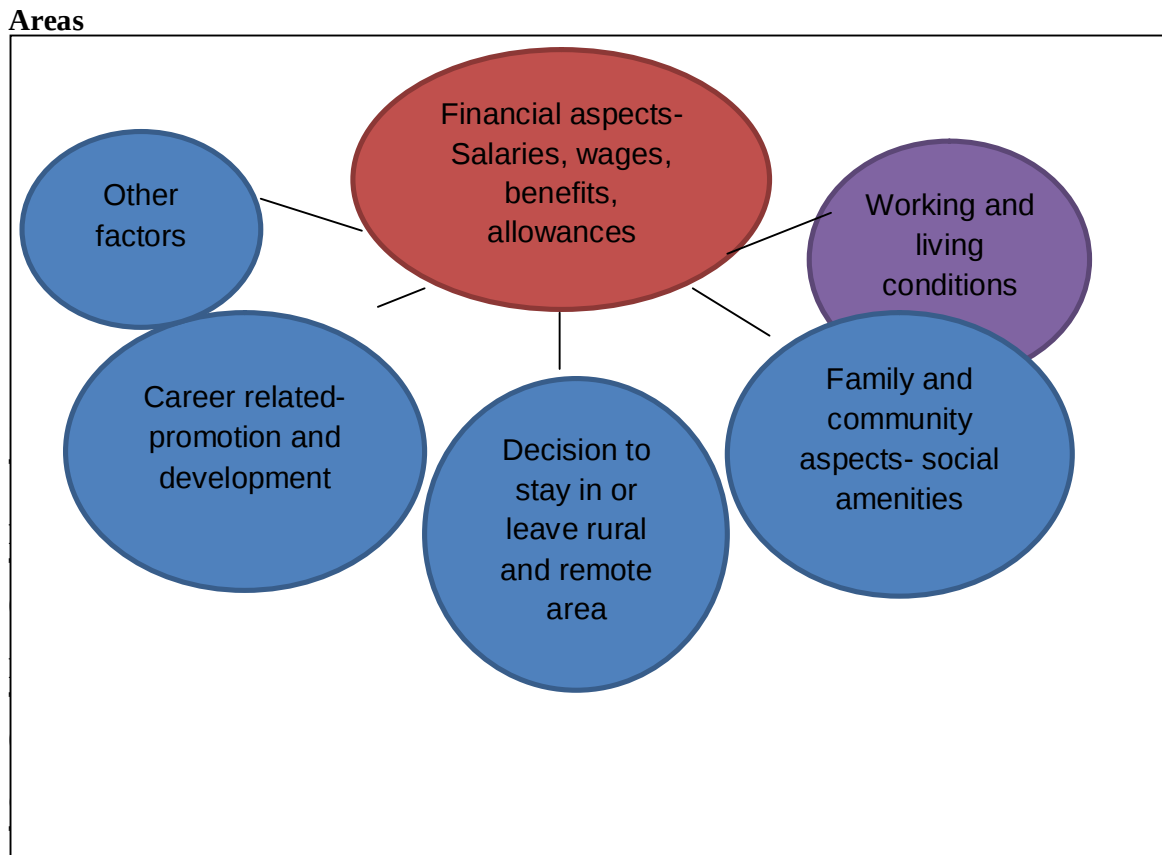
The objectives of the study are divided as follows:

- To ascertain if the level of compensation, including incentives and benefits, contribute to the high turnover of clinical staff at Catholic Health Services facilities in Kavango region;
- To ascertain if the lack of amenities (such as banks and schools) contribute to high turnover of clinical staff at Catholic Health Services facilities in Kavango region;
- To ascertain if working conditions, including lack of promotional and growth opportunities, contribute to the high turnover of clinical staff at Catholic Health Services facilities in Kavango region;
- To determine what would retain the clinical staff in the Catholic Health Services facilities in Kavango region.
- and Interpretation of Findings

LITERATURE REVIEW

In line with the aim of this study, namely to investigate the factors associated with high turnover of clinical staff at CHS facilities in the Kavango region of Namibia, and to make recommendations on how retention of clinical staff can be improved in remote and rural settings, this chapter reviews relevant literature from previous studies on factors associated with or contributing to retention of staff in rural and remote settings. The scope of this literature review, therefore, is to synthesize existing evidence from textbooks, published research, scientific reports and other credible sources of scientific work done globally, mainly on retention of health workers in rural and remote areas. (Henderson and Tulloch, 2008: 5). The framework places the following factors as the basis for health workers to make a decision about whether to stay in or leave a rural area; compensation and financial aspects, working and living conditions, family and community aspects including social amenities, career related and other factors. The framework is a set of assumptions that help to determine what influences health workers to make such decisions.

Figure 0.1: Factors related to decision to stay in or leave rural and remote areas



professional development course or workshops, senior positions in rural areas and supervision and support (WHO, 2010: 14).

Working and living conditions

Factors such as infrastructure, the working environment, availability of equipment, medicines and supplies and workplace safety are discussed (WHO, 2010: 14).

Other factors

Any other factors will include emerging issues such as limited private practice.

The global shortage of health workers

The WHO (2006: 10) estimates a global shortage of about 4 million doctors, nurses, midwives and other health professionals. However this shortage is not uniformly distributed across the world. According to WHO (2006:8), countries with the lowest burden of disease needs have the highest number and density of health workers, while those with the highest disease burdens tend to have much lower numbers of health workers. The Americas Region, for example, has only 18% of the global burden of disease but 37% (24.8 health workers per 1000 population) of the world's health workforce, compared to Africa Region with 24% of the global disease burden but only 3% (2.3 health workers per 1000 population) of the world's health workforce (WHO, 2006: 8).

Furthermore, the shortage of health workers is even more skewed between urban and rural areas. It is estimated that half of the global population resides in rural areas but, served by only 38% of the total nurse workforce and by less than 25% of the physicians globally

(WHO, 2010: 7). The situation is critical in 57 countries where the shortage of health workers has made healthcare inaccessible to more than a billion people (WHO, 2010: 7). In South Africa, 46% of the population lives in rural areas while served by only 12% and 19% of doctors and nurses respectively (WHO, 2010: 7). Interestingly, the overproduction of health workers in Ivory Coast and Democratic Republic of Congo relative to their capacity to absorb the graduates has led to medical unemployment in urban areas, and shortages in rural areas (WHO, 2010: 7).

Even in developed and high income countries, there are disparities in health worker distribution between urban and rural areas with only 9% of registered physicians in the United States of America practicing in rural areas, where 20% of the population lives (WHO, 2010: 7).

The shortage of health workers in Namibia

The health workforce situation in Namibia is similar to that in other developing countries. WHO (2006: 194) estimates that there are 3 health workers per 1000 population in Namibia. This is above the WHO benchmark of 2.5 health workers per 1000 population. This figure however masks disparities between the public and private sector and urban and rural areas. The public sector has less than 2 health workers per 1000 population, compared to 8.8 per 1000 population in the private sector (African Health Observatory, 2010: 1). The MoHSS Health System Review of 2008 reports that only 28% of doctors registered to practice in Namibia are in the public sector and only 24% of doctors and 39% of nurses are based in rural areas (MoHSS 2008: 48). The Annual report of the Human Resource Development Directorate of the MoHSS in Namibia indicated that the public sector in Namibia lost 162 medical doctors, 365 registered nurses, 455 enrolled nurses and 23 pharmacists, in just under a decade. The highest staff losses from the public sector were due to resignations which increased by more than 10% in the past decade (MoHSS, 2007: 5). Recently, there have been outcries by the public in all the media in Namibia with regards to the perceived poor quality of care and poor health outcomes in the public sector. The main areas of complaints have been maternal and neonatal deaths. These public outcries triggered the President of the Republic of Namibia to commission an inquiry into maternal health and other issues bedeviling the ministry of health departments. The Presidential Commission of enquiry into health in Namibia noted a critical shortage of health professionals such as doctors, nurses and pharmacists in the public sector as a major contributory factor to poor quality of health care (MoHSS, 2013: 3). The shortages were attributed to a number of factors including a high demand for health professionals, compounded by inadequate supply of health workers, lack of appropriate accommodation in rural areas, lack of career paths for most job categories and limited promotional posts, high workloads and poor working environments, poor salaries and benefits, lack of professional leadership, lack of incentives, and outdated staff establishments, not responsive to current needs (MoHSS, 2013: 60). Among some of the recommendations, the Commission made were to increase training of health workers especially nurses and doctors, to develop retention strategies for health workers in the public sector and the rural and remote areas in particular, and to for the MoHSS and the Public Service Commission to consider introducing a career path development for different job categories, which is not linked to competitive promotion but based on performance (MoHSS, 2013: 66).

Given these critical shortages of health workers in the public sector and rural areas in Namibia, it is important for the government to develop policies and retention strategies to curb the movement of health workers from rural to urban areas as well as from the public to the private sector. Such policies and strategies to be effective, they will need to be informed and guided by evidence. Findings from this study will contribute to a body of evidence in

Namibia that will help inform such policies and strategies. Though the study is focused in one region; Kavango is one of the worse affected regions with respect to staff turnover given its predominantly rural location.

The impact of the shortage of health workers

The shortage of health workers presents several challenges. The shortage of health workers is a serious impediment to the achievement of national development goals such as universal health coverage (UHC) and the Millennium Development Goals (MDGs) particularly MDG 4, 5 and 6. These MDGs are aimed at reducing child mortality, maternal mortality and HIV/AIDS respectively. It is estimated that sub-Saharan Africa requires an additional one million doctors, nurses and midwives to provide basic healthcare needed to meet the MDGs. (Faye, Fournier, Diop, Philbert, Morestin and Dumont, 2013: 2). Secondly, shortages in rural and remote areas present equity issues since it is an obstacle to access to healthcare services in areas where the needs are high and where resources could potentially have greater impact (Araujo and Maeda, 2013: 2). In addition, shortages in rural areas may mean an overconcentration of human resources in urban areas, which may contribute to an overutilization and in some cases inappropriate uses of services such as over prescriptions of medicines and laboratory tests exacerbating shortage of already scarce financial resources, due to wastage (Serneel, Montalvo, Petterson, Lievens, Butera and Kindanu, 2010: 6).

It has been noted that coverage rates of key public health interventions tend to be lower in areas with relatively low concentration of health workers, compared to those with higher densities. The association between health worker density and health outcomes has been studied in various locations, and it is generally accepted that where there are shortages of health workers, health services are negatively affected with resultant poor health outcomes. Countries with lower health worker densities are associated with higher child mortality rates (Henderson et al., 2008: 2). Additionally, WHO (2006: 9) reports that countries with higher densities of health workers attained higher measles vaccination and antenatal coverage rates, and subsequently better health outcomes. This relationship between availability of health workers and public health interventions coverage implies that the population suffers adverse health outcomes when there are shortages of health workers.

In Namibia, health worker shortages have been identified as one of the major causes of the poor quality of patient care, and health outcomes such as high maternal and neonatal mortality (MoHSS, 2008: 48; MoHSS, 2013: 12). Additionally, the high health worker shortages and attrition are threatening the efficacy and sustainability of health programmes implemented by the MoHSS. Therefore, there is need for the MoHSS to implement strategies identified by the Health and Social Services System Review of 2008, and the recommendations from the Presidential Commission of Inquiry on Health of 2013 which include the development of a retention strategy and other strategies to increase the supply of health workers in the country.

In addition, to increase the number and availability of health workers, it is also important to ensure the quality of the health workers through adequate training, mentorship supervision, and continuous professional development. WHO (2010) indicates that in order to reduce maternal and prenatal mortality, it is imperative to increase the number and proportion of deliveries under skilled attendance. This refers not only to the numbers, but also adequate trained and skilled midwives who can handle emergencies as they arise (WHO, 2010).

Henderson et al. (2008: 2) contends that maintaining an adequate health workforce that meets the needs of a population with social, demographic, epidemiological and political transitions requires sustained efforts in developing strategies to improve

According to WHO (2010: 31), health workers are unlikely to stay and practice in facilities with poorly maintained infrastructure, and where there are no basic supplies such as clean water, essential medicines, gloves, working and relatively modern equipment. Such working environments adversely limit their ability to practice what they were taught in school, and may not be able to progress professionally.

Working conditions alone are unlikely to retain health workers in rural areas but have an impact as part of a package of services (WHO, 2010: 31).

It is therefore important for governments and faith based organisations such as CHS, when designing strategies to attract and retain health workers in rural and remote areas, to pay attention to the working environments. There are general perceptions that rural and remote facilities are poorly equipped and lack resources such as medicines and supplies. Governments need to debunk this perception by ensuring facilities are adequately maintained or renovated, equipped, and manage their medicines stock levels. Such an environment will help make working in rural areas a pleasure and practitioners will not necessarily feel they are disadvantaged, if they choose to stay in a rural and remote facility. Health workers need to have access to modern equipment such as diagnostics and the latest efficacious medicines based on evidence in order for them to not feel left out.

In developing countries there is often a bias for better amenities in urban versus rural and remote areas, where the political and economic factors tend to support the provision of more services and investments in urban areas, compared to rural areas. This increases the disparities in health worker distribution, access, and health outcomes between the urban and rural (Henderson et al., 2008: 3; Fritzen, 2007: 2).

However, availability or lack of amenities on its own is may not be sufficient enough to attract or retain health workers to rural areas. Instead, these should be part of a package to attract and retain health workers. Availability of amenities determines the quality of life in a particular area. Consistent with the Maslow hierarchy of needs, quality of life is an important consideration once one has money. Presence of amenities helps the health worker's family to be more comfortable and thus improve the chances of the family unit staying together and in turn improve retention.

Therefore, improving the living conditions or health workers and their families in rural areas through investing in telecommunications, schools and entertainment should be a priority for governments if they are to effectively attract and retain health workers in rural areas (Rourke, 2010: 3).

RESEARCH METHODOLOGY

Limitations and delimitations of the study

Delimitations refer to limitations in the research study design that the researcher deliberately imposes while limitations are the restriction on the study that the researcher has no control over (RBS, 2010: 14). Limitations are weaknesses or challenges in a study that may compromise the findings of the study to be generalized to other settings (Burns & Grove, 2007: 40). Due to time and budgetary constraints this study experienced the following limitations and delimitations:

- This study being a cross sectional design has inherent limitations in that causality cannot be ascertained. Therefore, only associations can be established.
- The study will only be conducted in two districts; therefore, it will not be possible to generalize the findings to other.

- Similarly, only a few clinical cadres (medical officers, nurses, pharmacists and pharmacist assistants) will be included in the study, thus the study findings will not be generalisable to the rest of the cadres in the same or other hospitals.
- Additionally, due to the largely closed ended questions used in the instrument and the fact that the instrument was self-administered, it was difficult to ask follow up questions or clarify non-responses.
- Lastly, the convenience sampling used would limit the generalizability of the study findings.

RESULTS, DISCUSSION AND INTERPRETATION OF FINDINGS

In this section the results, discussion and interpretation of the findings are presented. The results from each question are presented in either graphical or tabular format. The findings are immediately discussed and linked to the findings reported in existing literature and body of evidence. A five and three point Likert scales were used to assess perception agreement levels of various statements and importance levels respectively; results are presented as such.

Realisation of the sample

The sample size consisted of 43 study participants; all the 10 medical officers, 1 pharmacist, 3 pharmacist assistants, 29 nurses (registered and enrolled). However, a total of 33 (77%) study participants responded; 8 medical officers, 1 pharmacist, 1 pharmacist assistant and 23 nurse (16 registered and 7 enrolled).

