Professional Staff turnover in the Namibian Public Sector

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Abstract:
After the independence of Namibia in 1990, the Country was faced by many challenges in its attempt to improve the welfare of its people. The Ministry of Health and Social Services has experienced a high staff turnover in certain professional categories in the mixed competitive labour markets.[1] The objective of the study was to investigate causes of nurse’s turnover from public to private hospitals in Windhoek and effected on the service delivery in the public sector. The study followed qualitative design/approach and study was explorative as well as descriptive. A non-sampling method using a convenience or accidental sampling technique was applied to select the sample. About forty (40) nurses and twenty (20) patients from public and private sector were interviewed with their consent. Although most of the respondents view ‘nursing: as a calling, some indicated that they like to work with people. However majority indicated that they wish to quit their current job, due to lack of promotion, recognition and poor salary that is not competitive or market related especially in the public sector with increased workload.[2] It was evident that nurses have very high workloads in the public sector as aluded by the patients and have too have low moral support from the Management but would like to see that service conditions are looked at and reviewed.

Key Words: Professional staff, turnover, Namibian, public sector, recognition.

Introduction

The health care services as an essential service, during pre-independence were fragmented along racial and ethnic lines. As a result, the black and colored communities in Namibia had limited access to health services as dictated by the colonial masters. Majority of the community members are dependent on the public health service. Consequently precedent has been set and today public hospitals in the country provide services to the largest proportion of the population. After independence, the custodian of Health, the Ministry of Health and Social Services identified the need of increasing nursing staff and commenced restructuring of the health. It because evident that ore health workers were assigned to the public sector in an effort to meet the increasing demands and needs of the growing population. This was amplified by [3] where they stated that the point of a staffing establishment is to keep a lid on spending by making it hard for ministries to create posts, but it also makes it hard to respond quickly to new need.

Namibian population has an estimated population 1 830, 330 million and currently 2.2 million [4]. The population growth is 2.6 % per Annum[4] although majority of people living in the rural areas, there has been remarkable increase of rural –urban migration. Like other African major cities, Windhoek, the capital city of Namibia experienced a high rate of migration from rural areas. Consequently Katutura as the largest suburbs with the highest population of 108, 7959 [5] with an annual population growth at the rate of 5.4% resulting mainly form migration from rural areas. The social economic conditions of the residents of Windhoek, especially Katutura and Khomasdal, where majority of poor residents are by characterized by high level of poverty, which significantly contributes to the increase of HIV/AIDS and Tuberculosis, which are serious socio-economic problems besides other myriad social challenges. Due to these communities social, standing, they are mainly dependent on the health services and surrounding primary health care clinics for health needs. This makes it essential for qualified nurses to be readily available at all levels and at all times in order to provide quality services to the public.
This country, Namibia is experiencing a high turnover of nurses from public sector to private sector. Since the departure of the nurses creates a vacuum that cannot be immediately filled, thus the service delivery at public sector/hospitals is impacted negatively. [3] confirmed that throughout the public sector here were shortages of staff caused by delay in providing high-skilled trainer staff and also loss of high skill staff who were attracted to the private sector. Furthermore [3] mentioned above that there is deliberately a delay of filling vacancies which results from the overall budget deficit (7.5% of GDP in 2003/2004) are just one example of the impact of central government on health services. It is not so clear whether poor salaries are the main reason for staff turnover or other issues. According to [7]; media journalist, Gaomas stated that the Minister of Health has noted that Namibian nurses are best paid in Southern Africa. On this premise, it was imperative to determine whether there is any correlation between staff remuneration and staff turnover and also to ascertain whether there are any other reasons why nurses migrate from public health sector. [8]  

There are about 6,214 nurses who serve the public and the private sector. Of these three thousand seven hundred and sixty seven (3,767) are in the urban areas, where as only two thousand four hundred and forty seven (2 447) are in the rural areas [8]). Majority of the nurses are serving the public sector, which are the largest sector, while minority are in the Mission hospitals.  

Between 2004 and 2006, one hundred and four (104) registered nurses and twenty three enrolled nurses had resigned and joined the private sector. According to [9] twelve (12) registered nurses had left for United Kingdom during the same period. As a result nurse patient ratio, which was at that stage; was negatively affected as a result of this mobility [10].  

Although Ministry of Health made efforts in addressing the shortage of health workers in the public sector by increasing of enrollment number for Unam first year student nurses, recruitment of registered nurses in various fields and by recalling of retired nurses, nurses (health workers) are still leaving the public sector for private sector.  

Shortage of health workers in the public hospitals in Windhoek has reached a critical and undesirable proportion and is threatening to culminate into poor service delivery. The poor service delivery is partly a consequence of high nurses turnover from public hospitals to private institutions in the country. Although nurses’ turnover has been a subject of research in other countries, literature available does not provide sufficient information about the Namibian situation. In the light of the above, this undertaking found to be of great essence to investigate the quality of health services in the public hospitals in Windhoek, the study also endeavored to determine the causes of the high staff turnover and to make recommendations on how qualified nurses can be retained in public health institutions. This, in essence formed the essential components of this research that was carried out.  

The objectives of this study were to; Investigate the reasons why nurses are leaving the public sector, determine the effects of nurses’ turnover on public service delivery. Determine the possible measures for dealing with the challenges in a sustainable manner.  

Significance of the study  
To improve the quality of health services sustainably in order for Namibia to achieve the objectives of Vision 2030, which puts emphasis on improved quality of life. Therefore, it is absolutely necessary that experienced nurses be retained in public hospitals where the majority of the citizens receive medical health care. The study would thus assist the community through generation of information necessary for policy formation and implementation.  

Literature Review  
The literature review was imperative although not much literature were found in this area or investigated on in Namibia in particular. The information gathered ranges from local newspapers, draft reports, national and international studies applicable to this area of interest or research.  

