

Work Features that Influence the Retention of Professional Nurses in the Public Health Sector in Windhoek, Namibia

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Abstract

The retention of professional nurses in the public health sector is essential for maintaining quality nursing care. Effective retention strategies enhance nurses' job satisfaction, promote professionalism, decrease organisational costs and improve patients' care. The Namibian public health sector has, for a long time, experienced challenges in retaining professional nurses and this has affected patient care, students' clinical practice and the facilities' status. A qualitative descriptive design was used in this study to explore professional nurses' perceptions of factors influencing the retention of professional nurses at a health facility in Windhoek, Namibia. Semi-structured, face-to-face interviews were conducted with 11 professional nurses. Tesch's eight steps for data analysis generated two themes, namely: 1) Satisfaction with remuneration varied; the work environment was non-conducive and management was inadequate; and 2) Dissatisfaction resulted from negative psychological effects of the work environment and lack of career development opportunities. Remuneration packages in the public healthcare sector were regarded as inadequate compared to the private healthcare sector, which was deemed as greener pastures. The physical work environment is non-conducive and under-resourced, which has an effect on the physiological work environment when staff develop feelings of guilt, frustration, stress, feeling unsafe and uncared for—all potential catalysts for the loss of the professional nurse workforce due to resignations. In addition, career development opportunities were experienced as biased and unfair. Strategies are recommended to improve the remuneration packages and provide a well-resourced and conducive work environment, which supports the professional nurse to ensure quality patient care.

Keywords: remuneration package; work environment; professional nurse; retention; public healthcare sector



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Introduction and Background

Professional nurses are the essential human resources in healthcare facilities to facilitate quality healthcare standards (Mills et al. 2016, 1; Shalonda 2019, 24; Shava 2017, 3). However, the retention of professional nurses in the public health sector remains a global challenge (Al Zamel et al. 2020, 218; Shalonda 2019, 16). This is also evident in the public healthcare sector of Namibia (Shava 2017, 14).

Retention is the ability of an organisation to retain its employees in its service (Muller 2009, 95). Successful retention of healthcare professionals solemnly relies on organisational retention strategies (Alameddine et al. 2012, 1; Al Zamel et al. 2020, 218). Current studies have indicated that positive organisational retention strategies increase staff retention, job satisfaction and improve organisational performance (Leineweber et al. 2016, 48).

Public servants in Namibia receive relatively fair work remuneration benefits, which include medical aid, housing allowance and housing subsidy, as compared to the private healthcare sector (Dambisya 2007, 32). However, despite the provision of these work remuneration benefits by the Namibian government, retaining professional nurses in the public healthcare sector remains a challenge (Kamati 2014, 3). The inability to retain professional nurses in the public health sector has negatively impacted service delivery, contributing to an increased workload as the number of nurses continuously resigning their jobs increases (Amakali 2013, 17; Shava 2017, 4).

In addition, an inability of the public healthcare sector to retain professional nurses has seriously affected patient care service delivery, students' clinical learning and training in Namibia. Consequently, the public healthcare sector is faced with a severe staff shortage, flooded healthcare facilities and compromised health services delivery (Miyanicwe 2015, 1; Shava 2017, 4).

To this end, the high nurse turnover forced the Namibian government to sign a memorandum of understanding with the Kenyan government to avail nurses and reduce the staff shortage (Kamati 2014, 1839–1849). In addition, to complement the nursing workforce, nurses from Botswana and Zimbabwe were also recruited; however, this initiative did not alleviate staff shortages nor aid nurse retention in Namibia. In 2014, the Ministry of Health and Social Services (MoHSS) opened a three-year diploma programme to train more professional nurses to meet staff shortages. In addition, three more training institutions, including the University of Namibia, International University of Management and Welwitchia Health training institution, commenced with nursing education to ease staff shortages and retention challenges (MoHSS 2014, 15).