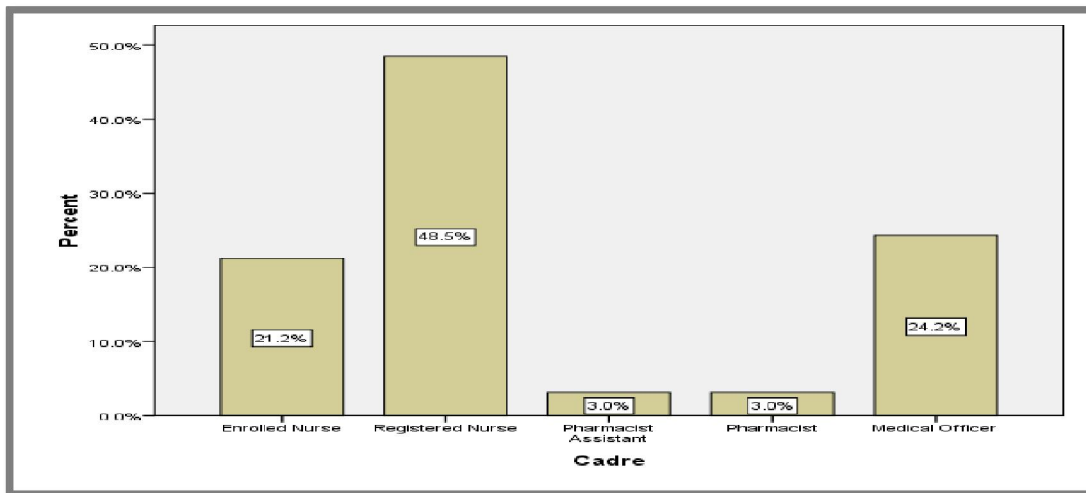
Findings

The findings will be presented in the order of the questions in the questionnaire (Annex 1).

General Information

A total of 33 clinical staff responded and returned the questionnaires which included 17 from Andara and 16 from Nyangana. The distribution by cadre is shown in figure 4.1 below.

Figure 0.1: Graph showing the percentage of respondents by cadre (n=33)



Background information

Background information consisted of questions assessing gender, age, nationality, marital status, number of children of school going age, years of experience and the years worked in Catholic Health Services (CHS) and in this facility.

Gender

Figure 0.2: Distribution of respondents by gender (n=33)

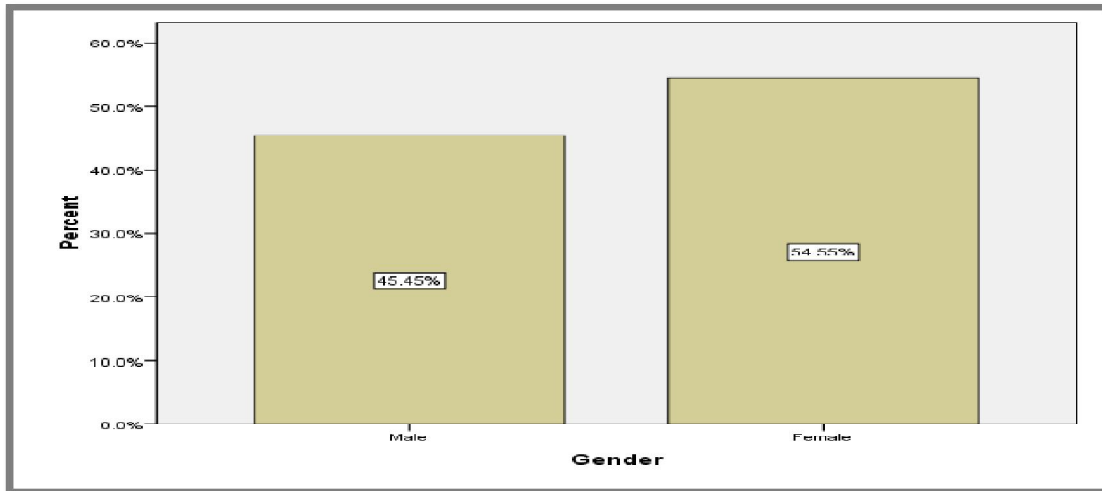
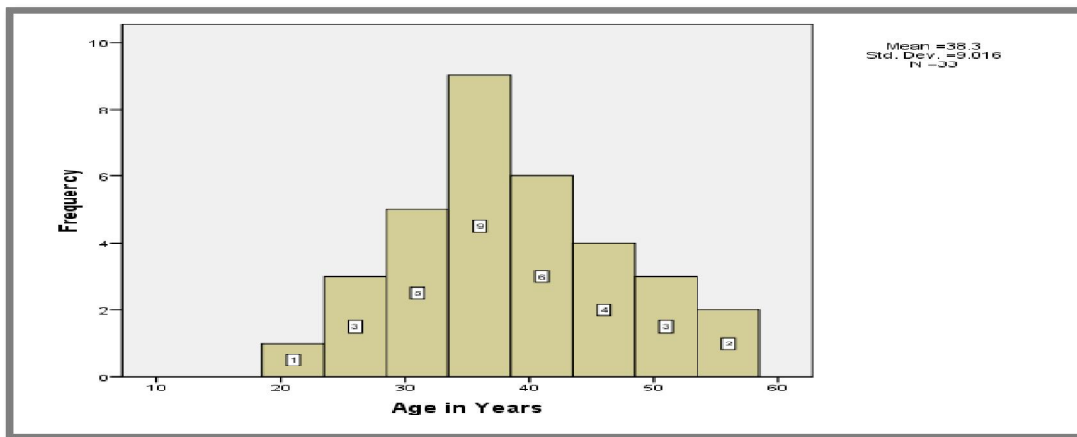


Figure 4.2 above shows the distribution of the sample reached by gender. Most of the respondents were females (55%) compared to males (45%).

Age

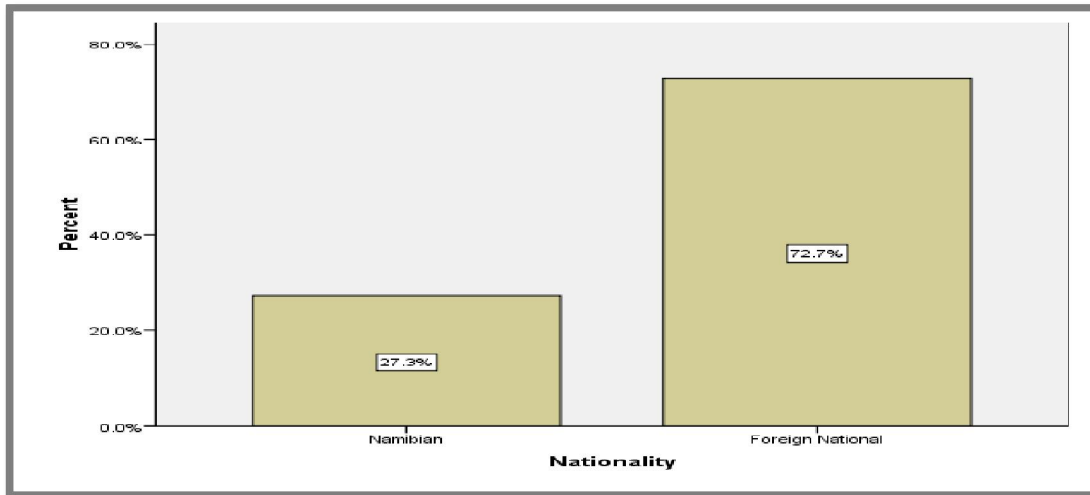
Figure 0.3: Age distribution of the respondents (n=33)



The age distribution of the respondents was as shown in the histogram (figure 4.3) above with a mean age of 38.3 years.

Nationality

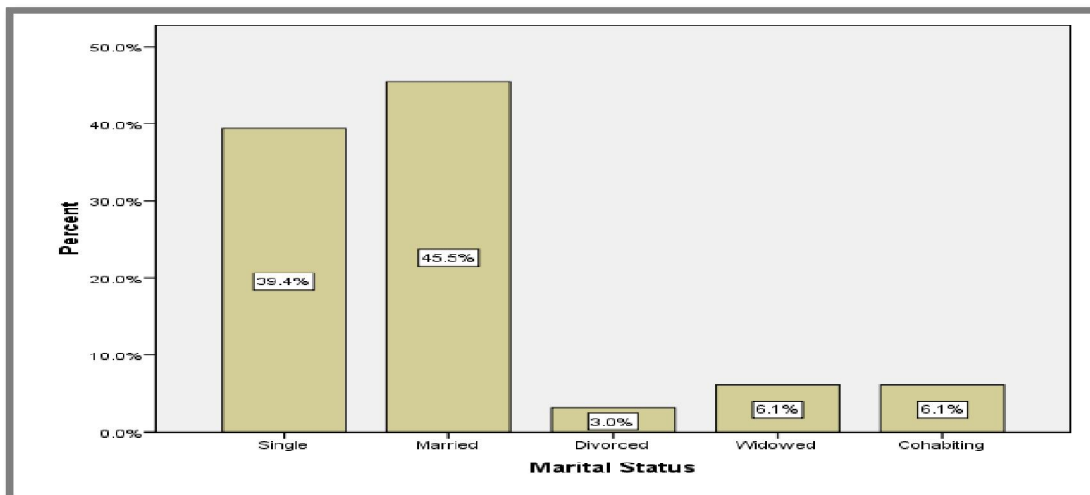
Figure 0.4: Distribution of respondents by nationality (n=33)



Of all the 33 respondents, 73% were foreign nationals while only 27% were Namibian nationals. All the medical officers, pharmacist and 93% of RNs interviewed were foreign nationals.

Marital Status

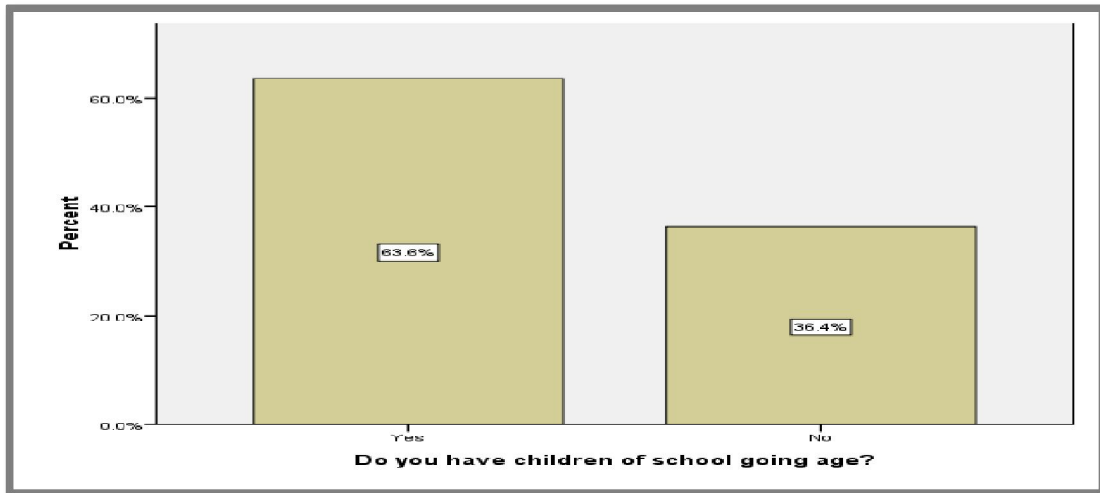
Figure 0.5: Distribution of respondents by marital status (n=33)



As shown in figure 4.5 above, 46% of respondents were married while 39% were single.

Children of school going age

Figure 0.6: Do you have children of school going age (n=33)?



About 64% had children of school going age and only about 33% were staying with their children (figure 4.6 above). Additionally, for those who had children of school going age, about 50% had one child only (figure 4.7 below). Of those who had children of school going age, 12 (60%) did not stay with their children.

Figure 0.7: Number of school going age (n=33)



Years of experience

Figure 0.8: Years of professional experience



Years of professional experience varied across the respondents with the mean number of years of experience being 12.38 (figure 4.8 above).

Years worked for CHS and in this facility

Figure 0.9: Number of years worked for CHS

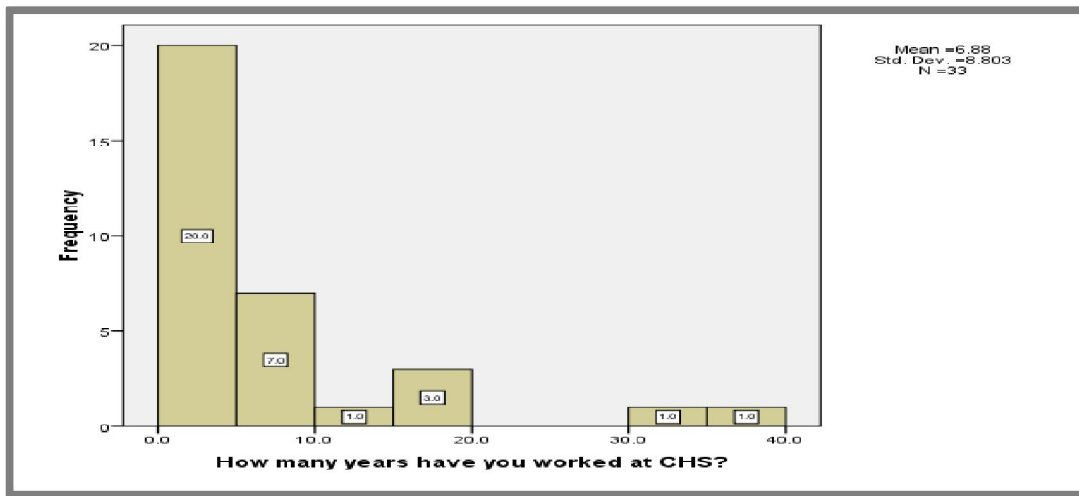


Figure 4.9 above shows that 20 (61%) of the respondents have worked for CHS for 5 years or less and the mean number of years worked for CHS for all respondents was 6.88. Almost all of the respondents had worked in the same facility for CHS.

Accommodation provided

Figure 0.10: Does the facility provide you with accommodation (n=33)?