Defining Staff Turnover and its Theoretical Frame work  
The two-factor theory and Maslow’s hierarchy of need theory were used for the research framework as a guideline. Turnover is defined as quitting one’s job [11]. According to the two factor theory in [11], turnover is described as the consequence of job dissatisfaction. Moreover, dissatisfaction is associated with condition surrounding the job, for example working conditions, salary, security, quality supervision and relationship with others. By contrast,
satisfaction is derived from factors associated with the work itself or to outcomes directly resulting from the nature of the job, achievement in the work, promotion opportunities, and chances for personal growth and recognition [11]. In general, the lower the employees’ level of satisfaction with their jobs, the more likely they are to consider resigning. If employees are to be retained, conditions that lead to job satisfaction should be identified, cultivated and properly implemented.

According to the Maslow’s hierarchy of needs, there are two sets of human needs. The first hierarchy of need concerns basic survival needs such as those related to physiological needs and physical safety while the second need concerns self-actualization, the realization of an individual’s full potential as shown in creativity and the use of the intellect. When the basic needs of survival are substantially satisfied, the next needs becomes dominant and people start searching for creativity and intellectual drive [12]. Consequently, people would change jobs in search for job satisfaction if the hierarchical motivation ceases. From a motivation point of view, although no need is ever fully gratified, a substantially satisfied need no longer motivates. It is thus advisable that if one intends to motivate someone, he/she must understand the person’s hierarchy of needs and focus on satisfying the needs at or above that level. This clearly indicates that in every human being there exists a hierarchy of needs that needs to be satisfied in order for the individual to become what he/she is capable of becoming. This (Maslow’s) theory is complementary of the two-factor theory that supports the need for growth, achieving one’s potential and self-fulfillment. When there is no hierarchical movement that motivates individuals, the probability of high turnover to better employment opportunities cannot be overruled.

People are more likely to want to work for an organization with a reputation of treating staff fairly and provide support, development and motivation. In addition, if staff that leave acknowledge that they have been treated well; those who remain are also likely to feel more valued. When employers demonstrate genuine concern for their employees’ satisfaction with their work, the employees work harder, their work quality is better and they are less likely to leave. On the contrary, when an employer’s attitude is that the employee is being paid to do a job and that if they don’t they will be fired, they start doing whatever they must do to avoid being fired. This could be a spur to turnover, since there is no appreciation by the employer [13].

Factors Contributing Toward Staff Turnover
A study done by [14] at Utapi hospital in the northern part of Namibia (Omusati Region), indicated that nurses are stressed and burnout. This attributed to increased workload due to the increased workload result from high patients admission with HIV/AIDS related illnesses. This results in increased absenteeism and greater workload for the remaining staff. The increased workload causes burnout on the few remaining staff that is caused by the shortage of nurses due to turnover. As a result, nurses are not able to deliver their services effectively and efficiently and are becoming dissatisfied with their work. The lack of supervision provides a spur for staff turnover because there is no motivation or recognition for the job well done. This is because the supervisors are either occupied with administrative duties and do not get time to do the supervisory duties or is non-existent altogether. Consequently, this situation impels many nurses to contemplate tendering their resignations and search new employment where they anticipate professional satisfaction and personal fulfillment. Despite the effort of providing better working conditions to the health workers by the Ministry of Health and Social Services to boost the morale of public health workers, nurses in rural areas remain demoralized, as working conditions are poor. As the National Council Standing Committee on Regional Development reported in mid-2005 after touring most rural areas across the country, there is a serious lack of accommodation for health personnel. The poor road infrastructure makes it difficult for patients to access vital services. The report further revealed that lack of accommodation for nurses, incentives and pressure coming from the workload are other factors that contributes to the nurses’ misery in their line of duty [15].

In a study conducted[16] in South Africa, the nursing profession in that country was described as having been in a state of crises, as professional nurses seek alternative employment, or opt to leave the country in search of lucrative opportunities overseas. The report indicated that nurses are overworked and exhausted due to working shifts without breaks [16]. The causes of the crises in his opinion include poor working conditions in hospitals and clinics, increased reassure on remaining staff because of critical staff shortage, low and inequitable salaries and little scope to further training, as well as lack of respect or acknowledgement from other medical professionals including doctors. The assumptions of why nurses are treated badly in the public institutions unlike in the private institutions could be that private institutions are profit orientated endeavors to keep their staff and thus look after the well-being of their scarce human resources. Furthermore, the research shows that over 60% of health workers in South Africa
experienced some form of emotional violence in the form of verbal abuse and harassment and/or sexual harassment from management [17].

Low salary is cited as one of the major causes of staff migration. WHO report showed that nurses in Australia receive twenty five (25) times the wages of nurses in Zambia, 14 times the wages of nurses in Ghana and about twice wages of nurses in South Africa [18].

Other reasons contributing to the decline in the clinically active professional nursing population include work and environmental pressures that have pushed qualified nurses to alternative career. As a result, 60% of South African nurses are dissatisfied with their working environment, 80% complain of heavy workloads and increasingly stressful working conditions as well as little or no support turnover and migration in the developing countries

The Government of Namibia provides a basic salary and profession-related benefits to its health workers as incentives to boost the morale of the health care givers. However, these benefits as well as the salary scales are inconsistent and discriminatory to some of the health and social services professionals. Differences exist in the salary grades of professionals under various occupational categories, who pursued pre-service training programme with the same entry requirements, duration of study and obtained the same level of qualifications for instance certificates, diploma or degree [1]. Therefore, it is probable that disparities in salaries of health professionals with the same qualifications has significantly contributed to the demotivation and the subsequent push factors of the professionals in the concerned categories in the public sector in Namibia. Nurses are thus fighting for a review of the salary structure so they could be recognized and remunerated like all other professions in the country.