The population of Namibia is approximately two million; 15% resides in Windhoek, the capital city, and the remainder reside in smaller towns and rural settings across the country (MoHSS 2014, 27). Windhoek residents who primarily depend on public healthcare services are catered for at the two main referral hospitals, namely Windhoek

Central Hospital (WCH) and Katutura Intermediate Hospital (KIH) with two healthcare centres and eleven clinics. The two main referral hospitals are also used for academic training purposes for nurses and medical students locally and from abroad (Kathora and Strauss 2012, 6). Windhoek has four main private hospitals, which provide services to private patients and attract nurses from the public healthcare sector (WHO 2010, 4).

Nurses in Namibia are categorised as: pupil enrolled nurses, student nurses, enrolled nurses, registered midwives or accoucheur, professionals—also called professional nurses, senior professional nurses, chief professional nurses and chief control professional nurses governed by the Health Professional Council of Namibia (HPCNA) (RSA 2005, 6). The professional nurses in Namibia have an intensive clinical scope of practice towards healthcare service delivery in primary healthcare settings, secondary healthcare and tertiary healthcare.

Failure to retain professional nurses in the public healthcare sector is a serious concern for public welfare. In 2003, the average number of patients per professional nurse in Namibia was 947 (Brockmeyer and Stiftung 2012, 15). In 2013, the nurse-patient-ratio decreased to 1:704 compared to the WHO recommendations of 2.5 nurses per 1 000 (1:400) populations (WHO 2010, 1). This low nurse-patient-ratio poses a challenge for Namibia in its goal to attain health for all Namibians under the Harambe Prosperity Plan; adequate numbers of nurses are essential for quality healthcare service delivery. About 104 professional nurses who resigned from the public health sector joined the private healthcare sector between the years 2004 and 2006 due to unknown reasons, further compromising the quality of care in this sector (Haoses-Gorases, Jonas, and Kapaama 2014, 2). During 2010–2015, nursing staff turnover in public health facilities in the Khomas Region of Namibia was 43% (Shava 2017, 4). According to Shalonda (2019, 16), staff turnover in the public health sector of Namibia resulted from dissatisfaction amongst nursing staff.

Various international studies have evaluated staff retention. However, despite the situation becoming alarming, there are relatively few studies carried out to address the retention of professional nurses in general, and in the public health sector in Namibia, in particular. In this regard, Al Zamel et al. (2020, 227) suggest an urgent need for understanding the deeper narratives of staff retention challenges.

Since the reasons for the migration of professional nurses from the public health sector to the private health sector were unknown, this article reports on a study conducted to explore the factors that influence the retention of professional nurses at a facility in the public health sector in Windhoek, Namibia, as perceived by 11 professional nurses who participated in the study. Various opinions were expressed by the participants on what promotes and affects nurse retention in the public health sector.

Herzberg's Two-Factor Theory highlights two broad factors that an institution can improve to influence staff retention in the workplace. The tenets include: 1) hygiene factors such as remuneration, salary and security, work conditions, supervision; and 2)

motivation factors such as the work itself, recognition, and personal growth (Jordaan 2019, 49; Reukauf 2018, 12; Shalonda 2019, 24). The Herzberg Two-Factor Theory was used in this study to guide data analysis and the presentation of findings.

Methodology

Research Approach and Design

A qualitative exploratory descriptive design was used. Semi-structured, face-to-face interviews were conducted using a researcher-developed interview guide with three open-ended questions and probes to gain the necessary depth in the discussion regarding the factors that influence the retention of professional nurses at a facility in the public health sector included in the study.

The study was conducted at one of the two main public training hospitals in Windhoek, Namibia. Apart from local nurses, international professional nurses from Zimbabwe, Botswana, Zambia, and Kenya are also employed at this training hospital.