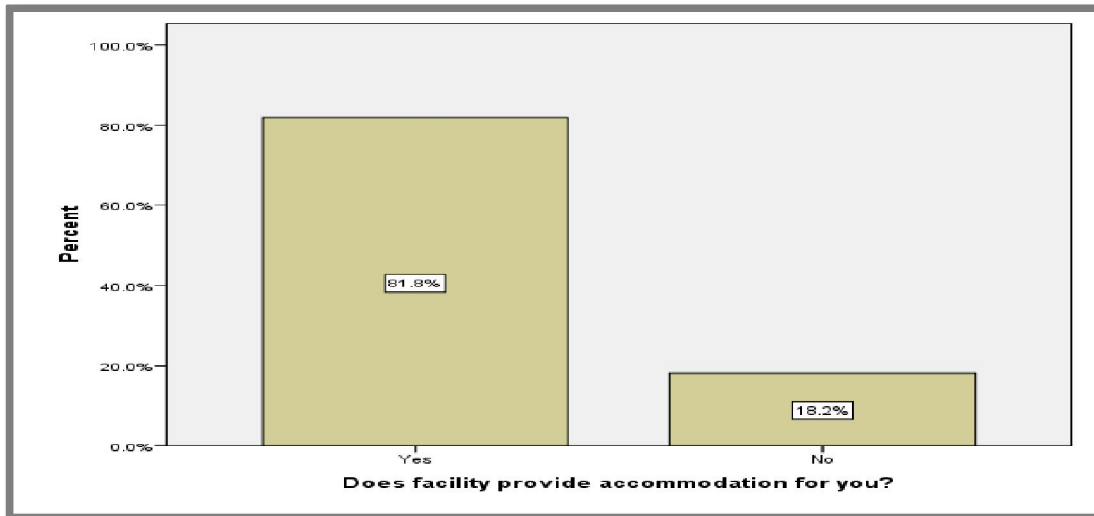


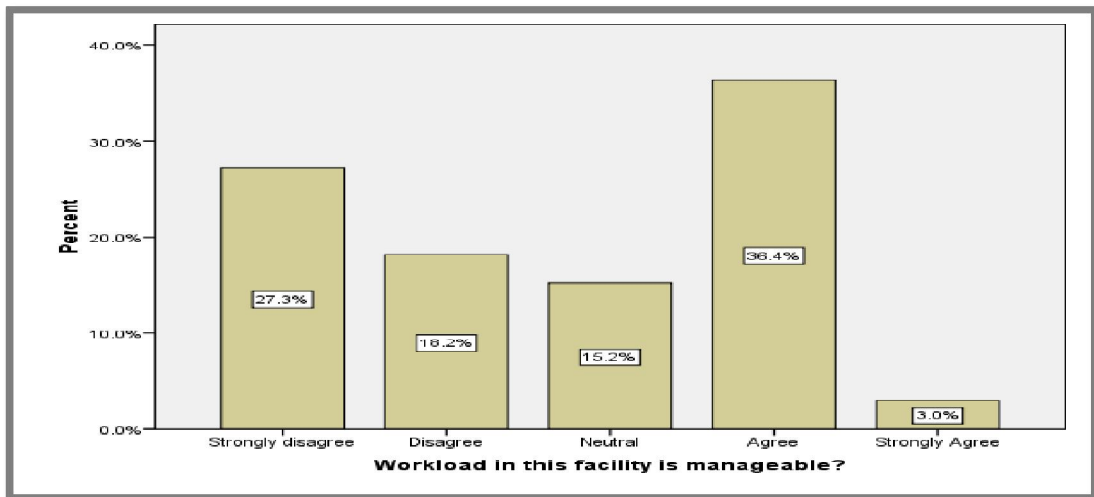
Figure 4.10 above shows that 82% of the respondents indicated they were provided with accommodation by the employer while 18% were not.

Working conditions

This section included questions assessing the perceptions of the respondents about workload, availability of supplies, medicines and equipment and job security.

Workload

Figure 0.11: The workload in this facility is manageable



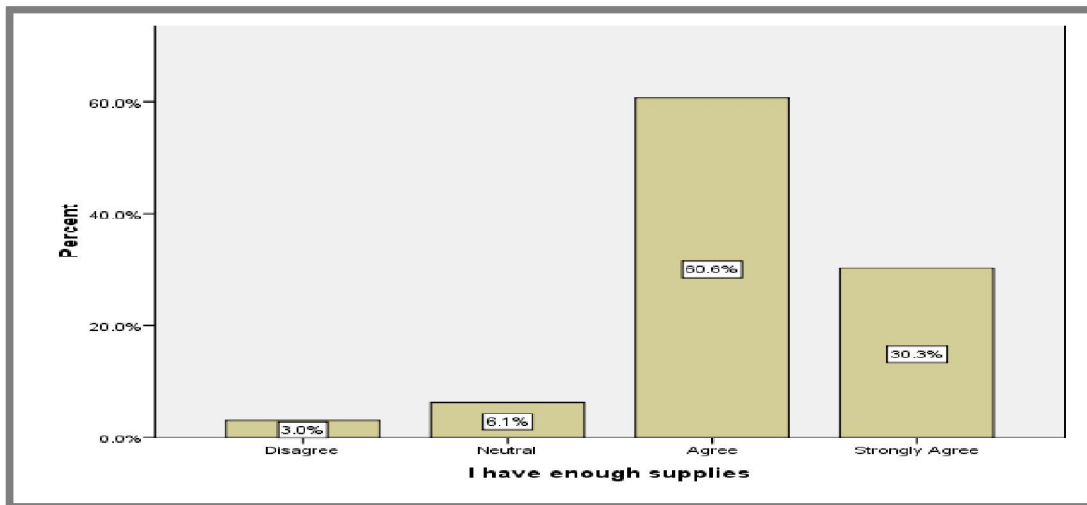
As shown in figure 4.11 above, 46% of the respondents disagreed (28% strongly disagreed and 18% disagreed), while 39% agreed (3% strongly agreed and 36% agreed) and 15% were neutral that the workload in their current facility was manageable. There was however variability by cadre with 57% of nurses either disagreeing or strongly disagreeing that the workload was manageable as shown in the table 4.1 below.

Table 0.1: Workload in this facility is manageable (n=33)?

		Workload in this facility is manageable?					Total
		Strongly disagree	Disagree	Neutral	Agree	Strongly Agree	
Cadre	Enrolled Nurse	3	1	0	2	1	7
	Registered Nurse	4	5	4	3	0	16
	Pharmacist Assistant	1	0	0	0	0	1
	Pharmacist	0	0	0	1	0	1
	Medical Officer	1	0	1	6	0	8
Total		9	6	5	12	1	33

Supplies

Figure 0.12: I have enough supplies (n=33)



Only 3% of the respondents disagreed, while 91% agreed (30% strongly agreed and 61% agreed) and 6% were neutral that they had enough supplies which enabled them to perform their duties (figure 4.12).

Equipment

Figure 0.13: I have adequate equipment (n=33)

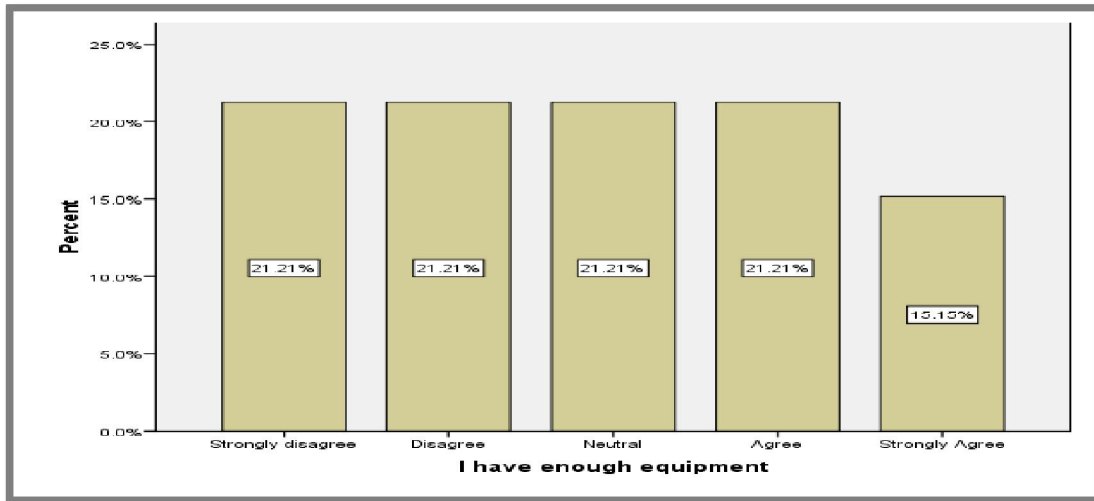


Figure 4.13 shows 42% of the respondents disagreed (21% strongly disagreed and 21% disagreed), while 37% agreed (15% strongly agreed and 22% agreed) and 21% were neutral that they had adequate equipment required for them to perform their duties.

Medicines

Figure 0.14: I have enough supply of medicines (n=33)

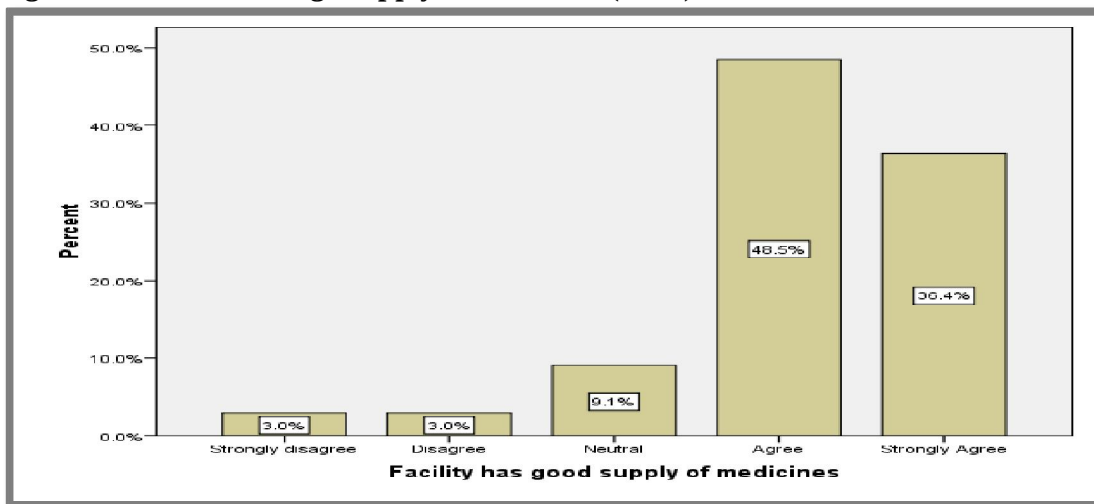


Figure 4.14 shows 6% of the respondents disagreed (3% strongly disagreed and 3% disagreed), while 85% agreed (36% strongly agreed and 49% agreed) that they good supply and availability of medicines in their facility.

Job security

Figure 0.15: I feel I have job security (n=33)

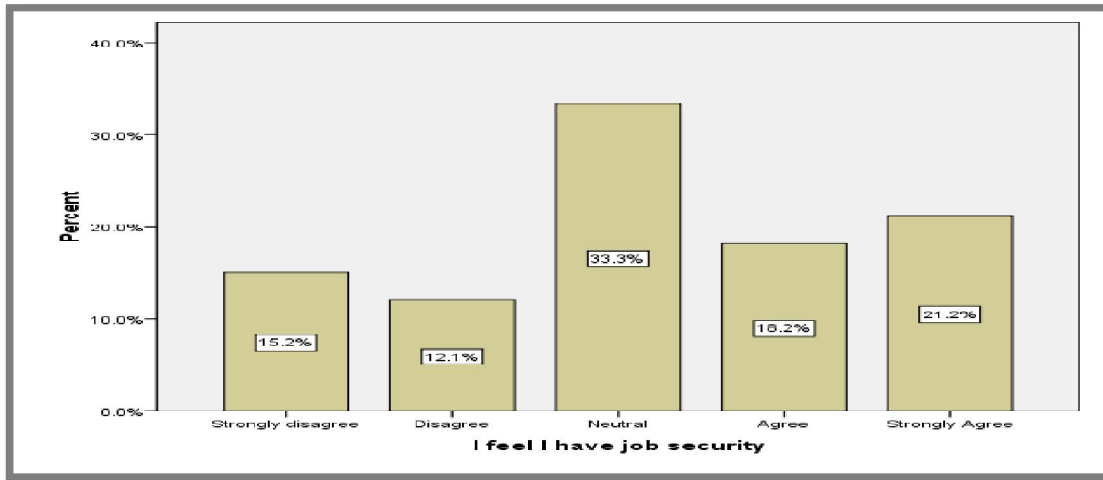


Figure 4.15 shows 27% of the respondents disagreed (15% strongly disagreed and 12% disagreed), while 40% agreed (22% strongly agreed and 18% agreed) and 33% remained neutral that felt they had job security.

Importance of working conditions

This section assessed the importance attached to various elements (equipment, medicine and supplies, and safety) contributing to a conducive working environment in making the respondents stay in their facility

Figure 0.16: Importance of working conditions in deciding to leave or stay (n=33)

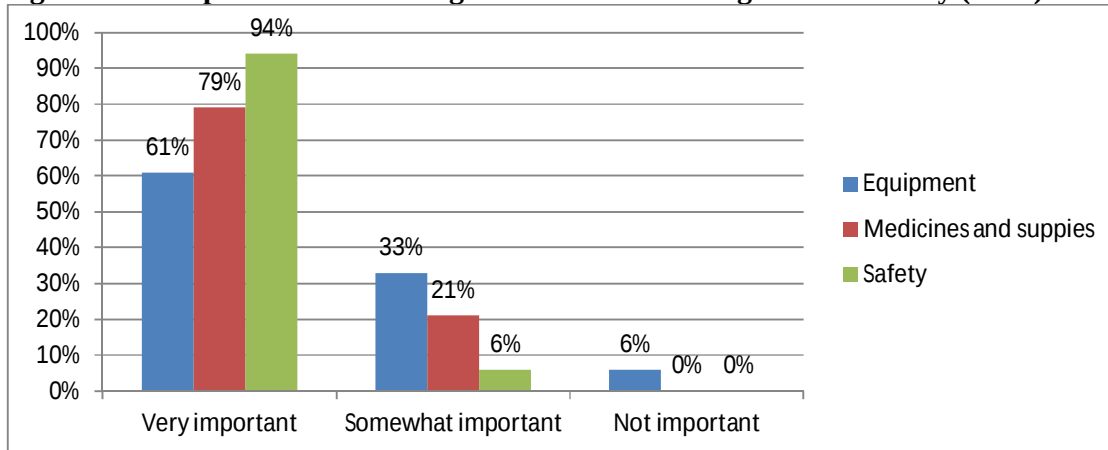


Figure 4.16 above shows the following:

- 61% of the respondents indicated that availability of equipment was very important, while for 33% it was somewhat important and for 6% it was not important, in making them stay in their current facility.
- 79% of the respondents indicated that availability of medicines and supplies was very important, while for 21% it was somewhat important in making a decision to stay in their current facility.

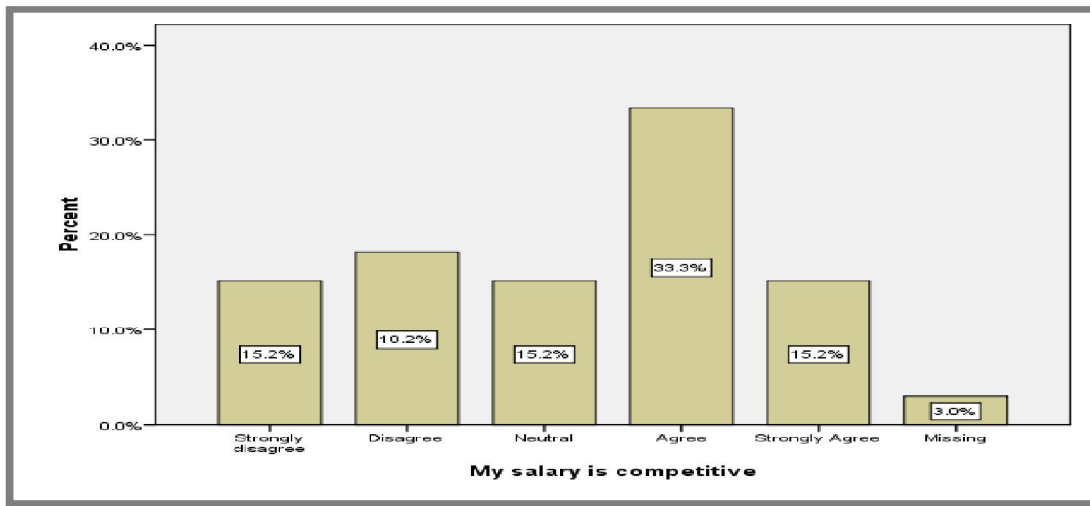
- 94% indicated that safety at work was very important, while for 6% it was somewhat important in making a decision to stay in their current facility.