Other challenge that the Public service is faced with is lack of performance management system in place. As a result staff performance in the Ministry of Health and Social Services and in the Public Service, as a whole is not well managed. For instance, staff members’ weak points or strengths are frequently not pointed out for improvement purposes, except when staff members are under probation. The government lack effective Human Resource Management Information System that is required to generate information needed for human resource planning and policy decisions. This creates a spur for turnover due to lack of job satisfaction. However, the new performance System under the office of the Prime Minister will address the issue [1]. According to the 4th draft of the Human Resources policy of May 2006, another challenge that the Ministry of Health and Social Services faced with is the inability of the government to retain newly qualified health and social services graduates as they take up employment opportunities in the private health sector. This is due to the fact that they are not obliged to work for the Government at completion of their training but have only to pay back the study loans received from the Students Financial Assistance Fund. Generally, nurses are not involved in decision making, couple to the lack of recognition, work too much during weekends and evening duties, all these contribute to the psychological burden inherent in the nursing profession [19]. Nurses are not involved in decisions that affect them, neither consulted but decisions made by management are rather imposed on them. This is different for people in other profession such as commercial studies who can easily become managers and leaders unlike in the nursing profession. The above-mentioned information supports the idea that job satisfaction indirectly influences nurses’ turnover. Person further pointed to the fact that the factors that increase job satisfaction in nursing needs further research because according to the literature, the factors contributing to job satisfaction are complex and diverse.

It is viewed by the officials that health workers leave the public sector as a result of financial pressure and take up the better remunerated employment in the private sector.

Career advancement in the nursing progression is limited. This greatly frustrates young health professionals who feel that their counterparts in other professions progress quicker to become respected specialists who are well recognized in their institutions, while nurses take years to achieve professionals recognition. This provides a spur for turnover [10].

Career advancement in other occupational categories are totally limited to the extent that staff members in these occupational categories such as enrolled nurses will remain in the same positions until retirement. This is one of the push factors that contribute to the high staff turnover and changing career especially when midlevel health workers are faced with this situation [1].

Another reason cited for turnover points to the fact that the Ministry of Health and Social Services has a gentlemen’s agreement with health related organisations, resulting in people working for the public hospitals not being
considered for employment opportunities in non-hospital organisations. The argument and reasons given are that private agencies that are linked to the government, for example Global Fund cannot recruit staff that is working for the Ministry of Health because these institutions complement government efforts in providing quality health services. This arrangement is deemed to be unfair to nurses working in the public sector because they have the same qualifications and experience as the nurses working for such organizations and disparities in remunerations that exist between the two entities is unjustifiable. The Public Service Management Circular no. 32 of 2002 stipulates that staff members in the public service may only apply for promotional posts one grade higher than their own. However, applicants who are not in the public service are allowed to apply for posts at any level. This limited promotion opportunities is another factor contributing to staff demonization and consequent increase in turnover [8]. As a result nurses are therefore forced to take private hospitals as transits to obtaining better jobs in non-governmental and other private agencies.

Due to the above-mentioned information, staff turnover especially amongst professional staff is high. This is mainly attributed to the remuneration package and better career advancement elsewhere. The local private sector attracts health professionals. Table 1 below presents data on staff loses from the public sector.

<table>
<thead>
<tr>
<th>Professional category</th>
<th>Number of staff loss</th>
<th>Total</th>
<th>Average annual loss</th>
</tr>
</thead>
<tbody>
<tr>
<td>Registered Nurses</td>
<td>46</td>
<td>38</td>
<td>58</td>
</tr>
<tr>
<td>Nursing Assistant</td>
<td>18</td>
<td>34</td>
<td>50</td>
</tr>
<tr>
<td>Enrolled Nurses</td>
<td>7</td>
<td>15</td>
<td>51</td>
</tr>
<tr>
<td>Total</td>
<td>71</td>
<td>87</td>
<td>159</td>
</tr>
</tbody>
</table>

It can be seen from the above table 1 that the public sector lost a significant number of nurses during the past seven years [8]. The highest number of staff loses during the aforesaid period was from registered nurses category followed by enrolled nurses and nursing assistants.

The senior official publicly acknowledged that Namibian nurses are overworked due to a critical shortage of nurses in the public sector. According to [7], in 2006, there was a deficit of 525 registered nurses and an additional 975 vacant posts for enrolled nurses that were to be filled. As a result, local nurses in the public sector were continuously overworked, causing some of them to resign and instead seeking for green pastures in the private health institutions in the country.

Private providers are stimulated by profit, which makes them more efficient than public sector. As a result, the competition between the public and the private institutions encourages the private institutions to improve the conditions of service in order to attract health professionals. On the other hand, needed resources are available in private sectors and shortage of resources in the government sector pushes qualified nurses away [20]. Inadequate allocation of resources within the public sector is a factor leading to high turnover, compounded in some cases by low priority being accorded to professionals’ health needs. According to the Commonwealth Secretariat [10], human resource development activity and human resource planning in public sector is characterized by the absence of fully developed human resources, no clear process for identifying human resource needs, and no clear patching process of planned ongoing and systematic training and development.

Factors that foster burnout among health workers include caring for an overwhelming number of patients and lack of skills to assume responsibilities such as junior nurses carrying out activities without supervision. For example, about 80% of hospitals beds in Uganda were occupied by people with HIV/AIDS [22]. This contributes to scarcity of health workers partly because young professionals are less attracted to occupational practices with high risks such ones associated with HIV/AIDS. Although in most cases the risk of infection from unsafe medical practices is minimal, The Manager [21] indicated that the risk increases when facilities are overcrowded and lack supplies to prevent infection such as rubber gloves.
Many countries have unknowingly made staff attrition worse by promoting detrimental personnel policies such as mandatory retirement ages, and by not providing promotion. Such policies result in experienced staff leaving their jobs at a time when they are still needed.

Politization and fragmentation of the recruitment, deployment and promotion processes often prevent the health workforce from achieving its potential. Furthermore, most health facilities do not have a human resource manager with decision-making authority. The current system of administrators who keep track of the administrative decisions is inadequate because they have limited authority to address problems.

One of the problems is the inability to create an educational environment for new recruits. New employees are not trained for job assigned to them. Consequently, their performance will be poor and their self-esteem suffers [13]. This is applicable in the nursing profession where nurses are working in an environment of a multidisciplinary team. Nurses are thus required to be competent and to deliver a quality of work.