The study population included all professional nurses (N=294) working at the hospital. Professional nurses from all wards and departments were invited to participate. Non-probability purposive sampling was used to sample 11 professional nurses because of their experiences in providing healthcare services in the public and or private healthcare sector. The sample comprised of seven professional nurses from the acute care unit, emergency department, outpatient department, medical ward, general ward; and four nurse managers from the maternity-labour ward, medical ward, operating theatre and the paediatric ward, respectively. The inclusion criterium was that participants should have worked for at least one year in a public healthcare setting to ensure that they could share rich experiences about the research topic.

Ethical Considerations

Ethical approval and clearance were obtained from the Health Research Ethics Committee of Stellenbosch University with reference number S17/05/094, as well as from the Biomedical Health Ethics Research Committee at the Ministry of Health and Social Services, Khomas Directorate Windhoek, Namibia, with reference number 17/3/3. Permission to conduct the study was obtained from the head of the hospital, in Windhoek, Namibia. Detailed information about the study and assurance of confidentiality and anonymity were provided to participants before they gave written consent for their voluntary participation and use of an audio-recorder during the interviews.

Data Collection Process

Participants chose when and where the interviews would take place based on the suitability of the venue, convenience and privacy. Five professional nurses were interviewed in the hospital conference room, and two were interviewed at their residential homes. The four nurse managers preferred to be interviewed in their offices.

The researcher clarified issues that arose during the interviews to ensure that the information obtained was relevant and detailed. The interviews were conducted over three weeks in August 2017. Each interview lasted approximately 30 to 45 minutes. Data saturation was achieved after the 11 interviews had been conducted.

Trustworthiness of the study

Trustworthiness was ensured by applying the principles of credibility, transferability, dependability and confirmability (Lincoln and Guba 2013, 104). In order to enhance credibility, a test interview was conducted, interviews were audio-taped and member checking was done to gauge the accuracy of the interpretation of data. Furthermore, prolonged engagement in the data collection process and member checking to verify data accuracy were done. Verbatim transcriptions of audio-taped interviews were checked by the supervisor. The research setting, the participants and data collection method and analysis were described in detail to ensure transferability. Documents, data and coding were verified by the supervisor; an audit trail was kept and thick descriptions of the findings with direct quotations from the participants were provided to enhance dependability.

Data Analysis

Data analysis happened concurrently with data collection; all interviews were transcribed verbatim. Each recording was downloaded onto a password-protected laptop immediately after each interview. Electronic data files were assigned codes to maintain anonymity and for verification during data analyses. Themes were identified from the emerging patterns within the data set by applying Tesch's eight steps of data analysis (Creswell 2014, 22).

Research Findings and Discussion

Ten females and one male between the ages of 25 and 56 years and with between 4 and 33 years' work experience participated in the study. Two themes and six categories related to work features or the characteristics of the job emerged from the data, as presented in Table 1.

Table 1: Work features influencing nurse retention

Herzberg's Two-Factor Theory	Themes	Categories
Hygiene factors: Remuneration, salary and security, work conditions, and supervision	Satisfaction with remuneration varied; the work environment was non-conductive, and management was inadequate	<ul style="list-style-type: none"> • Remuneration packages • Additional allowances • Physical work environment • Management styles and supervision
Motivation factors: The work itself, recognition, and personal growth	Dissatisfaction resulted from negative psychological effects of the work environment and lack of career development opportunities	<ul style="list-style-type: none"> • Psychological work environment • Career development opportunities

First Theme: Satisfaction with remuneration varied; the work environment was non-conductive and management was inadequate

The first theme relates to four categories: remuneration packages such as salary and overtime payments; additional allowances such as danger pay and uniform allowance; physical work environment such as staff resources, workload, overcrowding, medical equipment, nurse-patient ratios, physical space; management styles and supervision such as guidance and support. Theme one is linked to the hygiene factors of Herzberg's theory. Responses from professional nurses indicate varying degrees of satisfaction with remuneration and additional allowances, with the work environment deemed non-conductive and management as inadequate.

