

Predictors of Long-Term Staff Retention at A Rural Secondary Health Care Facility in Central Nigeria

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Summary

Staff retention is closely related to employee satisfaction which in turn is intertwined with salaries and benefits. Secondary health care facilities in low resource settings are finding it difficult to retain their staff. This is more difficult for Faith based not-for-profit hospitals where the cost of services is kept at the barest minimum. This was a cross-sectional survey of health care workers using the Linda Powells (Mountains State Group Inc) self-administered questionnaire. The long-term retention rate was found to be 78.0%. Bivariate analysis showed that being married, health maintenance support staff, supervisory issues and training and salary issues had a significant association with long term retention intentions. Multinomial logistic regression showed that health management support staff (OR = 8.33; 95% CI 2.13 – 32.56) rather than Health Service Providers, and non-permanent staff (OR = 3.75; 95% CI 1.08 – 13.03) rather than permanent staff were more likely to have long term retention intentions. Surprisingly, staff who were not satisfied with training and salary issues (OR = 7.69; 95% CI 1.70 – 34.76) were more likely than those who were satisfied to have long term retention intentions. More than three quarters of the staff plan to continue to work in the hospital in the long term. Health management support staff, non-permanent staff and staff who were not satisfied with the level of training and salary were more likely to continue working in the hospital in the long term. This calls for long term retention strategies which pay attention to employee factors.

Keywords: Long term retention, personnel turnover, job satisfaction, secondary healthcare workers

Introduction

Globally, there is a shortage of health care workers and this is estimated to be about 17.4 million, of which almost 2.6 million are doctors, approximately 9 million are nurses and midwives, and the remainder represent all other health worker cadres.(1)

The emerging trend in today's fast-changing competitive business environment occasioned by globalization has presented evident challenges in recruiting and retaining Human Resources professionals.(2)

Nigeria has one of the largest stocks of human resources for health (HRH) in Africa, but the densities of nurses, midwives and doctors are still too low to effectively deliver essential health services (1.95 per 1,000) .(3) In recent years the primary challenge for Nigeria is inadequate production and inequitable distribution of health workers with the health work force concentrated in urban tertiary health care centres largely because they cannot be retained in rural centres even though more than 70% of the populace live in rural

communities. The challenge of retaining health workers is greatest in rural and remote areas, because health practitioners in these areas often face higher workloads, unsustainable work environments, and poor infrastructure, causing them to leave the workplace in search of more suitable working and living conditions.(4)

The theory of retention was popularized in the 1970s and early 1980s because before then, most people joined organisations and remained for a very long time, sometimes for the duration of their working life. However, as mobility of labour and job offers began to increase considerably, theories of employee retention began to be developed.(5)

Retention is viewed as an organisation's endeavour to retain employees who have a good evaluation.(6) Evaluations usually look out for employees that have the competence to make fruitful contribution to the achievements of organizational goals and objectives.(7) Retention is also viewed as the degree to which an employee intends to continue working with his or her employer.(8) This perspective explores employees' intention to stay or remain with the organization and this view is adopted in this study due to several reasons: The definition looks at retention from the perspective of employees rather than organizational perspective. It complements rather than contradicts the organizational perspective as it provides organizations the opportunity to measure the effectiveness of their retention effort and methods.(8)

Employee retention in an organization is determined by a cluster of factors which can generally be classified into three: external factors

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(the general economic situation and the labour market), individual factors (educational level, length of service, non-professional commitments) and organizational factors (poor working conditions; lack of career growth; poor salaries and incentives; poor management styles; lack of equipment and drugs; overwork).(9,10)

Research estimates that hiring and training a replacement worker for a lost employee costs approximately 50% of the worker's annual salary.(11,12) Each time an employee leaves the organization, productivity drops due to the learning curve involved in understanding the job and the organization. Also, the loss of critical and irreplaceable intellectual capital adds to these costs, since not only do organizations lose the human capital and relational capital of the departing employee, but other competitors are potentially gaining these critical assets.(13)

This study aimed to determine factors that predict long-term retention among health care workers in a resource constrained, rural secondary health care facility as a means of developing strategies to ensure long-term retention.

