Retention of Health Professionals in South Africa

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Overview

- Globalization
- Brain drain
- Shortage of Health Professionals
- Aggravating circumstances
- Some statistics of shortage
- Why migrate
- Definition of concepts related to retention
- Measure of retention
- Models of Retention
- Retention Strategies in South Africa
- Challenges of implementation of retention strategies
- Conclusion

Introduction

- Started with globalization
- International exchange or sharing of:
  - Workforce
  - Production
  - Ideas
  - Knowledge
  - Services across borders
- Purpose:
  - Economic, social, political, environmental, cultural, and religious
  - Interaction across national boundaries
  - Social determinant of health
- Benefits
  - Additional experience
  - Diverse perspectives, skills and
  - Financial gains from competitive salaries in developed countries
  - Better lives for professionals and their families in source country
  - Export of nationals
  - Remittances sent through formal channels benefit the country

Brain Drain through migration

- Some countries heavily relied on foreign countries for supply of workforce instead of building up own workforce, e.g.:
  - In UK in 2002 more foreign nurses (16 155) joined the register than from training facilities in the country
  - Some Private healthcare organizations employ 60% foreign nurses
  - More Zimbabwean nurses in the UK than trained in the same year
- Other countries (Philippines, India) train a surplus of nurses at an exorbitant fee but recruited by foreign countries (international market).
- Worse still migrating nurses are specialized (even more expensive
- 30% of nurses in Switzerland were trained abroad
- In some parts of USA 60-70% of employed nurses are migrants (Habermann & Stagge (2010)

Shortage of Health Professionals

- Source countries for nurse workforce are India, Philippines, South Africa and Zimbabwe – all developing countries due to
- Failure of developing countries to match or compete with developed countries for attraction and retention of nurses
- Hence brain drain affecting country of origin for workforce
- Shortage of professionals in country of origin
- Specialized nurses trained at an expense of public funds
- Remaining professionals faced with heavy workloads
- Affecting patient care
- Developing countries the most hit, marginalized

Compounding Factors

- Production of nurses not matching the demand
- Internal movement of professionals from:
  - public to private institutions
  - rural to urban based institutions
- Therefore worst hit are:
  - Public health institutions catering for the majority (80%) uninsured population
  - Rural based institutions
- Increased burden of disease related to HIV/AIDS
- Weak health systems management
- Low staff morale
- Lack of database for migrating workforce statistics

(Harrison, 2009)

South Africa

Reduction in production of nurses (Geyer, 2004)

Year	No. of students	Deficit
1997	11 903	
1998	11 290	613 (5%)
1999	10 398	892 (8%)
2000	9 639	759 (7%)
2001	9 527	112 (1%)

South African nurses working overseas

(Eurostat employment survey for European countries, 2008)

Country	Practitioners	Nurses & Midwives	Other Health	Totals
Australia	1114	1085	1297	3496
Canada	1345	330	685	2360
New Zealand	555	423	618	1596
United Kingdom	3625	2923	2451	8999
total	2282	2083	2591	6956
	8921	6844	7642	23407

Shortage of nurses in South Africa

Compounded by:

- Aging nurse population in the majority
- Death from HIV/AIDS of economically active age group
- Integration of nursing colleges leading to less production
- Rationalization in the 90s and currently due financial deficits in provincial governments
- Moratorium on new programmes to stamp out private schools

(Nkosi, 2010); Harrison 2009)

Shortage of Health Professionals

- Shortage therefore illustrated by:
  - Doctors and nurses well below the WHO benchmark of 230 per
  - 100 000
  - Doctors being only 7% of what is required
  - Nurses 94% of required
  - Enrolled nurses 60%
  - Nursing Assistants 17% of requirement
  - 32% vacancy rates

Why migrate

Push factors

- Leadership and organizational factors
- Working conditions
- Poor salaries and other incentives
- Safety and security
- Increased workloads
- Long working hours
- Family commitments (Nkosi, 2010;

Pull factors

- Working conditions in receiving countries
- Competitive salaries
- Adventure
- Professional development (Habermann & Stagge 2010)
- However salaries not a priority issues in many studies

Definition of Concepts

Retention

- Extent to which nurses stay in their present jobs

Intent to stay

- Nurses' perception of the possibility of staying or leaving the present job
- Both measured indirectly by self reports of intent to stay or quit
- Can also be measured by tracking nurse turnover
- A strong relationship between retention and intent
- Also strong relationship between job satisfaction and retention
- Retention starts with good recruitment

(Ellenbecker, 2003, McIntosh, 2001; Delobelle, 2010))

When is retention adequate?