According to [23], turnover is a direct function of a nurse’s perceptions of both the ease and the desirability of leaving the organization.

**Impact of Staff Turnover on Service Delivery**

High staff turnover adversely affects the service delivery. This is because losing a nurse who is an excellent performer is a greater loss if the person is hard to be replaced. Thus a nurse manager needs to be particularly concerned about turnover when the nurses who are leaving are of high quality and difficult to replace which is call dysfunctional turnover as it cripples the function of the organization [23]. In contrast, if poorly performing nurses who can easily be replaced resign, the organization actually benefits from the turnover, which is called functional turnover. Managers need to disregard the myth that all turnovers are bad and replace it with appreciation of the numerous factors that should be involved in determining whether turnover is a problem meriting attention. However, dysfunctional turnover can have undesirable effects on patients and co-workers. It can hold a number of repercussions among other nurses who have worked with the departed nurse. Co-workers may interpret this as a rejection of the job and a recognition that better job opportunities exist elsewhere.

The use of the public hospitals in Windhoek as training hospitals for doctors and nurses who need assistance from experienced nursing professionals has been adversely affected because the turnover is creating a vacuum on the practical training of health professionals. Concurring with the above-mentioned statement, the [10] concurred that losing skilled workers also impact negatively on the training of health professionals since those who are likely to become trainers are among those lost and this results in nursing training schools in countries like Ghana to suffer from shortage of tutors.

The general expenses that are involved in selecting and training employees to replace those who resigned can be considerably high, ranging from 70 to 200 percent of the employees annual compensation [11]. Turnover and the resultant decrease in the number of nurses also may cause the organization to postpone, cancel, or not pursue new ventures for missing productivity. [23]. This may lead to an organization delay opening new clinics or even close existing units or wards.

There are also desirable consequences of staff turnover such as the opportunity for overtime (some nurses desire voluntary overtime as a way to increase wages), the stimulation of needed policy changes (as a result of losing a star performer, an organization may be stimulated to change policy), and the avoidance of layoffs (natural attrition may lessen or eliminate the need for forced reduction of staff during tight labor markets).

**Methodology**

The nature of this research was exploratory and descriptive study using qualitative and quantitative designs. Case study was used which provided descriptive information. The respondents were allowed to express their feelings and to provide insight of the problem Qualitative research design allowed flexibility where researchers could probed and paraphrase to obtain more information from the respondents.

**Population and sample**

The study was limited to Windhoek and focused on all nurses of all categories (registered nurses, enrolled nurses, midwives and nursing assistants) working at Medic-clinic and Roman Catholic private hospitals as well as Katutura
and Windhoek Central hospital in Windhoek. The patients who visited the public hospitals (Katutura and Windhoek Central hospitals) during the time the study was conducted were also interviewed. For the purpose of this research, a total number of forty (40) nurses and twenty (20) patients were interviewed. Thirty (30) of the nurses were from the public hospitals (Katutura and Windhoek Central) while ten (10) nurses were from private sector. Ten (10) patients were interviewed from Katutura hospital and ten (10) from the Windhoek Central hospital.

These hospitals were chosen or selected, because they are the referral hospitals in the Country that are negatively affected by staff turnover in most cases. A non-probability (convenience) sampling was used. This refers to the case where the probability of including each and every element of the population in the sample was unknown, because there was no possibility to include the entire population and as a result not all respondents had an equal change to be included in the study. An accidental or convenience sampling was used to select patients and nurses. Data collection was done at different hospitals as already alluded to where it was expected that nurses and patients will be found. The questionnaires were distributed to nurses who were off duty and appointments were made as they were leaving the hospital premises on their ways to their respective places, while the patients were interviewed at the gate outside the hospital premises as they were coming from the hospital. The patients were interviewed at this time because they had dealt with their situations with the health professionals and could communicate freely without concerns for stigma or that their participation may extend their waiting period. Prior to data collection, pilot study was conducted on nurses and patients who were excluded from the main study. This was done to rule out possibility of ambitious worded questions. Feedback from nurses and patients who participated in the pilot study lead to the revision, amendment and refinement of the questionnaire into the following ways, duplication was evaluated, wording of items was changed and improved and unclear statements in items were identified and deleted.

Data collection
In this study, data was collected from the nurses and the patients by means of a semi-structured questionnaire administered by the researcher. Data was collected after the pilot study and when the data collection instrument was modified according to issues identified during pilot testing. Data collection from nurses was completed while the nurse was off duty. Appointments were made and nurses completed the questioners in their free time at their respective homes or places of residence. Patients that visited the hospital at the time of the study were interviewed outside the hospital premises, this was done after consultations with the health workers was done while the patients were on their way to their respective places. Patient and nurse participation was voluntary.

The nurses completed the questionnaires in the presence of the researcher for the following reasons:

- It was the most convenient procedure
- It maximized the return rate of completed questionnaires
- Explaining and clarifying the purpose of the study could be done
- It was efficient

Some of the challenges were that this method is relatively time consuming. The researcher spent a lot of time waiting for the nurses to complete the questionnaires and some nurses could not complete the questionnaires at that time. For the nurses who were busy and could not be interviewed, the questionnaire was given to them for completion. The researcher collected the questionnaires afterwards on the date and time that was mutually agreed upon and that suited the respondents best.

A room or space selected was free of noise and pre-arranged with the respondents creating enabling environment, which allowed the interviewer to interact with the respondents, free from noise and disturbances. Prior to data collection, respondents were informed of the purpose of the study. Each interview session lasted for at least 25 minutes (maximum) or otherwise less. Patients were also interviewed who were visiting the hospitals at the time of the study. This interview was face to face. Interpreter was used where needed.

Results
Part A: Nurses
Results will be presented in two parts. Part 1 will deal with data analysis of information obtained from nurses employed at the private and public hospitals and part 2 will focus on analyzing information obtained from patients.
Nurses are leaving the public sector at a high rate, which is a great concern. The researcher wanted to determine factors contributing to high turnover and their effect on the service delivery as well as to analyze these issues comprehensively and try to establish correlation between various variables. A total of forty nurses from Katutura State hospital, Windhoek Central Mediclinic and Roman Catholic hospital were interviewed. Most (33%) of the interviewees were within age range of 36-40 years, the second highest 9 (23%) between 45-50 years and 8 (20%) were in the age range of 31-35 years.