Category 1: Remuneration Packages

This category relates to the hygiene factor of Herzberg's theory, which refers to adequate and fair remuneration to ensure employee satisfaction. Remuneration packages that are adequate and fair, would increase staff morale and job satisfaction (Muller 2009, 28; Shalonda 2019, 24). Healthcare workers in different countries and in various healthcare environments hold an opinion that inadequate remuneration impacts healthcare workers' decisions to leave or stay in their employment (Awases, Bezuidenhout, and Roos 2013, 4; Shalonda 2019, 61; Schmiedeknecht et al. 2015, 86). Professional nurses in this study reported staff shortages and expressed dissatisfaction with the remuneration packages they receive. A nurse manager confirmed that one of the reasons why staff resign is because "work is too much, finances too low." (P9) A professional nurse said: "... am not so satisfied salary wise but actually I am just sticking because of the passion that I have for the career ..." (P2)

This is contrary to the reports of Dambisya (2007, 32), who postulated that remuneration in Namibia was relatively fair. Comparatively, remuneration in the private sector was deemed fair and as more lucrative than that of the public health sector. The private sector was regarded as greener pastures for professional nurses. Nurse managers, fully aware of the poor retention of professional staff, were tasked to engage in staff exit interviews and explore reasons why they chose to resign at the public healthcare institution. A nurse manager reported that: “Most of them are going to private sectors. The private sectors, their wages are high comparing to this state ...” (P11)

This was confirmed by two professional nurses who said: “They leave to private sector—they believe that they are at least paid better in private sector than what they are being paid in state hospitals and the workload in private sector is quite minimised comparing to the public sector, so they feel they will be working more easily there and then getting a better salary than they are currently earning in the public hospitals.” (P2)

Registered nurses are also looking for greener pastures ... they want to be paid well for the job that they are doing ... that’s also pushing factor for the nurses to leave. (P1)

Not all participants were, however, dissatisfied with their income. Commitment and building relationships with an employer over long periods proved to result in job satisfaction and complacency with remuneration packages. A professional nurse with 20 years’ experience said: “I am very much satisfied with the salary I am receiving in the state ...” (P10)

Liu et al. (2016, 67) postulate that working overtime enhances the retention of nurses and increased their job satisfaction. Professional nurses in this public health sector facility also relied on overtime and high-risk environment remuneration benefits to supplement their salaries. However, opportunities to work overtime were not always possible, which negatively impacted the monthly income of professional nurses and resulted in dissatisfaction and threats to retention. One participant also expressed his frustration with the overtime claims procedure when working in the OPD where overtime claims are not a regular occurrence. This was confirmed by other participants, who reported that they did not claim because of the effort involved in the process. Professional nurses said: “We use to work normal overtime, but now you only get to work once per month and salary alone is not enough for us ...” (P5)

We use to get normal overtime, now overtime is cut, you just only work once, that’s all. And some of us are only believing in overtime. Salary is not enough for us. (P7)

Category 2: Additional Allowances

Additional allowances relate to the hygiene factor of Herzberg’s theory, which refers to fair and reasonable compensation. Seitovirta et al. (2014, 2) confirmed that employees who were well compensated remained in their jobs. Strategies to improve remuneration packages have been implemented in some countries to enhance nurse retention

(Seitovirta et al. 2014, 2). These authors reported that nurses in Finland had positive views regarding monetary rewards and other benefits.