- Employees feel respected and valued
- Employees perceive they are being paid well and have a bonus plan
- There is growth within the organization for advancement (www.howatthconsulting.com)

Models of Job Retention

- Theoretical model for job retention of Home Health Care Nurses (Ellenbecker, 2003)
- Employee Retention Model
  - understanding what employees like

(www.howatthconsulting.com)

- Tuckman model cited in (www.howatthconsulting.com
- Job Embeddedness
- Magnet Model (Forces of Magnetism) instilling
  - culture of excellence,
  - excellent patient outcomes,
  - high level of job satisfaction

(ANCC, 2007)

Stages of adaptation in a job: Tuckman Model

Need to understand stages of adaptation in a job, namely:

- **Forming**: group starting to deal with other and minimal work gets done
- **Storming:** group starting to address internal conflicts and negotiating to get along
- **Norming:** Group members accepting their role and clear of their expectations
- **Performing:** Group members working independently and doing the job to the maximum potential
- Turnover predominantly in the first two phases
- Therefore organization to aim at getting employees to fourth phase – Performing

(cited in (www.howatthconsulting.com

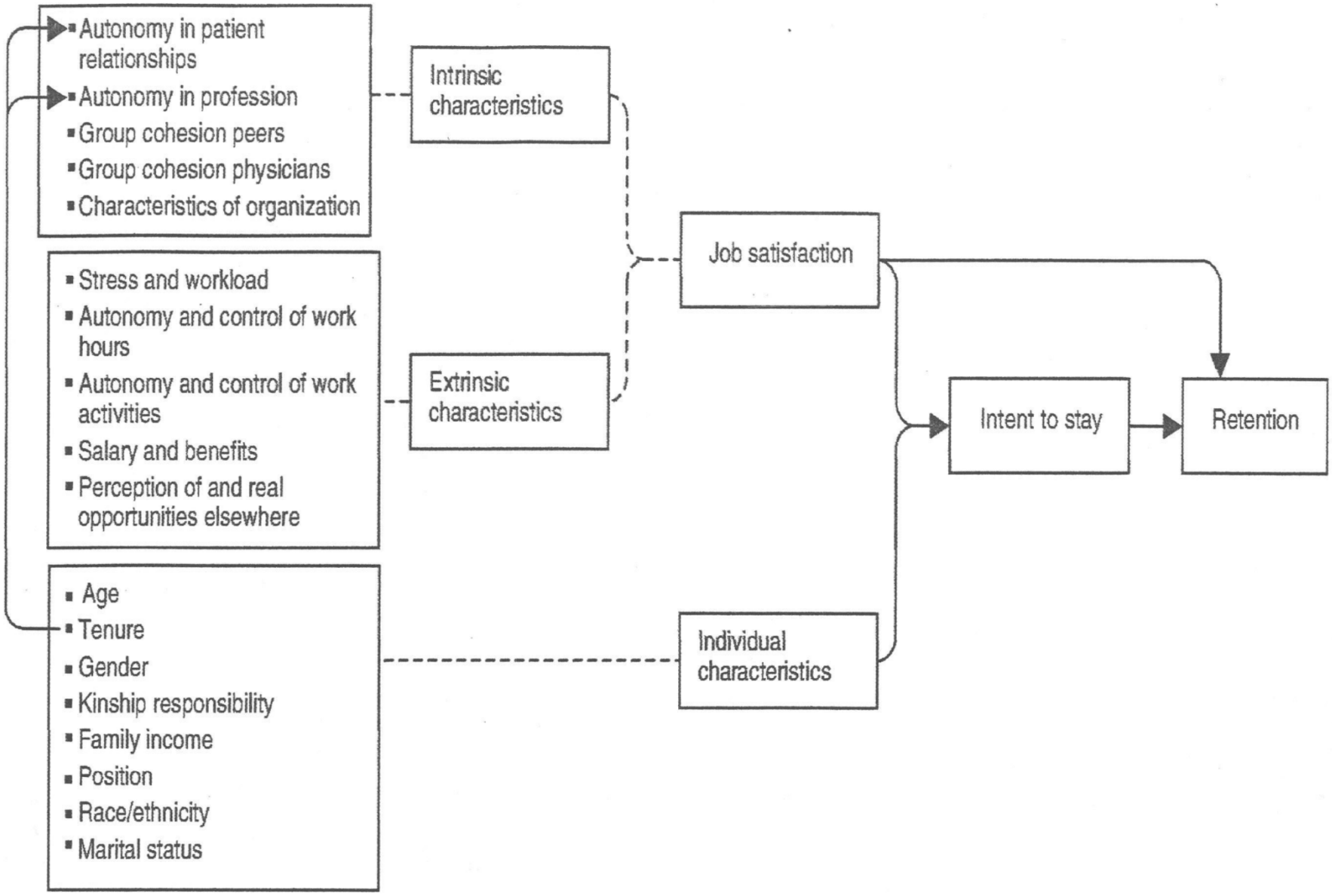

Figure 1 Theoretical model of job retention for home health care nurses.

Employee Retention Model (SUCCESS)

- **S**ee the priorities and pick up the critical issues and goals that need to be addressed
- **U**nderstand the needs of the employee from their frame of reference. Learn and practice success touch
- **C**reate the programmes and services that are needed for staff to perceive they are of value and importance
- **C**oncentrate on what is working and reflect and learn why it is
- **E**valuate if both the employees and upper management are working towards a common goal
- **S**tudy what can be learnt from above steps to enhance workplace
- **S**et the task to continue to look for feedback. Support the staff and transfer what is learnt so that there is reduction of same mistakes that can work against staff morale and motivation

(www.howatthconsulting.com

Job Embeddedness Model

- A broad group of influences on employee retention