The majority of the respondents 33 (83%) of those who were participating were females whilst only 7 (18%) of the respondents were males.

The majority 22 (55%) of the respondents were married, 25% (10) were single, 6 (15%) divorced and 2 (5%) widows.

Figure 1: Nurses professional ranks (N=40)

Among the respondents interviewed, the registered nurses top the list of interviewees, followed by enrolled nurses while the minority of the population of health workers represents the assistant nurse (figure 1) above.

The majority (40%) of the nurse’s interviewed had diplomas, followed by certificates (30%), followed by Bachelor degrees (15%) while those with Masters were (10%) and Honors degrees (5%).
This indicates that despite the fact of some of the respondents having high qualifications which ranges from Masters, Honors and Bachelors degrees in nursing, they are still doing clinical nursing. This could create frustration and lack of job satisfaction among the health professionals interviewed who are regarded as overqualified. Because the overall number of highly qualified nurses (bachelors, honors and masters) is low when compared to those with other qualifications, this could be an indication that nurses are satisfied with the first degree qualifications or first tertiary education qualifications. It could also be that the nurses are discouraged and do not see the reason of studying further in this profession due to lack of qualifications recognition. This indicates that among the respondents, nurses are willing and committed to be in the profession for a long time. From this analysis, one could say that the possibilities of promotion are slow because of the years of service that the nurses served but they have not advanced in their career. This is consistent with the literature that people in other professions can easily become managers and leaders unlike in the nursing profession.

Most of the respondents indicated that nursing is their calling, followed by those who indicated that they like working with people. About one third of the respondents indicated that nursing is their passion. Some respondents indicated that they chose nursing because they were paid while they were studying while one individual had no money to study on her own and thus relied on the government bursary which was easy to obtain when you were studying to become a qualified nurse and the faculty of Medical and Health Sciences had a high intake. In this question, respondents were expected to choose more than one option, hence the high percentage of respondents. However, in spite of the minority that joined the profession because of other reasons that are not related to the interest of the profession, the information obtained indicated that nurses joined the profession because it is their calling; their passion and they enjoy working with people. They joined the profession because they want to help the sick rather than for the sake of money or any other material gain.
On items whether the respondents will chose the same profession if given a second chance and to give motivation for their reasons of choosing or not choosing the same profession.

Majority of the respondents indicated that they would still choose the same profession and only those in minority will not choose the same profession if given a second opportunity. Again, this is clear evidence that the respondents like their job, they like what they are doing for the nation and would like to continue doing it. The turnover could thus be due to other contributing factors beyond the love of the profession.

The reasons given by those who would like to do the same profession are quoted below in the respondents’ own voices.

- “I enjoy the profession as well as what I am doing”.
- “I like helping and assisting people who cannot help themselves”.
- “Nursing is my career”
- “The nurses are few especially in the government, if I go, no one will replace me”
- “I want to care for both the spiritual and physical side for the patients”.
- “Nursing is widely recognized and one can get a job globally”.
- “I am satisfied with what I am doing for my community and they are in dire need of my services”.
- “Nursing is a caring profession, and through caring we treat the physical and spiritual person, you care for the person holistically”.
- “Nursing is very challenging and interesting as there are always new developments”.
- “It is a pleasure to help the vulnerable people”.

It became evident that the majority 23 (57%) of the nurses stated that they are not satisfied with the job, 9 (22.5%) indicated that they are satisfied 5 (12.5%) are satisfied 3 (77.5%) are somewhat satisfied.

Motivation given for job satisfaction or no job satisfaction from the respondents is as follows job satisfaction. Those who are working in the private sector just below half indicated that the salary is competitive, market related and the working environment is good. About one-third nurses from the private hospitals also indicated that all equipments and materials that are needed are available in the private hospitals.

With regard to nurses who considered resignation from their current employment about more than half of the respondents interviewed considered resigning from their current employment while only one third of the respondents did not consider resignation. Of the respondents that considered resigning, majority are married, slightly over ten (10%) percent are single while one fifth of the respondents are divorced. Majority of those considering resignation are between the age of 36-40 years, followed by the respondents between the age of 31-35 years, with less than one fifth at the age of 45-50 years, and the minority between the age of 21-25 years and the age of 51-55 years respectively. Nurses who are not considering resignation, the majority of them are in the age range of 45-50 years, followed by ages 36-40 years and 56-60 years being in the minority group.

The reasons that were mentioned and made respondents who wanted to resign from their current employment were quoted as follow:

- “Financial problems resulted from low salary”
- “Efforts not appreciated and additional qualifications not recognized”
- “There is high workload with staff shortage”
- “Patients have bad manners toward the health professionals”
- Some doctors have paternalistic attitudes toward nurses”

On the item regarding what motivated the staff to stay with their current employer, less than a half of the respondents interviewed from the public institutions indicated that they want to help the patients, do not want to see Namibians suffering, and would want to assist them. Another less than a half said that they enjoy working with colleagues and added that there is less supervision and more freedom in the public sector as compared to the private institutions. Above twenty percent of the respondents were optimistic that terms and conditions may change and their qualifications might be recognized in the near future. Some of the respondents indicated that they are in the public sector because they envisage getting a study loan. Another group of respondents hope that overtime will be
paid as it used to be in the past (as stipulated in the Labour Act). One tenth of the respondents stated that the nursing management should be more involved in nursing activities and to treat subordinates like adults teammates. Although there are myriad problems that adversely affect the nursing fraternity, and nurses in the public sector in particular, some nurses would want to help their fellow countrymen and women and would want to contribute to the well being of the nation. This precisely can be done by working for the public sector that serves the majority poor in this country. However, these professionals have hopes and wishes that must be met in order to ensure their continuation, motivation and determination to provide these essential services in future. This most importantly include improvement of their remuneration among other aspects of motivation.