Professional nurses who worked in busy and high patient acuity wards and emergency services in the public health sector facility in Namibia, expressed the desire to be rewarded with additional allowances such as “danger pay” and a uniform allowance. They also expressed their frustration at how the issue of uniforms was addressed by the hospital managers—disregarding the realities for the staff. Furthermore, they expressed awareness of the remuneration disparity in the payment of allowances between the public and private sectors in Namibia. More than one professional nurse expressed their discontentment with the payment of allowances in the public health sector. One professional nurse said: “... in private, if you’re working in casualty or ICU there is a danger allowance ... but here in these state hospitals even if you’re working in ICU, head injury and casualty there is no allowance. ... So, sometimes we are also going because there are allowances there [in the private sector].” (P3)

Professional nurses also reported that although they did not receive a uniform allowance, they were expected to wear proper and good quality attire. A report was as follows:

They [my colleagues] were sent home because they don’t have proper shoes on and ... I was also sent home because I didn’t put on a proper uniform but I begged the matron so I can go and look for another one ... a better shirt, but it was very expensive ... it’s not fair because it’s from my salary not from the uniform allowance. ... The management, they can just try their level best ... and provide the staff with uniforms. ... At least once every year. (P3)

Nurse managers concurred with the frustrations expressed by professional nurses regarding remuneration packages and additional allowances. One nurse manager suggested: “What I want to recommend is ... pay the staff on time their overtime ... the staff do not want to work overtime because they are not being paid, although they are going to get their salary one day, they just want to get them on time ...” (P9)

Even though satisfaction with remuneration varied amongst participants, the literature indicates that adequate and fair remuneration ensures job satisfaction and ultimately influences the decisions of professional nurses to continue or terminate their employment (Shalonda 2019, 61). Employers should afford employees financial stability in order for staff to maintain an acceptable standard of living (Booyens and Bezuidenhoudt 2014, 463). In addition, Dambisya (2007, 5) suggested that non-financial incentives such as free meals, bursaries and work transport could be addressed and included in recruitment processes for staff.

Category 3: Physical work Environment

Physical work environments relate to the hygiene factor of Herzberg’s theory, which refers to good working conditions that result in satisfied employees. The poor condition

of resources and infrastructure in health services is stressful and impacts the staff's ability to provide care; and may influence staff retention (Sarode and Shirsath 2014, 2735). Literature posits that a favourable and supportive healthcare working environment should provide sufficient ventilation, functional medical equipment, sufficient and appropriate pharmaceutical resources to enhance staff retention (Sarode and Shirsath 2014, 3; Shalonda 2019, 61; Yonder-Wise 2015, 57). These expectations are contrary to the work environment described by professional nurses in the public health sector in Namibia. Participants reported that the under-resourced and poorly maintained work environments are one of the reasons why nursing staff decide to leave their employment. A nurse manager said: "In most cases ... some are leaving the public facilities because of the poor working conditions like the resources, which are not available ... the materials, the equipment ... The other resources ... like maybe the clinical supplies ... the pharmaceutical supplies." (P8)

The lack of basic medical equipment and stock for staff to complete the routine nursing care in high-risk and life-threatening work environments, leaves staff demotivated. Professional nurses said: "We don't have the strip to do HGT for the patients. It's now affected the health of the patient and we cannot do anything. We cannot give insulin without." (P7)

You want to put a catheter, there is no catheter pack, and you can use the dressing pack. ... If there's no stock we ... make plan B, but it's stressful. (P3)

Sometimes the patient is bleeding, but there are no stitch packs or materials to stop the bleeding ... (P2)

Nurse managers concurred with the realities that life-threatening environments are under-resourced. A nurse manager said: "Walls are wearing out, doors are falling out ... they [doors] are not replaced. ... This door when is broken we cannot operate ... whole list is cancelled ... failure of oxygen to theatre ... while the patient is on the table, so you have to keep on ... bagging [ventilating] that patient because ventilator gave in—until you wake the patient up when the surgeon is finished with their procedure." (P9)

Inadequate or lack of medical equipment sometimes impacts the length of hospital stay for the patients, when their surgery has to be rescheduled for a later date. Deficient working environments cause frustration and added stress, even for the very experienced nurse managers in public healthcare environments. The cancellation of theatre cases makes the next scheduled theatre list longer and anticipated failures of hospital equipment add further strain on an already under-resourced hospital environment. A nurse manager said: "The whole list, 30 patients they are going to pile up in the wards. ... If the list of Friday was cancelled ... they will reschedule this patient again on the list of Monday ..." (P9)