- Captures a more comprehensive view of the relationships between employees and the organization and
- Employee and personal life
- Three dimensions: links, fit and sacrifice
- **Links** to family of friends, colleagues, community and physical environment
- The more the number of links, the more the individual is embedded in the job, organization, community
- **Fit:** individual's perceived compatibility or comfort with the organization or environment
- **Sacrifice** captures the cost of material or psychological benefits that might be relinquished by leaving the job, organization or community
- Organization to strengthen the dimensions

(Stroth, 2010)

Magnet Model

- Using forces of Magnetism with:
- 14 characteristics that:
  - characterize organizations that best able to recruit and retain
  - Epitomize excellence in nursing
  - Is a requirement for designation as a Magnet facility
  - Embody professional environment
  - Is guided by strong and visionary leaders

(ANCC, 2007)

Forces of magnetism

- **Quality of Nursing leadership** – visionary, supportive
- Flat organizational structure - flat
- **Management style** – participative, visible, accessible, etc
- **Personnel policies and programmes** – competitive salaries and benefits, creative and staffing models
- **Professional models of care** - giving nurses responsibility and authority, e.g. primary nursing, case management
- **Quality of care** – providing environments that positively influence patient outcomes
- **Quality improvement** – measurement of quality for improvement
- **Consultation and resources** – adequate resources, support, & opportunities for utilization of experts

Forces of magnetism cont'd

- **Autonomy** – independent judgment within multidisciplinary team
- **Community and health care organizations** – strong partnerships with all health care organizations to improve health outcomes
- **Nurses as teachers** involved in teaching within the organization and community
- **Image of nursing** – nurses effectively influence system wide processes and their services viewed as essential
- **Interdisciplinary relationships** - collaborative working relationships with and among disciplines with mutual respect
- **Professional development** – value personal and professional growth and development of staff

(ANCC, 2007)