Deducing from the information collected, nurses in the private institutions are well paid, have all the resources that they need and this might be one of the pull factors from the public institutions. These findings concur with the revelations of [20], which indicated that needed resources are available in the private sector and shortage of resources in the government sector pushes people away.

Furthermore on prospects for career development in the nursing profession, about 2 (5%) indicated that they can climb the hierarchy easily, 14 (35%) indicated that career development is non-existing 12 (30%) stated that it is slow and the remaining 12 (30%) indicated that is poor.

<table>
<thead>
<tr>
<th>Prospects of career development</th>
<th>Number of participants</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Can climb the hierarchy easily</td>
<td>2</td>
<td>5%</td>
</tr>
<tr>
<td>2. Non existent</td>
<td>14</td>
<td>35%</td>
</tr>
<tr>
<td>3. Slow</td>
<td>12</td>
<td>30%</td>
</tr>
<tr>
<td>4. Poor</td>
<td>12</td>
<td>30%</td>
</tr>
<tr>
<td>Total</td>
<td>40</td>
<td>100%</td>
</tr>
</tbody>
</table>

Based on the above information, the prospects of career development are very slim. Only two of the respondents indicated that nurses could climb the hierarchy easily while the rest indicated that it is poor, non-existent and slow.

Common problems that contribute to turnover in nursing are summarized in table 3 as seen below:

<table>
<thead>
<tr>
<th>Common problems</th>
<th>Very important</th>
<th>Important</th>
<th>Not important</th>
</tr>
</thead>
<tbody>
<tr>
<td>Increased work load with</td>
<td>70 percent</td>
<td>13 percent</td>
<td>0 percent</td>
</tr>
<tr>
<td>Low salary with</td>
<td>70 percent</td>
<td>17 percent</td>
<td>0 percent</td>
</tr>
<tr>
<td>Additional qualifications not recognized with</td>
<td>70 percent</td>
<td>20 percent</td>
<td>0 percent</td>
</tr>
<tr>
<td>Poor working conditions</td>
<td>60 percent</td>
<td>13 percent</td>
<td>3 percent</td>
</tr>
<tr>
<td>Lack of recognition</td>
<td>60 percent</td>
<td>23 percent</td>
<td>3 percent</td>
</tr>
<tr>
<td>Non progression in the profession</td>
<td>57 percent</td>
<td>23 percent</td>
<td>3 percent</td>
</tr>
<tr>
<td>Nurses not involved in decision making</td>
<td>43 percent</td>
<td>27 percent</td>
<td>3 percent</td>
</tr>
<tr>
<td>Lack of respect from other professions</td>
<td>37 percent</td>
<td>27 percent</td>
<td>7 percent</td>
</tr>
<tr>
<td>Identify individual abilities to work where they want</td>
<td>3 percent</td>
<td>0 percent</td>
<td>0 percent</td>
</tr>
<tr>
<td>Long waiting for overtime</td>
<td>3 percent</td>
<td>0 percent</td>
<td>0 percent</td>
</tr>
</tbody>
</table>

For this question, respondents had a chance to give more than one answer, hence the high percentage from the respondents. None of the participants indicated low salary, and additional qualifications that are not recognized as not being important factors. Most of the respondents indicated these are very important factors. Poor working condition and lack of recognition are also among the top problems that are regarded as important to the respondents. Lack of progression in the profession, which is related to qualifications, lack of recognition also featured as important factors as represented by twenty two (22) of the respondents.

Although other problems are also important, it is evident that the top three problems with the highest percentages are, increased work load, low salary, additional qualifications not recognized, poor working conditions, lack of recognition and, non progression in the profession. These factors need attention in order to retain the staff in the nursing profession and to reduce staff turnover. This is consistent with report of [10], which indicated that
promotion process is non-existent in nursing and if it exists, it is on a very slow rate. This is consistent with the literature compiled by the Ministry of Health and Social Services [1] which lucidly and impeccably showed that the career ladder is very much limited to the extent that the staff will remain in an entry level or the same position until retirement.

Results

Part B: Patients

This part was dealing with data collected from patients in Katutura and Windhoek Central hospitals, (Public hospitals). The majority of the patients were females 13 (65%) and 7 (35%). Majority 6 (30%) of patients visited the hospitals were between 21-30 years old and the minority 1 (5%) between 31-35 years. Another age group category was 5 (25%) between 45 and 50 years. Most of patients have secondary education 10 (50%) followed by 5 (25%) with primary education. It shows that majority 17 (85%) of the respondents were unemployed, from whose 1 (5%) were students.

With regards to reasons why visiting hospitals, they said that they have no money, public hospitals are cheap, and that these facilities are a bit closer to them as well as very few indicated that the services offered by these facilities. It was evident that the majority did not visit hospitals regularly and those few who visited regularly cited the following as their important reasons, that these hospitals are their choice, they get all the services they need, get check up for HIV and Aids and found services very helpful and cheaper than private hospitals. The patients on questions whether health workers are always available of need and whether the services are provided on time as it should be. Slightly below half of the patients said that they do not receive the services that need. It is clear that patients received most of the time services they need and are satisfied with private services. Most of patients indicated that they are satisfied services and highlighted that the health workers are friendly helpful, humane and understanding. In spite of positive things mentioned, some few have different opinions about services offered. Those few who have expressed their dissatisfaction cited the following, unavailability of doctors, long duration before doctors examine them and not listening to clients/patients. Laxity and insensitivity of some of the nurses, took long breaks and leave patients waiting in queues.

About 9 (55%) of the clients indicated that they were satisfied with the services, whereas 6 (30%) said that they were not satisfied with the services received. It was evident from the explanations by clients is that nurses are slow and could be associated with lack of motivation, low morale, high workload that could result in mediocre performance.

Discussions: Nurses

It is evident that most of these nurses have quite an experience in the nursing profession or service delivery. According to the Human situation analysis report, majority of health workers fall in the age range of 30-50 years. This has to be taken into consideration during human resource planning as it would be the major cause of unnatural turnover. This is because older nurses are afraid losing their pensions and are more stable than the young health professionals [8].