Compensation

The questions in this section aimed at assessing the level of agreement of participants to the following compensation factors accorded by their current employer, CHS; salary is competitive, opportunities for getting extra income and that current benefits were reasonable.

Salary

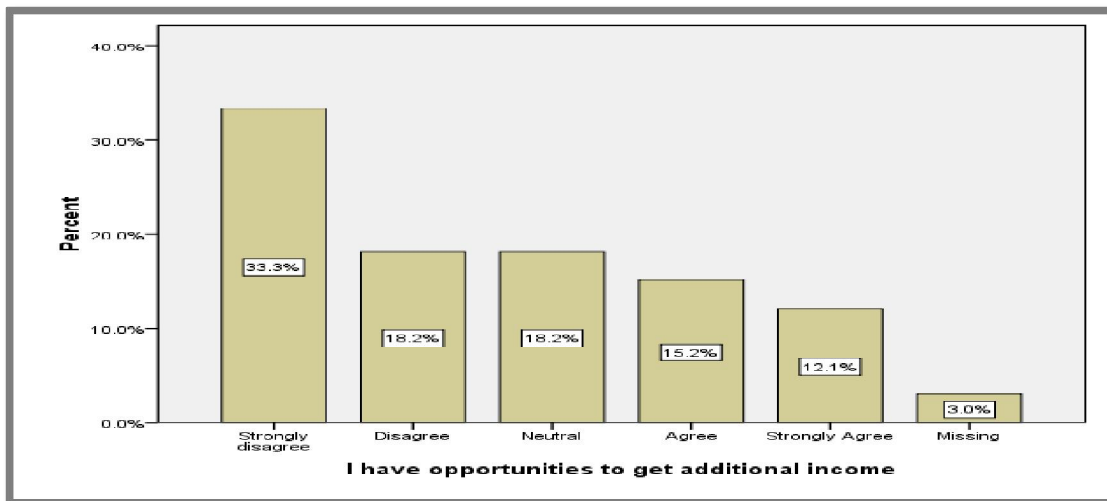
Figure 0.17: My salary is competitive or fair (n=32)



As shown in figure 4.17 above, 33% of the respondents disagreed (15% strongly disagreed and 18% disagreed), while 49% agreed (15% strongly agreed and 34% agreed) and 15% were neutral and 3% did not respond that their current salary was competitive or fair.

Opportunity for getting additional income

Figure 0.18: I have opportunities to get extra income (n=32)



With regards to whether there were opportunities to get extra income, 52% disagreed (34% strongly disagreed and 18% disagreed), while 27% agreed (12% strongly agreed and 15% agreed), 18% were neutral and 3% did not respond.

Benefits

Figure 0.19: I have reasonable benefits (n=32)

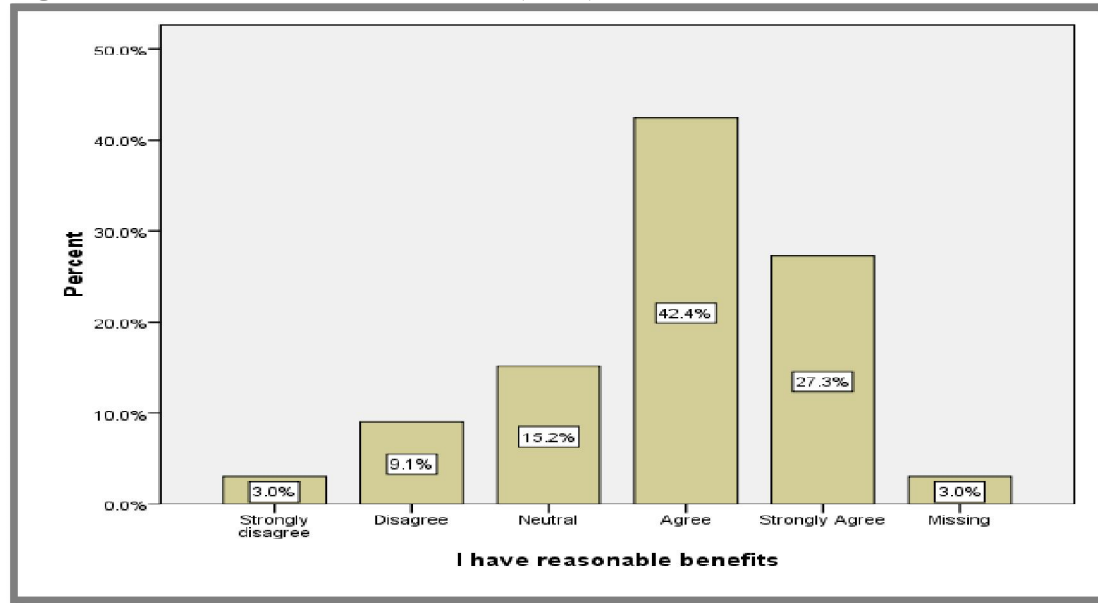


Figure 4.19 shows 12% of the respondents disagreed (3% strongly disagreed and 9% disagreed), while 70% agreed (27% strongly agreed and 43% agreed) and 15% were neutral and 3% did not respond that the benefits they were receiving from CHS were reasonable.

Importance of compensation factors

The questions in this section assessed the importance that respondents attached to the following compensation factors in making them stay in their current facility; salary, terminal benefits, housing allowance, a house, medical aid and transport allowance.

Importance of salary in deciding to stay or leave

Figure 0.20: Importance of salary (n=32)

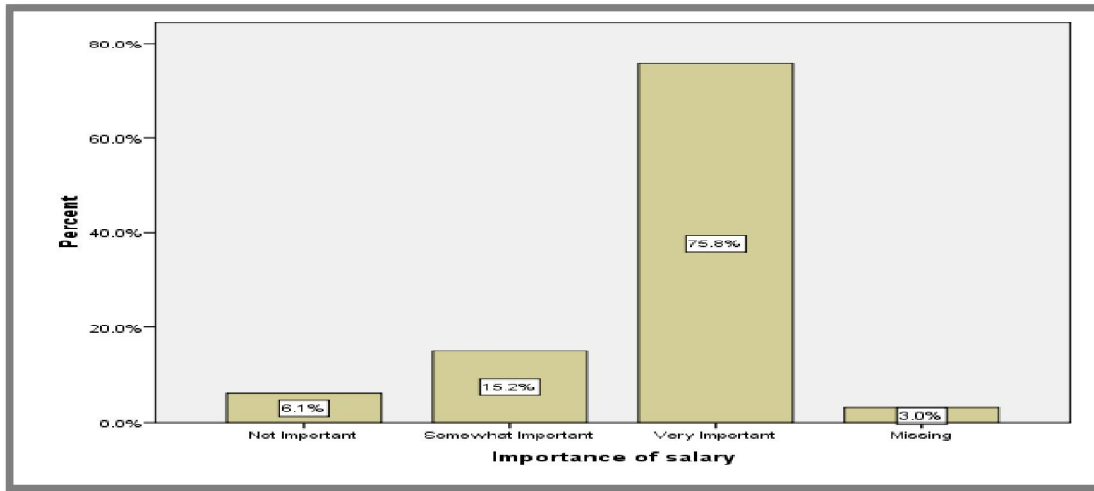
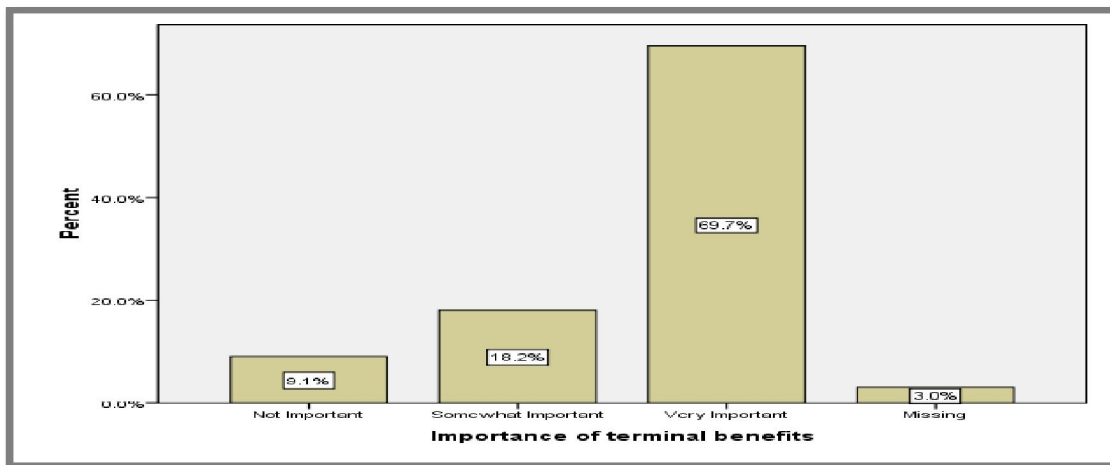


Figure 4.20 shows 76% of the respondents indicated that salary levels were very important, while for 15% it was somewhat important and for 6% it was not important in making them stay in their current facility. 3% of participants did not respond to this question.

Importance of terminal benefits in deciding to stay or leave

Figure 0.21: Importance of benefits (n=32)



Seventy percent of the respondents indicated that receiving terminal benefits was very important, while for 18% it was somewhat important and for 9% it was not important in making them stay in their current facility. 3% of participants did not respond to this question (figure 4.21).

Importance of housing allowance in deciding to stay or leave

Figure 0.22: Importance of housing allowance (n=32)

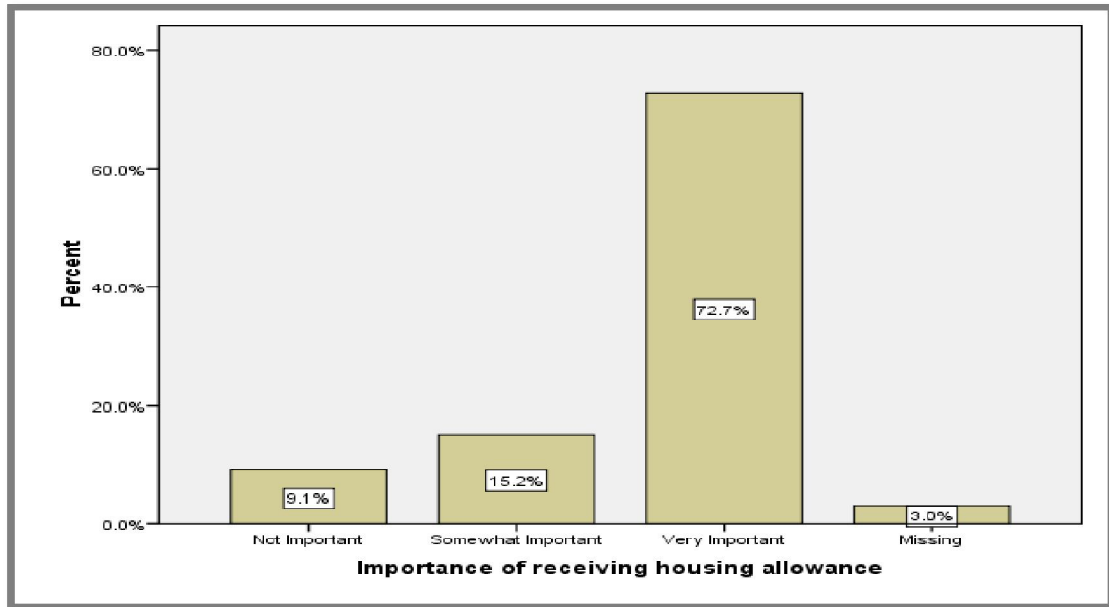
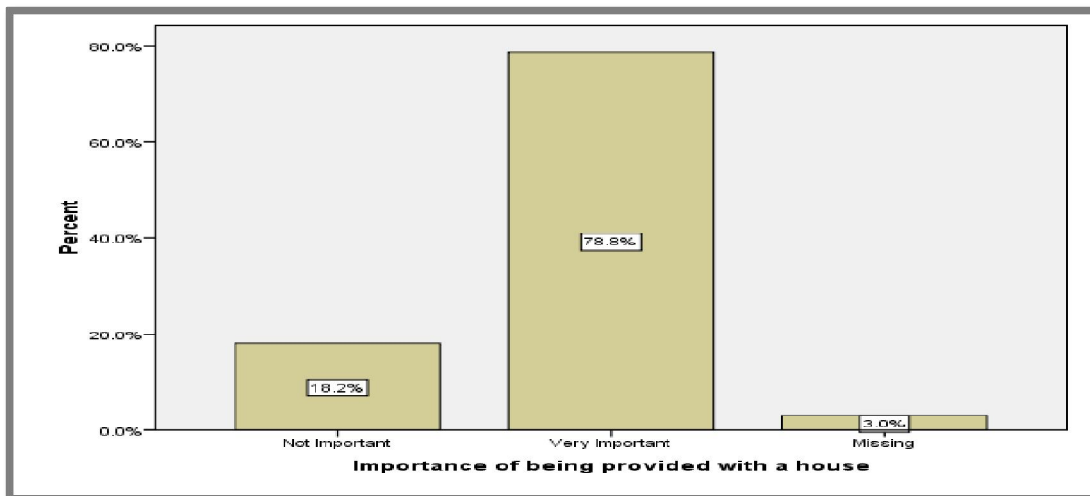


Figure 4.22 shows 73% of the respondents indicated that receiving a housing allowance was very important, while for 15% it was somewhat important and for 9% it was not important in making them stay in their current facility. 3% of participants did not respond to this question.

Importance of being provided with a house in deciding to stay or leave

Figure 0.23: Importance of being provided with a house (n=32)



As shown in figure 4.23 above, 79% of the respondents indicated that being provided with a house was a very important consideration, while for 18% it was not important in making them stay in their current facility. 3% of participants did not respond to this question.

Importance of medical aid or healthcare for the family

Figure 0.24: Importance of medical aid for family (n=32)

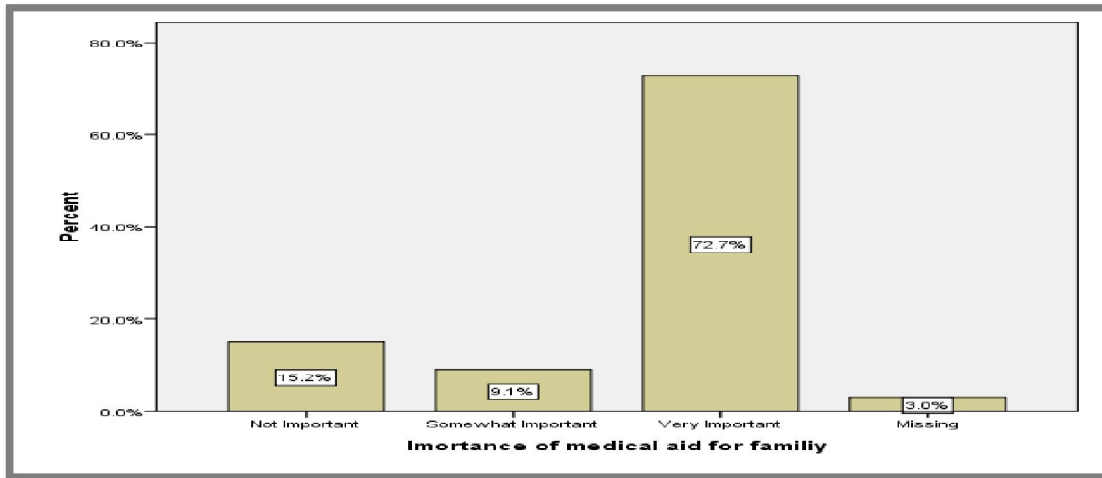


Figure 4.24 shows 73% of the respondents indicated that provision of medical aid and healthcare for the family was very important, while for 9% it was somewhat important and for 15% it was not important in making them stay in their current facility. 3% of participants did not respond to this question.