Methods

The study was conducted in Vwang district, a rural agrarian community in Jos-South Local Government area of Plateau State, Nigeria which has its headquarters in Bukuru at 9°48'00"N 8°52'00"E. It has an area of 510 km² and a population of 306,716 at the 2006 census. (14) Vom Christian Hospital, located in Vwang district, is a faith-based hospital that provides secondary health care services and this is the only 'general' hospital in the local government.

The data for this manuscript is a subset of that of a larger organisational development review, part of which has been previously published. The study instrument was the Linda Powells (Mountain State Group Inc), a 50-item questionnaire that assessed eight thematic areas ie: overall satisfaction, planning, general attitudes, performance issues, management issues, supervisory issues, training and salary issues, and benefits. The question about how long employees plan to continue their employment in the hospital is examined in this study. For this study, retention is viewed as the degree to which an employee intends to continue working with his or her employer.(8) Employees who intend to work more than ten years are classified as persons who desire to work in the hospital in the long-term (Long-term retention).

Results

Description of study population: The study had 109 staff (69.9%) participate out of the 156 hospital

workers. This was mainly young health care workers (62.4% were less than 45 years) with a slightly higher proportion of males (52.3%). About two thirds (69.7%) had worked in the hospital for less than 10 years, about half (50.5%) had a monthly salary of less than twenty thousand Naira (NGN20,000). About four-fifths of the study population would like to have additional benefits (83.3%) and work in the hospital in the long-term 85 (78.0%). Other details have been previously published.(15)

Analysis: Bivariate analysis showed that being married, health maintenance support staff, supervisory issues and training and salary issues had a significant association with long-term retention. Details are in Table 2. Multinomial logistic regression showed that health management support staff (OR = 8.33; 95% CI 2.13 – 32.56) were more likely than Health Service Providers to plan to continue working in the hospital in the long term, non-permanent staff (OR = 3.75; 95% CI 1.08 – 13.03) were more likely than permanent staff to intend working in the hospital in the long-term and those who were not satisfied with training and salary issues (OR = 7.69; 95% CI 1.70 – 34.76) were more likely than those who satisfied to intend working in the hospital in the long term. Other details are in Table 3.

Discussion

This study examines job satisfaction constructs and how these, among other factors, may determine long-term retention, a key goal for managers especially in low resource settings.

We found that 78% were planning to continue work in the hospital in the long term, although the overall job satisfaction was 62.4%. About one-third of the study respondents (33.0%) had worked for ten or more years. Nonetheless, over three-quarters (78.0%) were planning to work for at least another ten years. This implies that a good proportion of those who had worked for less than 10 years and to a similar extent, those who had worked for greater than ten years, have an intention to continue working for another ten years or more.

Even though only 62.4% of respondents had job satisfaction, a slightly higher proportion (78.0%) were willing to continue working in the facility. This may be as a result of the relative job security and the convenience of the rural workers being able to work and still do some farm activities in the community. Other authors had previously tied long-term retention to family ties, community ties, and opportunities to invest.(16) In the context of the study, this may have been due to many junior cadre staff who were employed for their skills rather than certification, so these less educated staff may not

Table 1: Demographic Characteristics of Study Participants

| Variables | N | % |
|--|----|------|
| Age | | |
| ≤ 44 years | 65 | 61.3 |
| > 44 years | 41 | 38.7 |
| Sex | | |
| Male | 56 | 52.3 |
| Female | 51 | 47.7 |
| Marital status | | |
| Unmarried | 14 | 13.1 |
| Married | 93 | 86.9 |
| Number of Children | | |
| None | 38 | 36.5 |
| One or more | 66 | 63.5 |
| Cadre | | |
| HMSS | 78 | 71.6 |
| HSP | 31 | 28.4 |
| Appointment | | |
| Not Permanent | 70 | 64.2 |
| Permanent | 39 | 35.8 |
| Duration Worked | | |
| < 10 Years | 74 | 69.8 |
| ≥ 10 Years | 32 | 30.2 |
| Take Home Pay | | |
| < N20,000/Month | 53 | 52.0 |
| > N20,000/Month | 49 | 48.0 |
| Benefit Package | | |
| Would like to have additional benefits | 83 | 83.8 |
| Satisfied with present package | 16 | 16.2 |
| Plan to continue work in the hospital | | |
| < 10 Years | 23 | 22.2 |
| Indefinitely/Untill Retirement | 81 | 77.8 |