Although, this was a non-probability study, the findings were consistent with the literature that indicate that in the professions that are traditionally male dominated there is a greater proportion of males as compared to nursing profession were 71,1% are females and 22% are males[8].

Based on the findings, one will expect the turnover rate to be low as most as most people are married and have responsibilities,. However, the higher the responsibility that goes with marriage and dependants, the higher the financial needs. This can contribute to higher turnover due to financial pressure.

The above mentioned results in figure 1 are consistent with [8] report which indicates that there were 2, 917 registered nurses with various interim professional councils in Namibia during 2004/2005 respectively with 2, 063 enrolled nurses. The minority of the assistant nurses could be as a result of the upgrading programme of Nursing Assistants to become enrolled nurses as well as to phase out the nursing assistant category in the public health sector. The registered nurses could be more willing and free to be interviewed or to complete questionnaires unlike other categories. Higher rate of registered nurses could also mean that the nurses turnover will be among this group, because this is the category that is more in demand in the private sector as well as other health related institutions and international agencies.
The majority of the nurses have good tertiary qualifications that need recognitions. This could lead them to compare their achievements, qualifications, as well as positions held with people that have same qualifications in other professions. It is obvious that private sector needs well-educated and informed workforce.

In spite of some of the respondents having good qualifications which ranges from Masters, Honors and Bachelors degrees in nursing, they are still doing clinical nursing. This could create frustration and lack of job satisfaction among the health professionals interviewed who are regarded as overqualified. Because the overall number of highly qualified nurses (bachelors, honors and masters) is low when compared to those with other qualifications, this could be an indication that nurses are satisfied with the first degree qualifications or first tertiary education qualifications. It could also be that the nurses are discouraged and do not see the reason of studying further, in this profession due to lack of qualifications recognition. With regard to work experiences among the respondents, nurses are willing and committed to be in the profession for a long time. From this analysis one could say that the possibilities of promotion are slow because of the years of service that the nurses served but they have not advanced in their career. This is consistent with the literature that people in other professions can easily become managers and leaders unlike in the nursing profession.

It is clear that from responses obtained nurses most cited that they joined nursing because it is a calling. In this question, respondents were expected to choose more than one option, hence the high percentage of respondents. However, in spite of the minority that joined the profession because of other reasons that are not related to the interest of the profession, the information obtained indicated that nurses joined the profession because it is their calling; their passion and they enjoy working with people. They joined the profession because they want to help the sick rather than for the sake of money or any other material thing.

Although majority of the nursing professionals joined the profession out of love, passion and enjoy working with sick people (item 8), some of these respondents who gave these reasons however would not like to do the same profession as a result of the above-mentioned reasons. The reasons dominating this attitude are outlined their order of importance as lack of promotion, high workload with less salary. The profession lacks growth and advancement. Therefore, much need to be done in order to keep the passionate in the profession and nurses that regard the profession as a calling this noble profession.

The literature reviewed supports the findings that the profession is risky and people fear occupational risks associated with HIV/AIDS [22]. Nakaweesi also concurs with [25], that there is no progress in the profession in spite of qualifications acquired. This becomes demoralizing and frustrating to the nurses and will push them away from the profession.

Those who are not satisfied, almost half of the respondents who have diplomas are not satisfied or somewhat satisfied, two of the respondents who have masters degrees are not satisfied or somewhat satisfied, three of the respondents who have bachelors degrees are not satisfied or somewhat satisfied while the respondent who have an honours degree is not satisfied or somewhat satisfied. More than half of these respondents who are not satisfied are working for public sector and majority of them are in age category of 36-40.

One could conclude that among the respondents interviewed that the health professionals who are very satisfied as well as satisfied are those who are less qualified while the respondents with additional qualifications (honors, masters), overwhelmingly indicated total lack of satisfaction. They are neither satisfied nor very satisfied. This consistent with Maslow’s hierarchy of needs, which asserts that in every person there exists a hierarchical need and people will change jobs in search for job satisfaction if the specific hierarchical motivation ceases. The nurses especially those who are more qualified need more challenging jobs that are compatible to their qualifications. This is also evident from the literature that the highest number of staff losses was from the registered nurses who are mostly having these additional qualifications compared to the other nursing categories (MOHSS 2005:17). Although the public sector is experiencing staff turnover, majority of those who indicated that they are satisfied are working for the public sector.

Nurses working in the public institutions however said that working for the public sector which guarantees job security and avails the benefits of cheap medical aid and housing allowances.
Lack of a system to compensate staff members for above average services rendered due to suspension of the performance appraisal system in 1998 [1] has greatly contributed to job dissatisfaction. Nurses need to be compensated according to their performance appraisal and abilities. In the absence of such a scheme, nurses will continue to perform their duties without an indication of appreciation for the job they have done from the employer. This is very demotivating, like a race without a finishing line and contributes to staff turnover in search for job satisfaction and appreciation.

It became evident that young nurses that were interviewed are the majority among the health professionals contemplating resignation when compared to older nurses who would consider resignation. This is in perfect harmony with the literature compiled by [10] which revealed that young nurses compare themselves with their colleagues in other fields who quickly rise through the ranks in their institutions and become distinguished and respected specialists who are well remunerated, while nurses takes years to achieve professional recognition and remain poorly remunerated. In a nut shell, this explains the high rate of resignation among young health professionals in hospitals. Although there is a small difference between the two sectors in terms of resignations, according to the findings above, there is a high probability of resignation in the public sector than in the private sector. The health professionals leave public sector for better opportunities and resign for greener pastures [24]. This is consistent with literature findings that there is a high movement from the public to the private sector [25]. It is also evident that nurses with high qualifications have a high probability of resigning in comparison to those with inferior qualifications. This could also be due to lowered graded designations and salary scales of some professionals in comparison with others in other professions.