Importance of providing transport allowance

Figure 0.25: Importance of transport allowance (n=32)

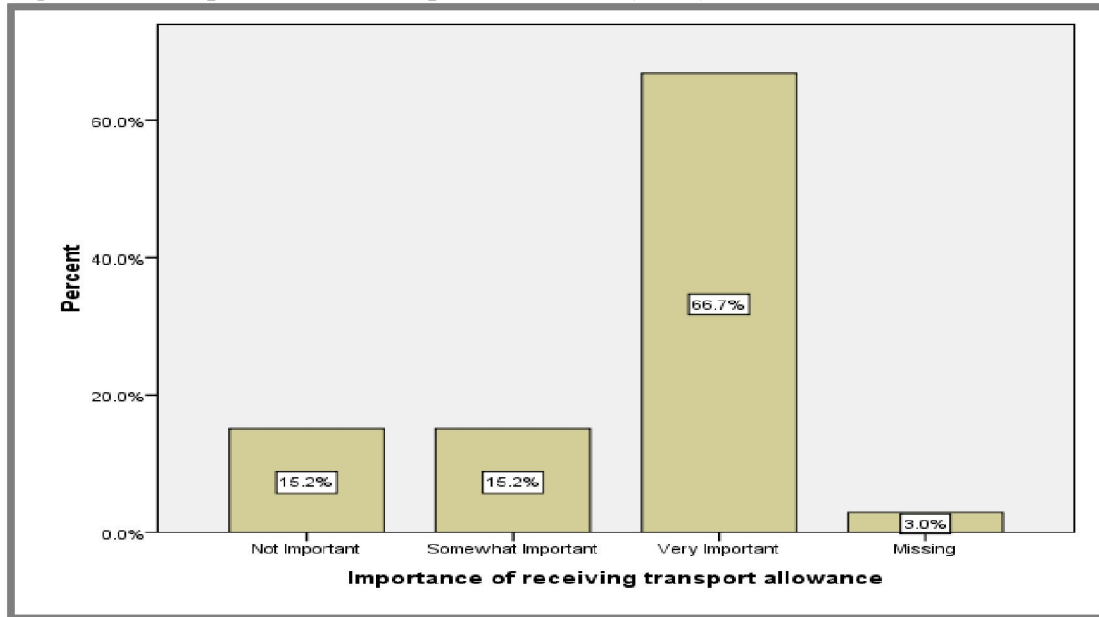


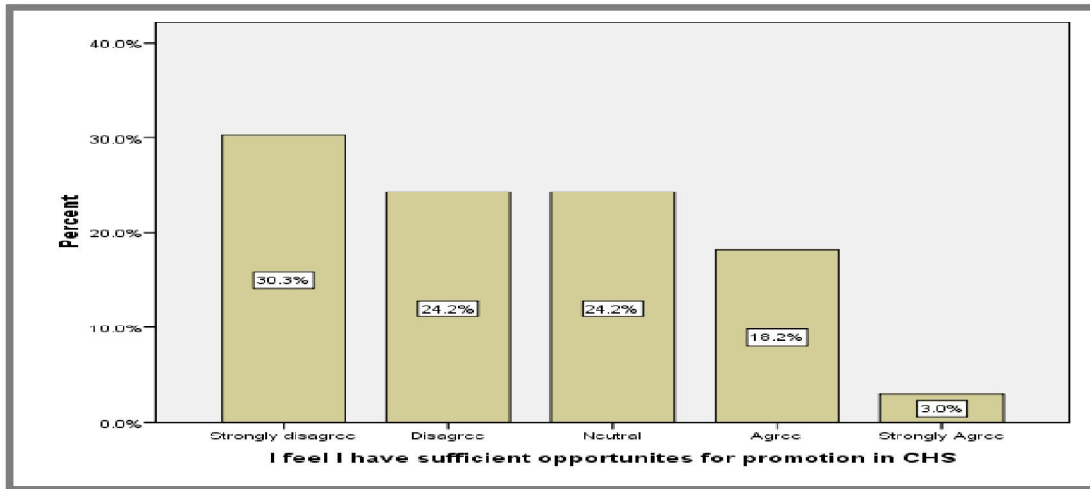
Figure 4.25 above shows 67% of the respondents indicated that receiving transport allowance was very important, while for 15% it was somewhat important and for another 15% it was not important in making them stay in their current facility. 3% of participants did not respond to this question.

Promotional and development opportunities

The questions aimed at assessing the perception of the respondents whether there were opportunities for promotion, in-service training and growth and development with their current employer.

4.3.6.1 Opportunities for promotion

Figure 0.26: I feel I have sufficient opportunities for promotion (n=33)



As shown in figure 4.26 above, 55% of the respondents disagreed (31% strongly disagreed and 24% disagreed), while 21% agreed (3% strongly agreed and 18% agreed) and 24% were neutral that they had sufficient opportunities for promotion in CHS.

In-service training in the past 12 months

Figure 0.27: I received in-service training in past 12 months (n=32)

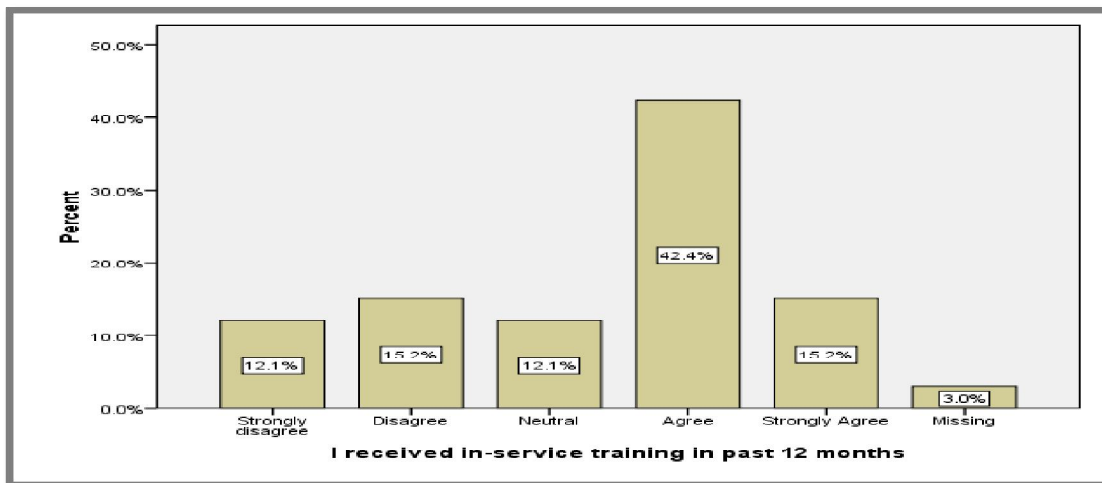


Figure 4.27 above, 27% of the respondents disagreed (12% strongly disagreed and 15% disagreed), while 58% agreed (15% strongly agreed and 43% agreed) and 12% were neutral and 3% did not respond that they had in-service training in the past 12 months.

Opportunities for growth and development

Figure 0.28: There are opportunities for growth and development (n=32)

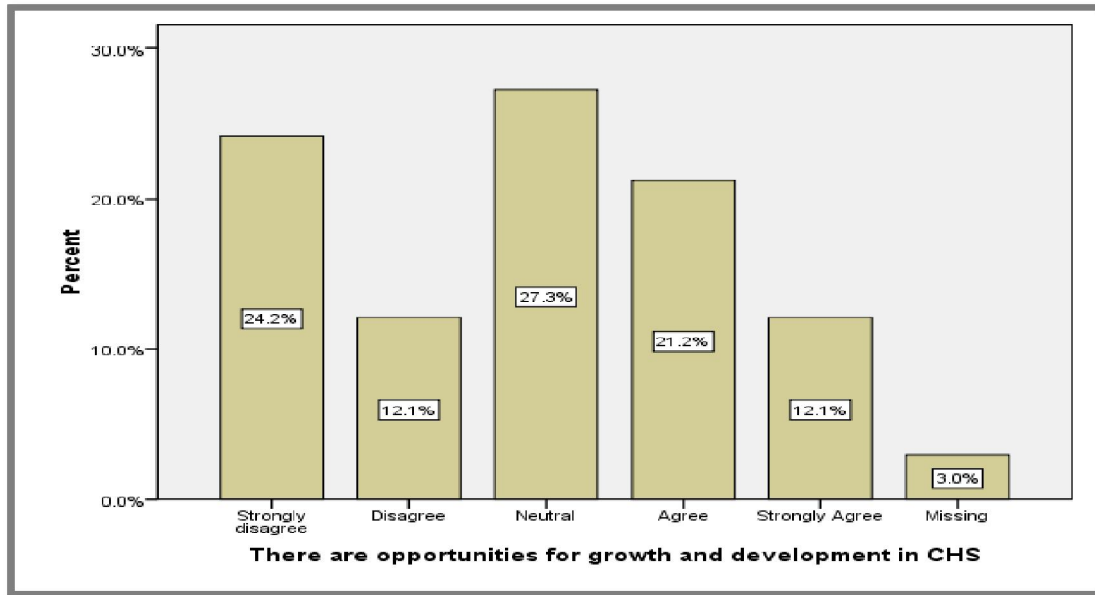


Figure 4.28 shows 36% of the respondents disagreed (24% strongly disagreed and 12% disagreed), while 33% agreed (12% strongly agreed and 21% agreed) and 27% were neutral and 3% did not respond that they had opportunities for growth and development in CHS.

Importance of promotional and developmental opportunities

These questions assessed the level of importance attached by the respondents to the following factors in making them stay in their current facility; in-service training and continuous professional development, opportunities for promotion and opportunities for post-graduate training.

Importance of in-service training

Figure 0.29: Importance of in-service training (n=33)

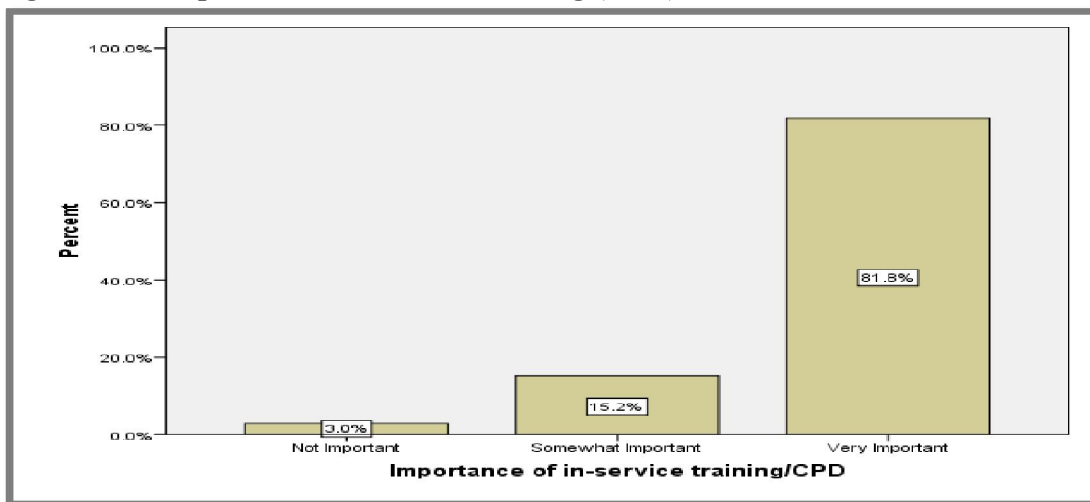
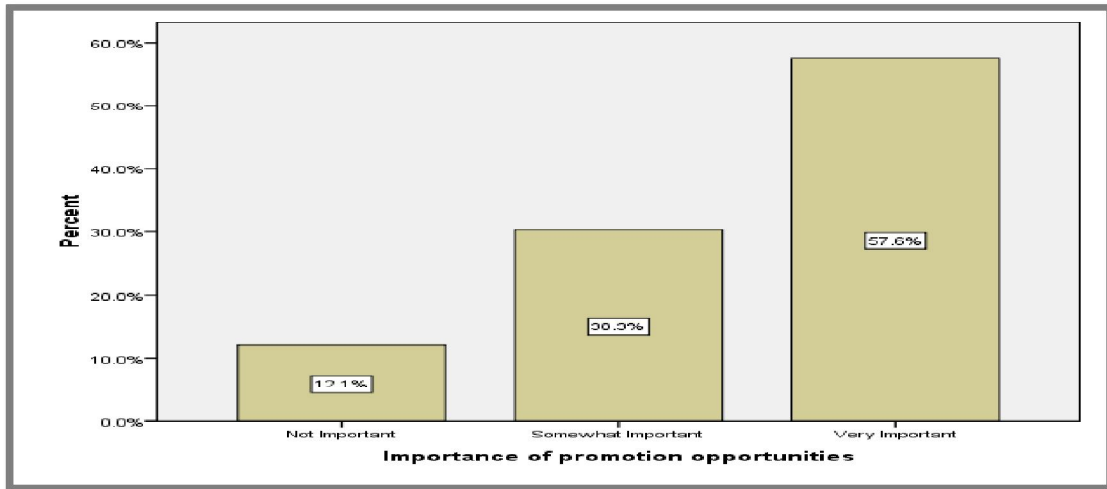


Figure 4.29 above shows, 82% of the respondents indicated that opportunities for in-service training were very important, while for 15% it was somewhat important and for 3% it was not important.

Importance of promotional opportunities

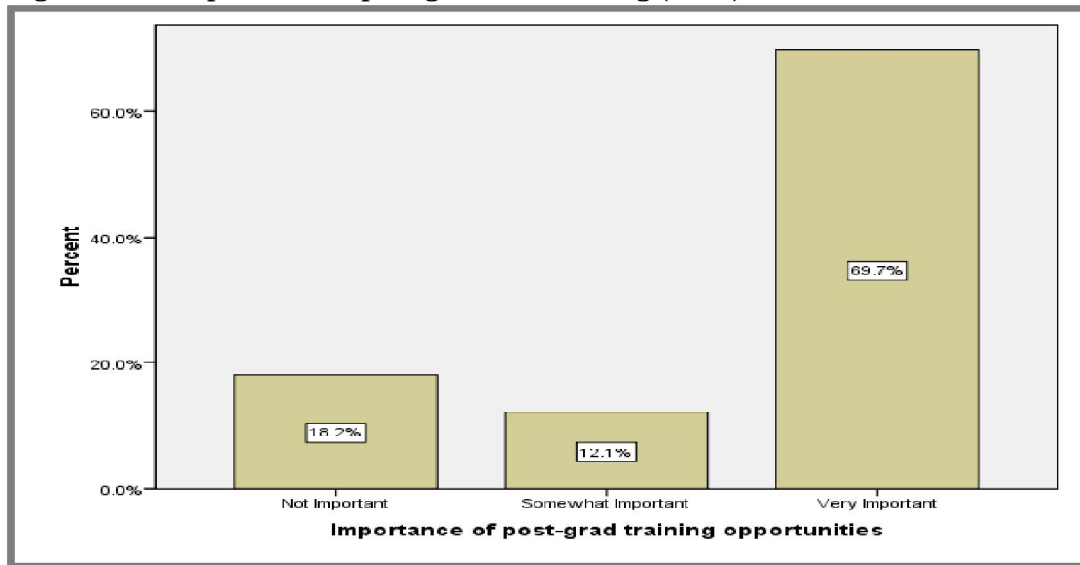
Figure 0.30: Importance of promotional opportunities (n=33)



As shown in figure 4.30 above, 58% of the respondents indicated that opportunities for promotion were very important, while for 30% it was somewhat important and for 12% it was not important.