Table 2: Bivariate analysis of factors predicting long term retention

| Variables | N (%) | OR | 95% CI | P |
|---------------------------------------|------------------|-------------|-------------------|-------------|
| Overall job satisfaction | 68 (62.4) | 1.35 | 0.56-3.23 | 0.51 |
| HMSS | 78 (71.6) | 3.77 | 1.51-9.39 | 0.00 |
| Permanent | 39 (35.8) | 1.55 | 0.61-3.95 | 0.36 |
| Planning | 66 (60.6) | 0.99 | 0.41-2.39 | 0.98 |
| General attitudes | 70 (64.2) | 2.24 | 0.93-5.39 | 0.07 |
| Performance issues | 82 (75.2) | 1.02 | 0.38-2.75 | 0.97 |
| Management issues | 49 (45.0) | 1.12 | 0.47-2.67 | 0.80 |
| Supervisory issues | 64 (58.7) | 2.39 | 1.00-5.74 | 0.05 |
| Training and salary issues | 40 (36.7) | 3.50 | 1.21-10.13 | 0.02 |
| Benefits | 23 (21.1) | 0.97 | 0.34-2.78 | 0.96 |
| Age > 44 years | 41 (37.6) | * | * | 0.28 |
| Female | 51 (46.8) | * | * | 0.73 |
| Married | 93 (85.3) | * | * | 0.01 |
| Having one or more children | 66 (60.6) | * | * | 0.58 |
| Worked for ≥ 10 Years | 32 (29.4) | * | * | 0.56 |
| Nett Pay > N20,000 (100.39 USD)/Month | 49 (45.0) | * | * | 0.11 |

NB * Risk estimates could not be computed, some cells empty

Table 3: Multinomial logistic regression of predictors of long-term retention

| Variables | OR | 95% CI | P |
|---|-------------|---------------------|-------------|
| Poor job satisfaction | 0.40 | 0.09 – 1.87 | 0.24 |
| HMSS | 8.33 | 2.13 – 32.57 | 0.00 |
| Non-permanent staff | 3.75 | 1.08 – 13.03 | 0.04 |
| Inadequate Planning | 0.75 | 0.20 – 2.83 | 0.67 |
| Poor General attitudes | 3.30 | 0.91 – 12.04 | 0.07 |
| Suboptimal performance issues | 0.35 | 0.08 – 1.55 | 0.17 |
| Unhappy with management issues | 0.47 | 0.19 – 1.85 | 0.28 |
| Unsatisfied with supervisory issues | 1.16 | 0.37 – 3.60 | 0.80 |
| Need to improve training and salary issues | 7.69 | 1.70 – 34.76 | 0.01 |
| Benefits | 0.52 | 0.14 – 1.95 | 0.33 |

have the certification to consider other employment possibilities as reported elsewhere.(17) As a faith-based hospital, the commitment to serve and continue serving in the facility could explain the long-term retention intentions. Organizational commitment is the psychological link between an employee and his or her organization that makes it less likely that the employee will voluntarily leave the organization,(18) or the extent to which an employee develops an attachment and feels a sense of allegiance to his or her employer(18,19) Staff usually have strong belief in an organization's goals and values, and are willing to exert considerable effort on behalf of an organization, are devoted and have a strong desire to remain members of the organization.(20,21) They also consider the various costs associated with leaving the organization(22) Job embeddedness is a broad constellation of psychological, social and financial influences that could explain employee retention. These influences are on the job and the work environment are like strands in a web, or net in which a person can become stuck.(23) Individuals with a greater number of strands have a greater difficulty in leaving their job.(23)

At the Kitwe Central Hospital, a district government hospital in Zambia located in a large city centre, even though only 21.0% would love to stay in the hospital 88.0% were happy with their jobs.(10) Whilst among nurses working in government health care facilities and hospitals in rural settings in Ethiopia, intention to stay was 40.6%, while those who were satisfied with their job were 64.2%.(24) Among recipients of a nursing students' scholarship, working in government, faith based and NGO facilities in rural and urban centres 70.0% indicated that it was unlikely that they would leave their facilities upon graduation and the mean job satisfaction score was 67.6%.(25) Comparing these studies to ours, it is difficult to account for the levels of Job satisfaction found because of differences in settings, level of health care delivery, staffing

and job satisfaction tools used, however, it is generally observed that a higher job satisfaction does translate to retention and vice versa. Also, the students who desired to continue work upon completion of their study may do so because of some level of embeddedness and this is also thought to be a strong reason for retention in our study.