Low level of staff motivation at all levels of health care emanating from factors such as high workloads, lack of career advancement and lack of non-financial incentives (e.g. recognition) emerged as some of the challenges that the nurses are faced with. Lack of supervision form the management, which could be as a result of shortage of staff, was also evident from the study. The findings are also consistent with the literature review which showed that nurses are experiencing some form of bad behaviour form the patients and their colleagues especially the paternalistic behaviour from the doctors as indicated in the findings.

Although there are myriad problems that adversely affect the nursing fraternity, and nurses in the public sector in particular, some nurses would want to help their fellow countrymen and women and would want to contribute to the well being of the nation. This precisely can be done by working for the public sector that serves the majority [25]argued that there is no progress in the profession in spite of the qualifications. Nurses have to go through a long structure before they are considered for promotion, accompanied by limited vacancies for promotion. This in essence contributes to turnover in the profession, as staff members will definitely compare themselves with other professionals from to her profession where payment is better, career advancement is possible, professional qualification are recognized and the necessary support and resources are readily available. Although there is better salary in the private sector, the data collected indicated that none of the nurses interviewed confirmed that there is better career development in nursing in private institutions. Most of the respondents that indicated that it is possible to easily climb the ladder are from the public sector. In fact, slightly less than half of the nurses interviewed in the privates sector indicated that career.Development is non-existent; another said it is slow while the rest said that career development is poor.

This indicates that from the findings, career advancement is not only a problem in the public sector but is a cross cutting problem affecting the entire nursing profession as long as one falls in the domain of practicing clinical nursing. High workload stress was seen as one of the factors that contributes to the high turnover in the public sector. Patient numbers have increased due to HIV/AIDS and Tuberculosis [22].

Discussions: Patients

It becaue evident that more females visited the hospitals than males. One could presume that it was because of the high female ration in the country or because most men are only visiting hospitals when they feel sick. The highest age category being 21 and 25 years who are mostly visiting health facilities is an indication that most of the young people did not have access to medical aid or unemployed and have no work commitments. It could be that this group was most vulnerable, involved in risk behaviors, hence the need for medical assistance. It is a fact that public hospitals cater mostly for poor in the country. There is a clear indication that people who are educated and well off do not visit the public hospitals and those who do visit form a negligible percentage. Seeing that Namibia has a high unemployment rate that public health facilities be more equipped at all levels with regard to staffing. The fact that
patients prefer public health facilities is that the services are cheaper or affordable when it comes to treatment and medication. That shows that public health care services are on demand that warrant being more equipped with regard to staffing, equipment and resources that are needed. These hospitals are also convenient to some of the respondents, accessible and affordable to the community particularly the unemployed. On nurses opinion about the services received, some positive and some negative aspects have highlighted as stated under results. What came out of this analysis is that there are lacks of nurses and with the results not effective or adequate attention are given to patients. The patients also have to wait long, due to the fact that patient – nurse ratio is incompatible and therefore sluggishness amongst the nurses is inevitable under such circumstances. Patients also agreed and amplified that nurses are overworked and that nurses are sometimes sluggish and unwilling to attend to them. Due to lack of staff, nurses on night duty are working long hours and also make up for those who resigned that can results in burnout among staff. According to [14] nurses are demoralized and stress due to increased requirements that is brought by the high prevalence of HIV/AIDS. Shortage of nurses and doctors are some of the important challenges for public hospitals that need management attention in general. Furthermore patients/clients indicated that personnel should be increased or more nurses should be recruited. The scenario indicates that there is a shortage of health workers in the public sector, which is confounded by other challenges like sluggishness in service provision and lack of supervision. Although respondents indicated that shortage of nurses is a problem as it leads to slow treatment and attendances, the respondents indicated lack of supervision as one of contributing factors to poor service delivery.

Limitations
- Due to limited financial resources and time constraint, the study was limited to Windhoek, the capital city.
- Nurses, who were busy during the time of interview was conducted were given questionnaires to complete and give back to the researcher at the time agreed upon, however some questionnaires got lost and were replaced.
- The language was also a limitation where the questionnaires had to be translated into Afrikaans and other indigenous languages

The use of many open-ended questions made data collection and analysis difficult and time consuming.

Recommendations
The study shows a strong link between the high turnover and the presumed causative factors such as no qualification recognition, lack of resources and lack of supervision. The recommendations were based on key finding as well as literature consulted.
- Nurses salary should be reviewed so that they would have market-related salary taking into consideration other professionals with the same entry qualifications and duration of study in the country rather than basing remuneration for nurses on standards of other African countries.
- The payment of overtime should be reviewed so that nurses are motivated to work over weekends because this is one of the factors raised by some nurses.
- Nurses qualifications should be considered especially those with additional qualifications in order to be motivate to pursue their further studies.
- Increase enrollment of undergraduate student’s nurses at tertiary institutions to full positions and reduce shortage of nurses. This recommendation is currently under serious discussions and considerations.
- To develop staffing room and standards according to workloads and also taking into consideration individual units.
- To conduct exit interviews with the staff who resign in order to determine the reasons for voluntary turnover.
- Provide fully paid training opportunities to the staff with conditions.

Conclusion
Nursing is regarded as a caring and noble profession where the professionals practicing it are expected to execute their duties with passion and dedication. The professionals are expected to be knowledgeable, committed and is also expected of the nurses to take the well-being of their patients as the first priority and to take precedence. Consequently, this profession is not regarded as competitive and glamorous compared to other disciplines. The profession is regarded as a calling rather than a profession. However, the nurses currently practicing this profession undergo extensive tertiary educational studies unlike in the olden days of Florence Nightingale and regard nursing as a profession rather than a calling. Consequently they compare their professions with other disciplines; want their qualifications to be recognized as well as to receive a competitive remuneration. Failure of the employer to satisfy these needs causes high staff turnover among the nurses especially from the public hospitals who move to the
private institutions in the country. The high staff turnover is not only a challenge to the Ministry of Health and Social Services but also a national challenge as it affects the service delivery to the nation. Thus, this requires the Ministry of Health and Social Services to implement the recommendations highlighted in this study.

References