Importance of opportunities for post-graduate training

Figure 0.31: Importance of post-graduate training (n=33)



The questions aimed at assessing the perception of respondents on the importance they attached to opportunities for post-graduate training in deciding to leave or stay in their current job. Seventy percent (70%) of the respondents indicated that opportunities for post-graduate training were very important, while for 12% it was somewhat important and for 18% it was not important in making them stay in their current facility (figure 4.31).

Importance of availability and access to amenities

The question aimed at assessing the perception of the respondents about the availability and access to the following amenities; schools for their children, shops, entertainment, internet connectivity and banks.

Access to schools for my children

Figure 0.32: I have access to good schools for my children (n=31)

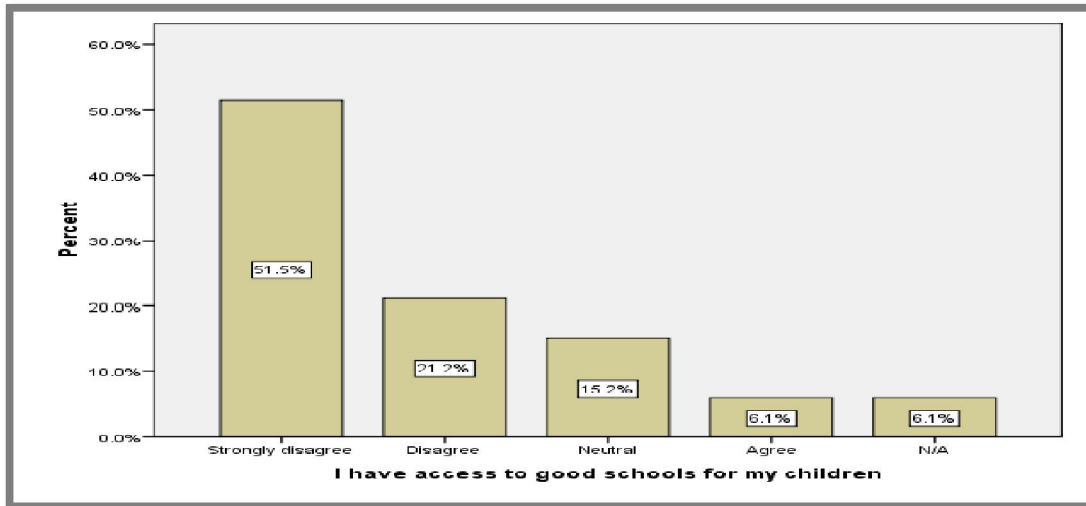


Figure 4.32 above shows 73% of the respondents disagreed (52% strongly disagreed and 21% disagreed), while 6% agreed and 15% were neutral that there was availability and access to good schools for their children. For 6% of the respondents this was not applicable as they did not have children of school going age.

Access to shops

Figure 0.33: I have access to shops (n=33)

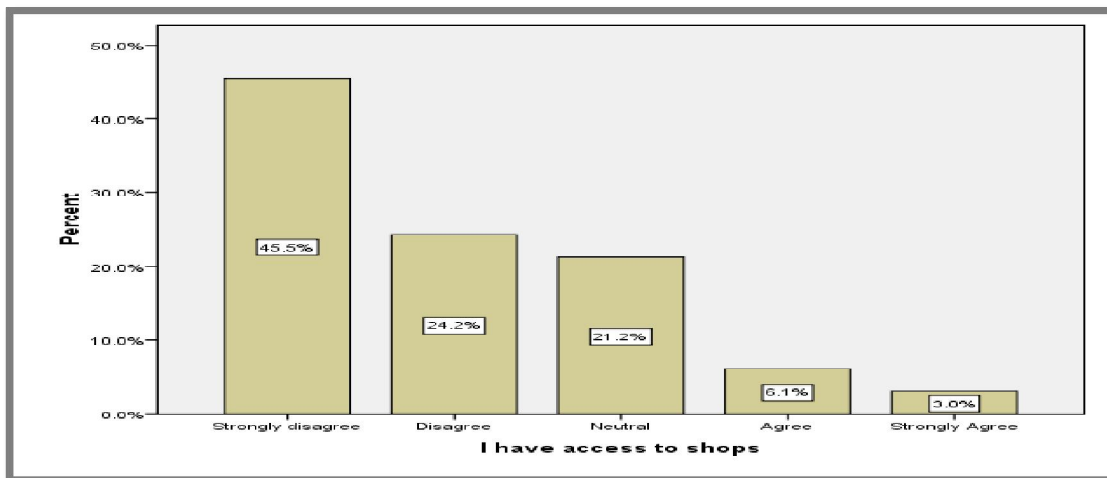
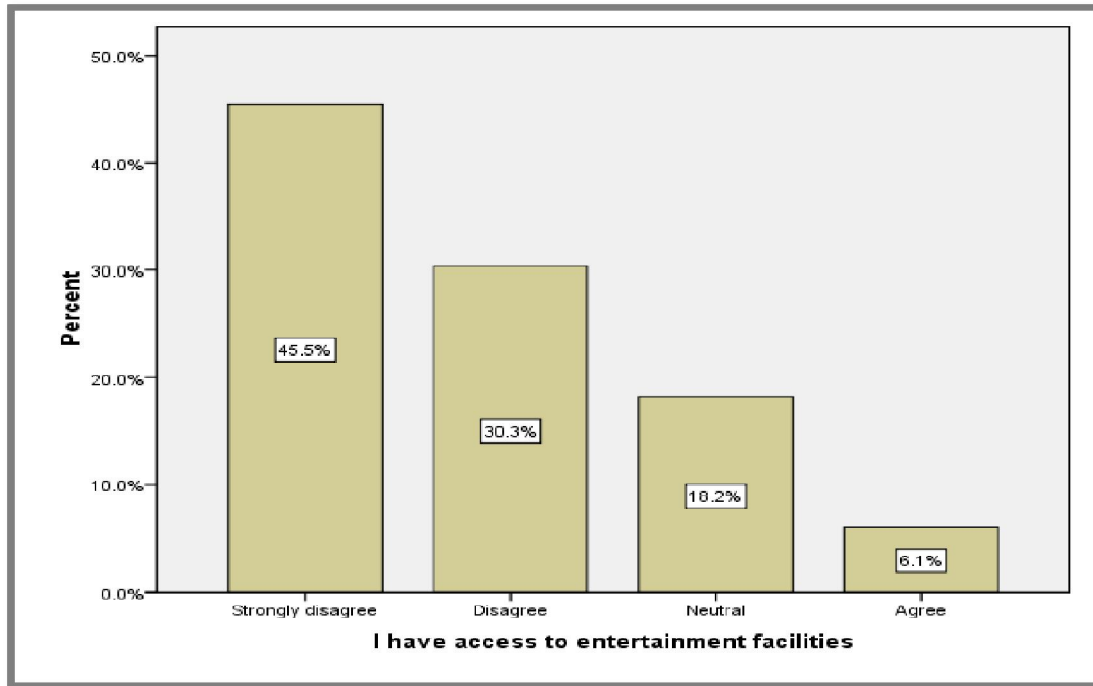


Figure 4.33 above shows 70% of the respondents disagreed (46% strongly disagreed and 24% disagreed), while 9% agreed (3% strongly agreed and 6% agreed) and 21% were neutral that there was availability and access to shops.

Access to entertainment

Figure 0.34: I have access to entertainment facilities (n=33)



The figure 4.34 above shows, 76% of the respondents disagreed (46% strongly disagreed and 30% disagreed), while 6% agreed and 18% were neutral that they had access to entertainment facilities.

Access to internet connectivity

Figure 0.35: I have access to internet connectivity (n=33)

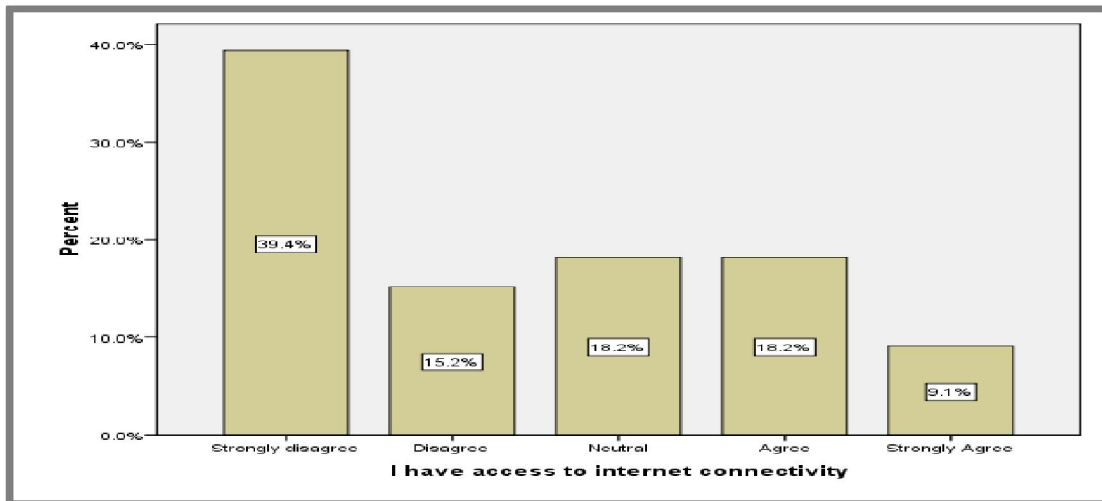
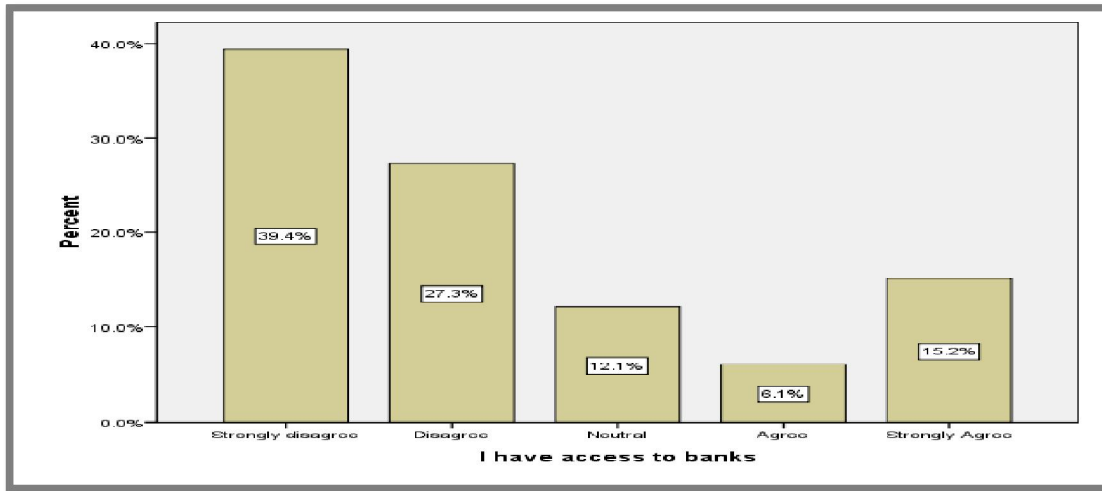


Figure 4.35 shows 55% of the respondents disagreed (40% strongly disagreed and 15% disagreed), while 27% agreed (9% strongly agreed and 18% agreed) and 18% were neutral that they had access to internet connectivity.

Access to banks

Figure 0.36: I have access to banks (n=33)

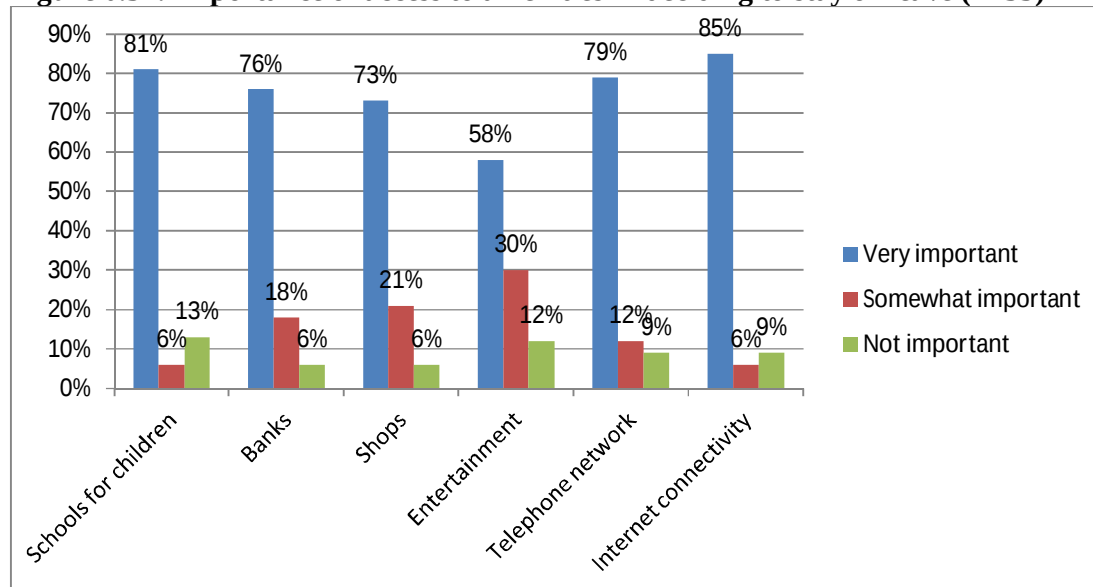


Sixty-seven percent (67%) of the respondents disagreed (40% strongly disagreed and 27% disagreed), while 21% agreed (15% strongly agreed and 6% agreed) and 12% were neutral that they had access to banks (figure 4.36).

Importance of availability and access to amenities

The question aimed at assessing the importance of availability and access to different amenities in retaining staff.

Figure 0.37: Importance of access to amenities in deciding to stay or leave (n=33)



As shown in figure 4.37 above, over 70% of respondents rated the following amenities very important; internet connectivity (85%), schools for children (81%), telephone network (79%), availability and access to banks (76%) and availability and access to shops (73%). 58% of the respondents rated entertainment very important while 30% rated it somewhat important and 12% not important. 21% rated shops somewhat important and 18% rated banks somewhat important.

Degree of factors in deciding to leave

This question aimed to assess to what extent these selected factors were important when one was making a decision to leave or stay in their current job or facility.