Whilst it has been found that rural health workers are generally more likely to work in rural settings than their urban counterparts, there is no direct relationship between retention and job satisfaction scales.(26) An employee may be happy working in an organization but may have to change job for several reasons,(10) and the reverse may also hold as shown in our study and other studies,(25) depending on the level of embeddedness.(23)

Factors found to be significantly associated with long-term retention in our study included; married persons, being a health maintenance support staff, supervisory issues and training and salary issues and health maintenance support staff, supervisory issues and training and salary.

Better salary, better allowances and benefits, improved working conditions, inclusion in decision making, change in supervision style of management, more training and development, job and individual matching, flexible work schedules, proper training and induction, updating technology and equipment and provision of sufficient drugs have been found to aid retention.(10) Other factors that have been found to be significantly associated with retention are family arrangement, procedural justice, low procedural justice, organizational commitment, level of salary, low training opportunity, lack of transport and job satisfaction.(24)

Lack of supplies, inadequate human resources, and high workload have been cited as major challenges to the work of health care workers.(25) Poor working relationships with management or co-workers significantly correlates with the considera-

tion of changing a job. Low salaries, high workload, poor accommodations, and a lack of appreciation were the most common reasons given for considering leaving the public sector while job security, desire to pursue further education, and public service agreement were primary motivations for continuing to work in the public system.(25)

Being married carries a lot of responsibility where finances are involved, competing interest for time as such flexible working schedules and a good work-family life would enhance retention. Work-family life and the quality of work life (QWL) has been found to be significantly associated with staff retention so managers must work at improving workload management, work stress, work autonomy, flexibility, work-family balance and working conditions. (27) There was an association between marriage and long-term retention in our study. This could be a positive or negative relationship depending on the phase of life or family cycle. In a study where the authors investigated the effect of personality and workplace experiences as predictors of career commitment among health workers, marital status was found to predict long-term retention.(28)The influence of personal factors such as work-family life, commitment and job satisfaction were also found to significantly influence workers' retention however, there was no significant difference between single and married persons in this regard.(29)

Health management support staff (HMSS) were more likely than Health Service Providers to continue working in the hospital in the long term. This finding is in agreement with studies that have shown that professional health workers as opposed to support staff are more likely to have a shorter retention time because they, on the whole, have higher levels of education and skill, are therefore sought for and have more employment options. (17,30)

Non-permanent staff were more likely compared to permanent staff to continue working in the hospital. This is likely to be because they are older staff who may find it more difficult to gain employment elsewhere and a number of retired personnel (contract staff)are classified in this category.

Those who were not satisfied with training and salary issues in the hospital were more likely than those who were satisfied with training and salary issues to work in the hospital on the long term. Salary, allowances and benefits have been shown to be important in retaining health care workers to a facility and especially so for skilled workers who are highly sought for and may be offered a better package.(30) However, if there are other factors that could compensate for the relatively inadequate pay package and training such as good relationship

between workers and the various levels of management, inclusion in decision making processes and being commended when work is done well then, such workers are more likely to stay in the hospital than those who perceive these factors as low.(31) Although satisfaction with remuneration and incentives was low among the surveyed health workers working in public facilities at district levels in rural Ghana, it was not a determinant of retention. This shows that even in settings where remuneration often remains the same when health workers are transferred from one health facility to another, remuneration alone does not provide the necessary condition for health workers' retention (32)Human resource management practices were found to be valuable in strengthening the resolve for workers retention at district levels.(32)

Conclusion

More than three quarters of the staff plan to continue to work in the hospital in the long term. Health management support staff, non-permanent staff and staff who were not satisfied with the level of training and salary were more likely to continue working in the hospital in the long term. Strategies need to be developed to ensure long-term retention by paying attention to the category of staff and the issues they are dealing with.

Limitations of the Study

The filling of the survey forms is subject to the comprehension, bias, and prejudices of respondents. Questionnaires were not filled by hospital staff at the same day. This could also contribute to respondent bias. Study recruitment was not prorated based on the categories of staff in the facility, although a total sample was attempted.

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