Yonder-Wise (2015, 519) reported that when nurses are overwhelmed with the workload and recurrent staff shortages, they suffer from stress. Participants in this study expressed their awareness that staff were being overworked, mostly due to staff shortages and subsequent increased workload which resulted in stress for professional nurses. Nurse managers agreed and stated: “The second factor is workload, especially in my department the professional nurses are really being overworked ...” (P9)

This hospital is a referral ... it’s also a local hospital ... we are admitting from the regions ... also admitting from local ... no much control about whom really to admit and to reject, therefore most of the time the wards are really overcrowded ... (P11)

This unsafe physical work environment often affects the psychological work environment because professional nurses become stressed and discontented. Environmental realities, such as dysfunctional medical equipment and insufficient resources in a physical environment, also lead to psychological burdens for professional nurses when the care that nurses envisage for their patients is compromised. Hayward et al. (2016, 5) postulate that unfavourable working environments frustrate nurses and negatively affect nurse retention.

Category 4: Management Styles and Supervision

Category four relates to the hygiene factor of Herzberg’s theory, which refers to fair and reasonable supervision for employees’ job satisfaction. Managers have a duty to care and are responsible for managing and retaining the nursing workforce (Huber 2010, 584). Furthermore, literature claims that proficient managers should identify recurring problems in a unit, detect staff’s needs, use critical thinking in solving problems and facilitate communication (Hayward et al. 2016, 6). Therefore, Yamaguchi et al. (2016, 56) state that inadequate managerial and clinical supportive roles, and the physical absence of managers to carry out immediate supervision in a unit, as well as failure to address staff problems, decrease staff retention. Similarly, some professional nurses in this study emphasised that the lack of management support from some supervisors and the managerial staff negatively affected nurse retention in the public health sector of Namibia. Two professional nurses said: “The doctor was beaten up by the patient ... so the supervisors usually ask to write an incident report but as a department we have written more than three or four reports already but nothing is being done ...” (P2)

They [management] are not doing anything ... I was also bitten—one of my fingers—they didn’t do anything; you just write the incident. (P7)

A nurse manager confirmed that managers have to do their own problem-solving and also lack the support and guidance from executive management because “you can complain about a specific issue to your immediate supervisor but you will end up solving the problem yourself.” (P9)

Nurses want to hear positive comments from their managers or supervisors, which would increase their morale, self-confidence and self-esteem (Hayward et al. 2016, 6).

Professional nurses in this study reported that in most cases, managers tended to ignore their complaints or sometimes they took time to address them. Contrary to these claims, the nurse managers in this study expressed their awareness of a heavy workload on staff, and the impact it had on job satisfaction as well as its psychological effects on staff morale. Two nurse managers said:

The staff now are really complaining they don't have that satisfaction of taking care of the patients. When they go home, they are going on with that guilty feeling. (P6)

The hospital or the institutions is like overcrowded, so these are higher workload which the staff cannot take comparing to like private sectors. (P11)

Besides the high workload experienced by the professional nurses, the nurse managers indicated that they too were faced with heavy workloads that prevent them from hosting regular engagements with the staff. A nurse manager said: "We used to meet like twice in a week, but maybe due to workload at the moment we are only meeting once in a week." (P11)

In response to workload and ineffective management styles, nurse managers responded that when some wards were overcrowded, staff members were redeployed from other wards with a minimum number of patients. It was suggested by the professional nurses that more nurses must be employed to improve workload distribution, and they argued that professional nurses should be valued and involved in decision-making processes.

Second Theme: Dissatisfaction resulted from negative psychological effects of the work environment and lack of career development opportunities

Theme two highlights aspects related to the psychological work environment such as violence, guilt, stress and frustration; and career development opportunities such as study leave. The second theme is linked to the motivation factors of Herzberg's theory. Professional nurses reported on the negative impact of an unsupportive work environment and lack of career development opportunities.