Table 0.2: Importance of selected factors in deciding to stay or leave

	Very important	Somewhat important	Not important
Salary and allowances	61%	24%	15%
Benefits	61%	21%	18%
High workload	55%	21%	24%
Supplies & equipment	49%	36%	15%
Opportunities for promotion	36%	39%	25%
Opportunities for in-service training	58%	30%	12%
Poor supervision and management	67%	21%	12%
Lack of accommodation	58%	15%	27%
Communication problems	70%	21%	9%
Poor access to shops	52%	42%	6%
No access to banks	55%	39%	6%
Poor educational facilities for my children	78%	9%	13%
Poor access to higher education	66%	22%	12%
No opportunities for getting extra income	61%	18%	21%
Inadequate entertainment facilities	33%	40%	27%

As shown in table 4.2 above, lack of accommodation, inadequate entertainment facilities, few opportunities for promotion and high workload appeared to be the least important among the respondents with 27%, 27%, 25% and 24% respectively. While the following factors appeared to be very important in making that decision; poor educational facilities for children (78%), poor communication problems (telephone and internet connectivity) (70%), poor supervision and management (67%), poor access to higher education for the staff (66%), lower salaries and allowances (61%), benefits (61%) and lack of opportunities for getting extra income (61%)

Additional questions about current workplace

These questions aimed at finding out more information about what the respondents perceived as the things they liked the most in their current job, the things they least like and their intentions about staying or leaving in the next few years. In addition, if they intend to leave, then to where and finally what things if changed would keep them longer in their current job?

Three things liked most about current work facility

The question aimed at assessing the three top most things that the respondents liked about working in their current facility.

Table 0.3: Things most liked in this facility

Good supply of medicines	14%
Faith Based Institution	13%
Teamwork	11%
Accommodation	10%
Peaceful	6%
Staff rotation	6%
Good work environment	6%
Friendly and supportive community	4%
Communication among staff	4%

Available equipment	4%
Treat family and friends	3%

As shown in table 4.3 above, good supply of medicines (14%), being a Faith Based Institution (13%), teamwork (11%) came as the top three most frequently mentioned. Provision of accommodation (10%), peaceful (6%), staff rotation (6%) and good working environment (6%) were also mentioned.

Three things not liked about current work facility

This was an open question which was aimed at assessing three top things that respondents did not like about working in their current facility.

Table 0.4: Things not liked in this facility

Shortage of nurses and work overload	16%
Poor supervision and management	12%
No availability and access to amenities (including schools for children)	11%
Salary & benefits issues	10%
Lack of accommodation	7%
Lack of training opportunities (in-service & postgraduate)	6%
Poor telephone/ internet connectivity	5%
Lack of opportunities to get extra income	4%
Lack of equipment	4%
Lack of teamwork	4%
Lack of promotional opportunities	3%

Table 4.4 above shows, lack of amenities (18%), and shortage of nurses (16%), poor supervision and management (12%) and were frequently alluded to. Salary and benefits (10%) and lack of accommodation (7%) were also mentioned.

Which statement is true for you?

This question aimed at assessing the respondents' intentions with regards to whether they intended to stay in the facility or leave as soon as possible, within a year, two years or five years.

Figure 0.38: Intention to stay or leave (n=32)

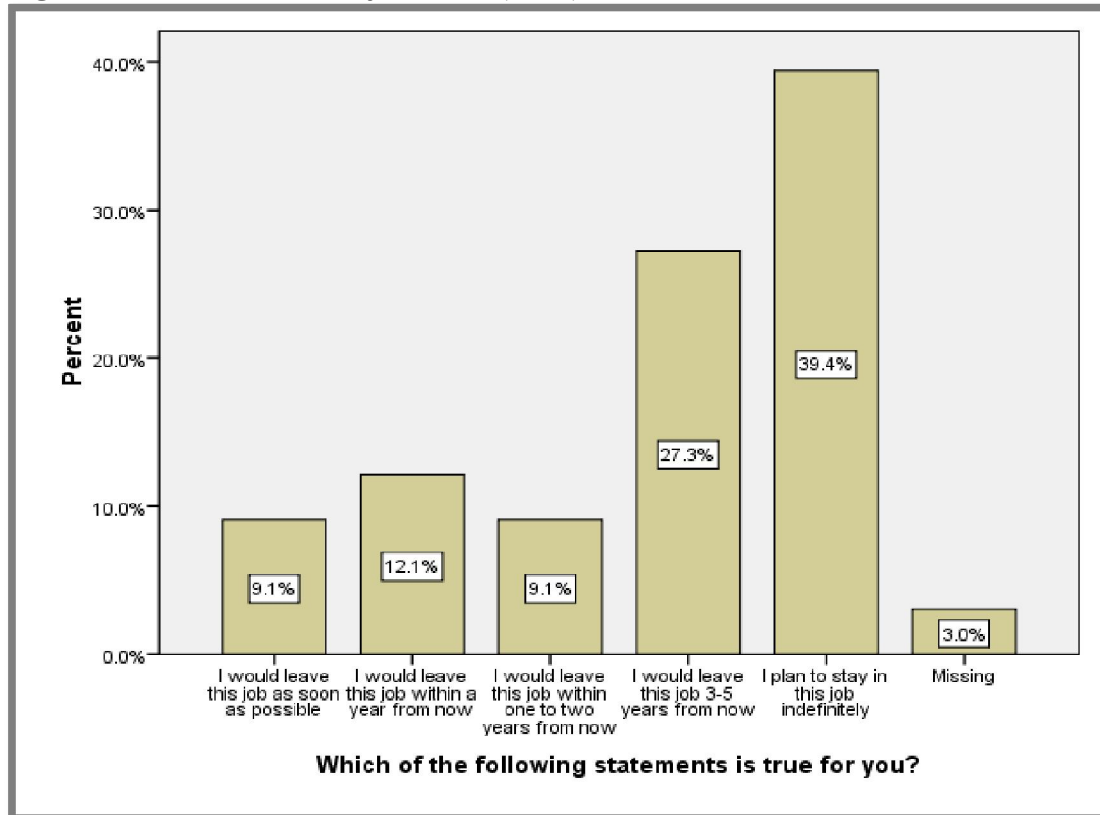


Figure 4.38 shows, 39% of the respondents were intending to stay in their current job indefinitely, while 27% would leave three to five years, 12% within a year, 9% within one to two years and 9% would leave as soon as possible. 3% or one participant did not respond to this question.

If you want to leave this job, which statement best applies to you?

This question aimed to assess whether the respondent would move to another CHS facility, employer, profession or country.

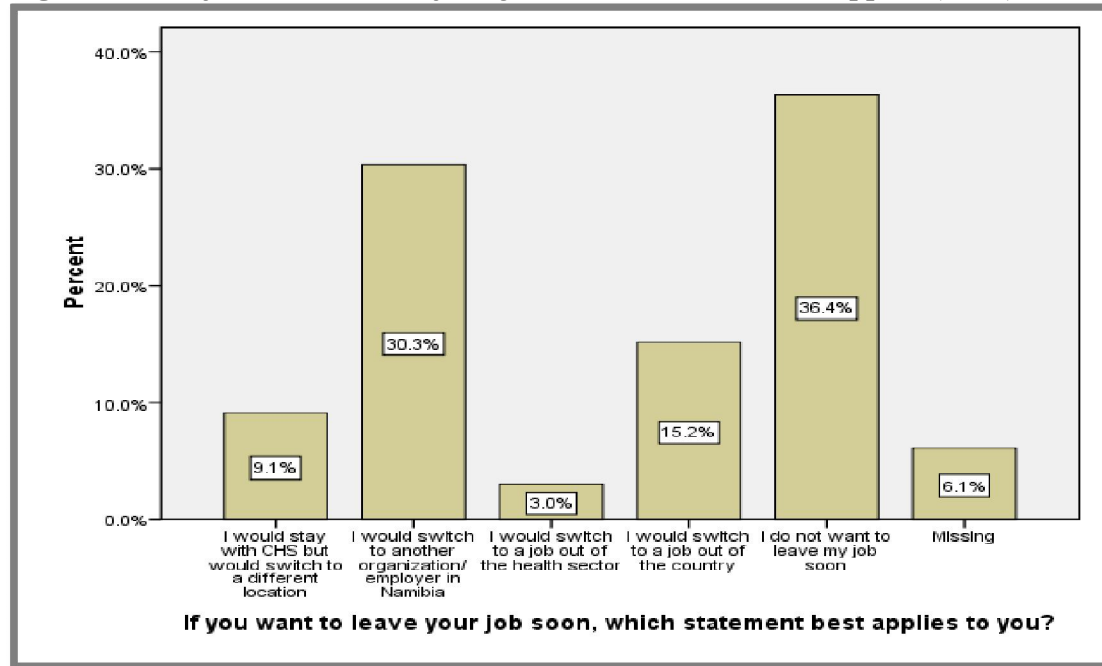
Figure 0.39: If you want to leave your job, which statement best applies (n=31)?

Figure 4.39 above shows that most of the respondents did not intend to leave their jobs soon (36%), while 30% would switch to another employer in Namibia, 15% would switch to a job out of the country, 9% would switch to a different facility but remain with CHS, 6% would switch to a job outside the health sector and 6% did not respond to the question.

What three things would you like change for you to stay longer in this facility?

This question aimed to give the respondent an opportunity to mention the top three things that would make them stay longer in their current facility.

Table 0.5: What three things would you change to keep you longer in this facility?

Good supervision and management	20%
Provide more accommodation	14%
Other	13%
Increase staff establishment	12%
Improved salary and benefits	12%
Opportunities for in-service training & further studies	8%
Improve amenities	5%
Good school for my children	5%
Avail equipment	5%
Rural allowances	4%
Opportunities for extra income	2%
Pay overtime separately	2%

Common themes were derived from the various responses and categorized as indicated in the table 4.5 above. While there were themes which clearly stood out (more than 50%), improved supervision and management (20%), provision of more accommodation (14%), improved

staff establishment and subsequently reduce workload (12%) and improved salaries and benefits to equate them to the government (12%) appeared more frequently than the others.

Discussion of the findings

The study aimed to investigate the factors associated with high turnover of clinical staff at CHS facilities of Andara and Nyangana in the Kavango region of Namibia. The following were the specific objectives for the study:

- To ascertain if the level of compensation, including incentives and benefits, contribute to the high turnover of clinical staff at Catholic Health Services facilities in Kavango region;
- To ascertain if the lack of amenities (such as banks and schools) contribute to high turnover of clinical staff at Catholic Health Services facilities in Kavango region;
- To ascertain if working conditions, including lack of promotional and growth opportunities, contribute to the high turnover of clinical staff at Catholic Health Services facilities in Kavango region;
- To determine what would retain the clinical staff in the Catholic Health Services facilities in Kavango region.

Have the research objectives been met?

The following research questions aimed to meet the objectives above:

- Is the level of compensation, including incentives and benefits, an issue in turnover of clinical staff at Catholic Health Services facilities in Kavango?
- Does the lack of amenities contribute to the high turnover of clinical staff at Catholic Health Services facilities in Kavango region?
- Are working conditions, including the lack of promotional and growth opportunities, contributing to the high turnover of clinical staff at Catholic Health Services facilities in Kavango region?
- What would make clinical staff to remain in the Catholic Health Services facilities in Kavango region?

Research question one: is the level of compensation, including incentives and benefits, an issue in turnover of clinical staff at Catholic Health Services facilities in Kavango?

Questions 18 to 26; 44 to 45; 51 and 57 aimed at answering this research question. The questions 18 to 20 aimed at establishing the perception of respondents whether they considered their current salary level fair and competitive; whether they have opportunities for making extra income; and whether the benefits (such as pension, housing and transport allowances and medical aid) they are receiving from current employer are reasonable. Question 21 to 26 aimed at establishing the importance attached by the respondents to these compensation factors (salary, terminal benefits, housing allowance, being provided with a house, medical aid and transport allowance) in deciding whether to stay in their current facility or not.

This study found that the majority of the respondents felt their salary was competitive (49%); they did not get opportunities for making extra income (52%) and that the benefits they were receiving from CHS were reasonable (70%).

With regards to the importance, most respondents inferred that all the compensation factors were very important in making a decision to leave or stay in their current job. These were as follows and ranked from the highest percentage to the lowest; being provided with a house (79%), salary (76%), receiving a housing allowance (73%), provision of medical aid or healthcare for family (73%), terminal benefits (70%), and transport allowance (67%).

Questions 44, 45, 51 and 57 were aimed at establishing if the perceptions about the compensation factors mentioned above were consistent. Most of the respondents in this study

ranked salary and allowances (61%), benefits (61%) and opportunities for getting extra income (61%). While in some cases the percentages were lower than in previous questions for similar questions, it is clear respondents attached high level of importance to these factors in deciding to stay or leave their current job.

Therefore, this study found that compensation factors which include provision of a house or accommodation, salary, benefits (medical aid) and allowances (housing, transport, terminal), and opportunities for getting extra income are very important considerations when one is making a decision whether to stay or leave their current job.

Lipinge et al (2006: 6) in a study assessing perception of health workers about conditions of service in the public sector, including in rural and remote areas, found that compensation factors, salaries and allowances in particular, were a key consideration when health workers decided to stay or leave. Better salaries in the private sector especially for doctors, where it could be as high as three times more, were a major pull factor especially for medical officers or doctors. A discrete choice experiment in Malawi demonstrated that salary level and allowances were critical factors in retaining nurses in the public sector and rural areas (Mangham & Hanson, 2008: 1438). While in South Africa, financial incentives for doctors in rural areas was to a certain extent effective in retaining them and changing career plans for 28-35% of them in the following year (Kotzee & Couper, 2006: 10). A rural health workers retention scheme which included financial incentives was able within two years of implementation, to attract and retain more than 50 doctors in rural Zambia (Koot and Martineau, 2005: 26).

For compensation or financial incentives to be effective, they must offset the opportunity costs of not working in urban areas. Establishing such a threshold is the challenge but once done, enables other non-financial incentives to be attractive enough and therefore considered by the clinical staff (Rockers et al., 2012: 10).

Although a few clinical staff mentioned the need to consider experience when deciding the salary levels and expressed the need to engage in more overtime work which would increase their income and introduce other allowances such as rural allowances, compensation did not appear to be a major issue with regards to the high turnover of clinical staff in these two CHS facilities of Andara and Nyangana.

Research question two: does the lack of amenities contribute to the high turnover of clinical staff at Catholic Health Services facilities in Kavango region?

Questions 33 to 43; 52 to 55 and 58 aimed at answering this research question by establishing whether availability and access to amenities such as schools for children, banks, shops, and telephone network and internet connectivity are important considerations for the clinical staff in Andara and Nyangana in making a decision to stay or leave their current job.

Most of the respondents disagreed that they had access and availability of the following amenities; good schools for their children (73%), shops (70%), entertainment facilities (76%), internet connectivity (55%) and banks (67%).

Question 38 to 43 assessed the importance that respondents attached to the various amenities in making a decision to leave or stay in current job. The study found that most of the respondents considered all the amenities assessed very important in making that decision, that is, internet connectivity (85%), and good schools for children (81%), telephone network (79%), availability and access to banks (76%), availability and access to shops (73%) and entertainment (58%).

Questions 52 to 55 and 58 aimed at validating the responses to previous questions on the importance attached to amenities. Most of the respondents still rated the following amenities very important; communication related (telephone and internet connectivity) (70%), access to

shops (52%) and access to banks (55%). However, only 33% rated entertainment very important with the majority (44%) rating entertainment somewhat important.

Therefore, while all the amenities were considered important, less importance was attached to amenities such as entertainment, shops and banks while availability and access to good schools for children, telephone and internet connectivity were considered more important.