Retention Strategies in South Africa

- Recruitment to extend to pre-higher education student life recognizing the urge for adventure in urban areas and abroad
- Rural recruitment
- Placement in rural areas during training with
- Adequate support in rural areas
  - Adequate mentors therefore outreach to rural areas
  - Tele-health and education with satellite access to rural health facilities currently district hospitals – consultation and teaching
  - Rural Health Unit (Reid, 2002)
- Adequate training facilities target training colleges for nurses
- Task shifting:
  - New health categories e.g. medical associate,
  - Community Health workers
- Comprehensive retention plan

(NDOH Strategic Plan, 2009)

Retention in South Africa

- Internship – supervised training extra pair of hands
- Community Service by health professionals post training to ensure retention for at least a year especially in needy areas
- Pay back of years of financial support from grants
- Financial incentives
  - Scarce skills allowance
  - Rural allowance
  - Occupation Specific Dispensation (OSD)
- Remunerative work outside public sector (RWOPS) to supplement salaries
- Overtime payment though short lived though continued for medical and dental health professionals

(Harrison, 2009)

Retention Strategies in South Africa

- Non-financial incentives:
  - Housing in rural areas,
  - Transportation
  - Recreational facilities
  - Schools for children
  - TeleHealth for advancement
  - Hospital libraries

Retention in South Africa

- Policy on recruitment among SADC countries
- Government to government agreements to:
  - control movement and
  - ensure ethical recruitment
- Health professionals from foreign country to provide service strictly in the public sector
- Recruitment in countries with excess, e.g. India
  - 43 Indian nurses taken up posts with private group in SA
  - Over 120 more expected

(Ellenbecker 2003)

Retention in South Africa

- Improve quality of work experience and the physical environment (work conditions)
- Office of standards compliance to ensure quality
- Respectful work environment to professional autonomy
- Conducive to personal growth
  - Revitalization of health facilities
  - Provision of infrastructure
- Redress the past, e.g.
  - Affirmative action (non-racial, non-sexist)
  - Equitable distribution of staff

Retention strategies in South Africa

- Capacity building – leadership and staff
  - Study grants or bursaries in return for years of study
  - Study leave with full pay
  - 50/50 policy half study leave and half own days
  - Preferential admission for specialization
  - Continuing Professional Development
- Improving conditions of service of professionals
- Engender participative democratic management style

(Harrison, 2009)

Challenges - Allowances

- Not all disciplines considered for allowances: e.g.
- Had to be working in the specific area of specialization
- Managers excluded
- Lower categories excluded
- Dispute over qualification for OSD and other allowances
- Delays in payment of overtime in public sector compared to Private sector
- Abuse of overtime by professionals making it permanent fixture (Harrison, 2009)

Challenges Work Environment

- Improving work environment challenged by
  - Financial implications against
  - Increased burden of disease by HIV/AIDS
  - Primary health care priorities

Challenges: Internship and Community Service

- Heavy workloads
- Sometime lack of necessary supervision and support
- Poor conditions of service
- Skills gaps
- Attitudes
- Short term solution
- The fact that they chose the facility of community service:
  - Chose semi-urban areas
  - Need therefore still not met
- Lack of guarantee of employment on completion of Community service

(Reid, 2002)

Perceptions of students

- In a study by Reid (2002)
  - Many Comm serv. Madical students described experience as positive
  - Few willing to change their career plans based on their experience in rural areas to remain in rural
  - Only 20% would voluntarily consider working in rural areas
  - 13% of pharmacists
  - 6% of dentists

    } would also work in rural areas
  - Nurses only started community service recently
  - One PhD study in progress but still in infancy

Challenges Foreign health Professionals

- Supplier to developed countries
- South Africa being modest about recruitment in surrounding countries
- Committed not to brain drain neighbouring countries
- Relationship between the foreign policy and the human resource development policies of the country
- All Human resource policies subject to different interpretations
- Hence need to re-appraise policies addressing recruitment and retention (Harrison, 2009)

Conclusion

- Introduction of globalization
- Related concepts defined
- Why concern about retention – shortage
- Models of retention
- Retention in South Africa
- Challenges of adopted strategies
- Therefore comprehensive retention plan

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