According to WHO (2010: 30), while there have not been sufficient studies to demonstrate the impact of provision of amenities which improve living conditions for health workers working in rural and remote areas, there is ample evidence which supports that improving these living conditions improves retention of health workers in rural areas. The improved living conditions would include accommodation, roads, electricity, running water, internet access, and schools for children and employment opportunities for spouses (Lori et al., 2012: 4; Namibia, 2010: 11). In developing countries there is often a bias for better amenities in urban versus rural and remote areas, where the political and economic factors tend to support the provision of more services and investments in urban areas, compared to rural areas. This increases the disparities in health worker distribution, access, and health outcomes between the urban and rural (Henderson et al., 2008).

The study shows that lack of availability and access to amenities such as schooling for children, telephone and internet connectivity could be contributing to high turnover of clinical staff in Andara and Nyangana together with other factors.

Research question three: Are working conditions, including the lack of promotional and growth opportunities, contributing to the high turnover of clinical staff at Catholic Health Services facilities in Kavango region?

Questions 10 to 17; 27 to 32; 46 to 50 and 56 were answering this research question by establishing whether working conditions including opportunities for promotion and growth are considered when clinical staffs in Andara and Nyangana are making a decision to leave or stay. The study found that most respondents agreed they had enough supplies (91%) and medicines (85%) to perform their duties. However, most disagreed that they had adequate equipment (42%) and the workload was manageable (46%), with 57% of the nurses either disagreeing or strongly disagreeing that the workload was manageable.

Questions 15 to 17 aimed at assessing the importance attached to availability of equipment, medicines and supplies and safety at work in determining whether to stay or leave the current job. The study found that most respondents indicated these to be very important in making such considerations as follows; safety at work (94%), medicines and supplies (79%) and equipment (61%).

Questions 27 to 29 aimed at assessing the existence of opportunities for promotion, in-service training and continuous professional development and growth and development in the CHS facilities of Andara and Nyangana. Most of the study participants disagreed they were enough opportunities for promotion (55%) and growth and development (36%) while 58% agreed they had in-service training in the 12 months prior to the study, an indication of in-service training opportunities.

Questions 30 to 32 aimed at assessing the importance attached to in-service training and continuous professional development, promotion and opportunities for post-graduate training in making a decision to stay or leave current job by clinical staff in Andara and Nyangana. In this study, most respondents rated the following very important; opportunities for in-service training (82%), opportunities for post-graduate training (70%) and opportunities for promotion (58%).

Questions 46 to 50 and 56 aimed at further validating the importance attached to various work conditions and promotion and development in making a decision to stay or leave

current job. The following were rated very important in this study and in the order from highest to lowest; supervision and management (67%), access to higher education for staff (66%), opportunities for in-service training (58%), workload (55%) and supplies and equipment (49%). While only 36% of respondents rated opportunities for promotion as very important, 39% rated it as somewhat important.

There is supportive evidence from satisfaction surveys demonstrating that health workers are generally not willing to work in facilities with poor work environments which cannot provide basics such as medicines, supplies, protective wears such as gloves, basic equipment. Such environments compromise the ability of the staff from practicing what they were trained and are forced to improvise at each step of managing patients (Henderson et al., 2008: 10; Kotzee et al., 2010: 12). As a result the provision of appropriate equipment, medicines and supplies and ensuring adequate staffing levels to reduce workload has been shown to contribute to higher retention of health workers especially in remote areas (Lori et al., 2012: 6; Rourke, 2010: 2; Namibia, 2013: 12).

Similarly, professional and career development and opportunities, ongoing in-service training, management style including supportive supervision, were important factors influencing retention of health workers in rural and remote areas (WHO, 2010: 31; Grobler et al., 2009).

Ensuring access to continuing education and professional development is absolutely critical in maintaining competence and improving health worker performance, particularly in rural areas where health workers often feel isolated professionally (WHO, 2010: 22). Additionally, strong supportive supervision, management and mentoring improves health worker performance, job satisfaction and reduce turnover of staff (Henderson et al., 2008: 10; Lori et al., 2012: 6; Rourke, 2010: 2).

The study demonstrated that poor supervision and management, high workload due to shortage of staff, particularly nurses, lack of opportunities for promotion, growth and development could be contributing to high turnover of clinical staff in Andara and Nyangana.

Research question four: What would make clinical staff to remain in the Catholic Health Services facilities in Kavango region?

Questions 59 to 63 aimed to answer this research question by first establishing what attracted the clinical staffs to the CHS facilities of Andara and Nyangana through finding out what things they like about working in these facilities (59). Question 60 was aimed at understanding what things the clinical staffs do not like about these facilities. Responses to this question would then help understand the push factors from these two CHS facilities currently. Question 61 aimed at getting a sense of the intentions of the staff with respect to staying or leaving the facility. Question 62 aimed at assessing where they intend to leave to, for those staffs intending to leave. Question 63 aimed at further understanding what would make the clinical staff to stay longer in their current job.

The study found that having a good supply of medicines (14%), being a Faith Based Institution (13%) and teamwork (11%) came as the top three most frequently mentioned the things staff liked about working in their current jobs were. Provision of accommodation (10%), peaceful environment (6%), staff rotation (6%) and good working environment (6%) were also mentioned.

The top three things staff did not like about working in these facilities were lack of amenities (including good schools for children) (18%), shortage of nurses leading to work overload (16%) and poor supervision and management (12%). Salary and benefits different from government (10%) and lack of accommodation (7%) were also mentioned.

Question 61 aimed at assessing the respondents' intentions with regards to whether they intended to stay in the facility or leave as soon as possible, within a year, two years or five years. Most (39%) of the respondents were intending to stay in their current job indefinitely, while 27% would leave three to five years from the time of the interview, 12% within a year, 9% within one to two years and 9% would leave as soon as possible.

While most (36%) respondents did not intend to leave their jobs soon, for those respondents who intended to leave, about 35% would switch to another employer within Namibia, while 10% would consider switching to a different CHS facility.

Question 61 aimed at establishing from the respondents' perception, what things, if changed, would help them stay longer in their current job. The study found that while there were no themes that clearly stood out, improved supervision and management (20%), provision of more accommodation (14%), improved staff establishment and subsequently reduce workload (12%) and improved salaries and benefits to equate them to the government (12%) appeared more frequently than the others.

These points raised by the respondents further amplify the fact that there other bigger contributing factors to staff turnover in Andara and Nyangana than just compensation or salaries.

CONCLUSIONS AND RECOMMENDATIONS

Findings from the study

The findings from the literature review and the study will be discussed separately (5.2.1 and 5.2.2).

Findings from the literature review

A review of existing relevant literature was conducted to establish the factors contributing to high turnover and poor retention of health workers in rural and remote areas. A detailed review of literature was presented in chapter two. A succinct and summarised version is presented here in line with the research questions and the conceptual framework, incentives for retaining and motivating health workers in Pacific and Asian countries (Henderson et al., 2008: 5). The framework places a number of factors as the basis for health worker's decision to stay in or leave a rural and remote area. These factors include compensation, working and living conditions, amenities, career related or promotion and development and other factors.

Compensation factors

The literature reviewed suggests that compensation factors such as salaries and financial benefits are fundamental in influencing health worker's decision to stay in or leave a rural and remote health facility (Henderson et al., 2008: 6; WHO, 2010: 28). Compensation factors are however only important to a certain threshold after which other factors become more important. This threshold is related to the opportunity costs of not working in an urban health facility where one can access additional income through overtime, locums and limited private practice (Rockers et al., 2012: 10; Blaauw et al., 2010: 353).

Amenities

Rural and remote areas are often associated with poor availability and access to basic amenities such as water, electricity, telecommunications, roads, schools and banks. Amenities such as telephone and internet connectivity are essential for staff development particularly clinical workers who often rely on the internet to keep up to date with the latest advances in management of various clinical cases (Henderson et al., 2008: 3; Fritzen, 2007: 2). Other

amenities such as schools for children do facilitate families to stay together thus aiding retention (Rourke, 2010: 3).

Working conditions

Working conditions have a strong influence on job satisfaction and motivation and ultimately on retention (Henderson et al., 2008: 9). The availability of equipment, medicines and supplies, coupled with ensuring safety of health workers at work is associated with a more enjoyable workplace and motivation which in turn lead to improved health worker performance and retention (Lori et al., 2012: 6; Namibia, 2013: 12). Rural and remote health facilities are often associated with poor infrastructure, equipment and frequent medicine stock outs. Therefore, rural and remote health facilities need to pay attention to these impediments to improve retention of health workers.

Several studies have demonstrated the positive influence of training, continuous professional development and opportunities for promotion to retention of health workers (Mrara, 2010: 21; Henderson et al., 2008: 10; Mutale et al., 2013: 7). Strongly related to professional development is supportive supervision and mentoring which provides an opportunity for feedback to the staff member; an essential component for development, professional learning and improvement of health worker performance (Lori et al., 2012: 6; Rourke, 2010: 2). Thus, supportive supervision and mentoring contributes to career development and retention of health workers in rural and remote areas.

Other retention factors

Staff rotation and improved workloads help to keep health workers motivated and prevent burnout (Henderson et al., 2008:10). Additionally, new and emerging evidence seems to suggest that opportunities for getting extra income such as locums and limited private practice, could contribute to retention particularly for doctors and pharmacists through offsetting opportunity costs associated with working in rural and remote health facilities (WHO, 2010: 29).

Findings from the primary research

The findings from this study are presented in line with the research questions.

Compensation factors

This study found that compensation factors which include provision of a house or accommodation, salary, benefits (medical aid) and allowances (housing, transport, terminal), and opportunities for getting extra income are very important considerations when one is making a decision whether to stay or leave their current job.

Although a few clinical staff mentioned the need to consider experience when deciding the salary levels and expressed the need to engage in more overtime work which would increase their income and introduce other allowances such as rural allowances, compensation did not appear to be a major issue with regards to the high turnover of clinical staff in these two CHS facilities of Andara and Nyangana.

Amenities

Therefore, while all the amenities were considered important, less importance was attached to amenities such as entertainment, shops and banks while availability and access to good schools for children, telephone and internet connectivity were considered more important.

The study shows that lack of availability and access to amenities such as schooling for children, telephone and internet connectivity could be contributing to high turnover of clinical staff in Andara and Nyangana together with other factors.

Working conditions

The study demonstrated that poor supervision and management, high workload due to shortage of staff, particularly nurses, lack of opportunities for promotion, growth and development could be contributing to high turnover of clinical staff in Andara and Nyangana.

Other retention factors

The study found that having a good supply of medicines (14%), being a Faith Based Institution (13%) and teamwork (11%) came as the top three most frequently mentioned the things staff liked about working in their current jobs were. Provision of accommodation (10%), peaceful environment (6%), staff rotation (6%) and good working environment (6%) were also mentioned.

The top three things staff did not like about working in these facilities were lack of amenities (including good schools for children) (18%), shortage of nurses leading to work overload (16%) and poor supervision and management (12%). Salary and benefits different from government (10%) and lack of accommodation (7%) were also mentioned.

Question 61 aimed at assessing the respondents' intentions with regards to whether they intended to stay in the facility or leave as soon as possible, within a year, two years or five years. Most (39%) of the respondents were intending to stay in their current job indefinitely, while 27% would leave three to five years from the time of the interview, 12% within a year, 9% within one to two years and 9% would leave as soon as possible.

While most (36%) respondents did not intend to leave their jobs soon, for those respondents who intended to leave, about 35% would switch to another employer within Namibia, while 10% would consider switching to a different CHS facility.

Question 61 aimed at establishing from the respondents' perception, what things, if changed, would help them stay longer in their current job. The study found that while there were no themes that clearly stood out, improved supervision and management (20%), provision of more accommodation (14%), improved staff establishment and subsequently reduce workload (12%) and improved salaries and benefits to equate them to the government (12%) appeared more frequently than the others.

These points raised by the respondents further amplify the fact that there other bigger contributing factors to staff turnover in Andara and Nyangana than just compensation or salaries.

Conclusion

The study aimed to investigate the factors associated with high turnover of clinical staff at CHS facilities of Andara and Nyangana in the Kavango region of Namibia. The objectives of the study were as follows: to ascertain if the level of compensation, including incentives and benefits, contribute to the high turnover of clinical staff at Catholic Health Services facilities in Kavango region; to ascertain if the lack of amenities (such as banks and schools) contribute to high turnover of clinical staff at Catholic Health Services facilities in Kavango region; to ascertain if working conditions, including lack of promotional and growth opportunities, contribute to the high turnover of clinical staff at Catholic Health Services facilities in Kavango region; to determine what would retain the clinical staff in the Catholic Health Services facilities in Kavango region.

The study has demonstrated that while compensation factors are important in retaining health workers in rural and remote areas, they are not a major factor in turnover of clinical staff in Andara and Nyangana hospitals. Instead, other factors came out more strongly and include lack of accommodation, poor supervision and management, staff shortages leading to high workloads particularly for nurses, poor telephone and internet connectivity and lack of good schools for children.

The findings of this study will assist CHS management in understanding better the reasons for the high turnover of clinical staff in their two hospitals of Andara and Nyangana. Such an understanding will facilitate designing appropriate interventions to curb this negative movement of clinical staff. Interventions could include improvement of accommodation which will help facilitate recruitment of additional staff such as nurses, build capacity of supervisors in supportive supervision, mentorship and management, liaise with relevant agencies to improve telephone and internet connectivity and innovate strategies to improve access to good schools for the staff's children.

Recommendations

The following recommendations for improving retention of clinical staff and reduce turnover are made to CHS management based on the study findings:

- Provide more accommodation for staff. Lobby the church or parish leadership to construct more houses which can be rented out to staff. Lobby with local business people and investors to construct houses or apartments that will be made available to hospital staff for rental
- Improve supervision and management skills for all supervisors and managers through provision of training and mentorship
- Improve telephone and internet connectivity through liaising with the existing providers such as Telecom Namibia and Mobile Telecommunication to install boosters in these rural areas that would improve connectivity.
- Liaise with other Roman Catholic schools such St. Boniface College, which is one of the top schools in Namibia and located in the Kavango region, to reserve places for staff members' children.
- Improve recruitment of staff especially nurses to fill all the vacant positions. This will help reduce the workload

Areas for further research

Due to the limitations and delimitations of the study, the following recommendations are made for further research:

- A similar study could be extended to other CHS facilities in Namibia
- Use an experimental design to determine an effective retention package that is cadre specific (discrete choice experiment)
- Explore further the supervision and management issues affecting turnover in these facilities

Conclusion

The study aimed to investigate the factors associated with high turnover of clinical staff at CHS facilities of Andara and Nyangana in the Kavango region of Namibia. In response to the research questions, this study has demonstrated that lack of accommodation, poor supervision and management, staff shortages and high workloads, poor telephone and internet connectivity and lack of good schools for children could be contributing to high turnover of clinical staff from the CHS hospitals of Andara and Nyangana in the Kavango region of Namibia.

The findings underscore the need for CHS management to design and implement appropriate and targeted strategies and interventions to alleviate this situation. Simple and cheap interventions such as building capacity of managers to provide effective supportive supervision and mentorship could go a long way and improving retention of clinical staff in these two hospitals.

NOTE:

The principal author submitted this study as a dissertation for the award of the Master of Business Administration Degree (MBA) in 2013 to the Regent Business School, Durban, South Africa. The dissertation was supervised by Nadeem Cassim, Manager of Dissertations and the dissertation was edited for purposes of producing a journal article, by Professor Anis Mahomed Karodia. Both of them are attached to the Regent Business School, Durban, South Africa.

Kindly note that the entire bibliography is cited for the purposes of this article, although all articles cited are not used in the compilation of this research paper.

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