Category 1: Psychological Work Environment

The psychological work environment relates to the motivation factor of Herzberg's theory, which refers to the actual work itself that can positively impact the employees' job satisfaction in a supportive work environment. Sarode and Shirsath (2014, 2736) confirm that an unfavourable work environment has negative effects on the employees' physiological, emotional, and cognitive well-being and their behaviour, which then leads to poor staff retention and decreased organisational productivity. Professional nurses in this study indicated that their timely patient nursing care was compromised as a result of their extra workload. Moreover, they reported feelings of guilt, frustration and stress at their inability to render quality patient care, that resulted from being overworked and understaffed in an overcrowded work environment. A nurse manager

confirmed that the stressed, overworked and overloaded staff feel frustrated and that is the reason why the “possibility of rendering quality nursing care is very unlikely.” (P11)

Professional nurses suggested that the psychological working environment is affected negatively. Two professional nurses said: “When you’re going home it’s like you are recalling what you have been doing at work. ... So, there are times I feel guilty but I feel I have helped the patient somehow. ... It doesn’t make me feel good actually, so at times I may say I feel demoralised.” (P2)

It is just discouraging you even if you are liking your job, your work. You start hating.
(P3)

A professional nurse reported that overcrowding of the limited physical space in the public health service facility affects the patients’ right to privacy and leaves the staff, once again, feeling guilty and responsible to compensate for the shortcomings in the public health sector. She stated: “... we used to put a curtain and made our curtain self [ourselves] ...” (P5)

Nurses and other healthcare workers are often victims of job-related stress and even violence at the workplace (Limiñana-Gras et al. 2013, 144). In a systematic review of the literature to evaluate workplace anxiety linked to real aggression in the workplace for nurses in various countries, Edward et al. (2014, 2) concurred that most nurses are exposed to traumatic experiences due to workplace-related issues, which influenced nurse retention. Similarly, professional nurses in this study indicated that the work environment could often become an unsafe place, amassed with violence and harassment. They reported witnessing fellow doctors and nurses being insulted or assaulted by intoxicated patients and their family members. Inadequate security for staff on duty was viewed as a reason why staff may be subjected to violence in the workplace, which jeopardises staff retention. Two professional nurses reported as follows: “We are facing the problem of security like in our department we are suffering. ... There is a lot of assault. They [patients] coming to fight sometimes in the department and fight us. We are in danger. There are a lot of incidences of doctors and nurses who were assaulted while on duty in our department. ... That’s also a cause of resigning ...” (P3)

Most of the nurses have been assaulted by patients and we don’t have a security guard or police officer ... to take care of this staff ... we feel we are not cared for, it’s quite bad. (P2)

Category 2: Career Development Opportunities

Category two relates to the motivation factor of Herzberg’s theory, which refers to the possibility for personal and professional growth in the work environment. Career opportunities indicate progress and promote quality in the work-life for employees (Booyens and Bezuidenhout 2014, 267). Human capacity development requires formal actions by healthcare facilities to ensure that employees, with the appropriate qualifications and experience, are available to ensure quality healthcare services.

Participants experienced that career and professional development opportunities in the hospital system among professional and junior nurses are not handled impartially. They reported that preference is given to senior enrolled nurses to enrol for the bridging course and become professional nurses. This forces junior enrolled nurses to resign their jobs to further their studies. A professional nurse reported:

When you worked for two years that was guaranteed to you that when you want to go for study, supposed to apply for study leave—but it was not approved. That’s why I even resigned to go study in the first place and I think we were four among that group.
(P4)

A nurse manager confirmed that young professional nurses resign even though they “have been here for a year, they leave to study medicine.” (P9) Furthermore, the institutional policies regarding career development lean towards bias and favouritism. Promises regarding training were not adhered to, hence the professional nurses resign prior to the end of their contract. A nurse manager said: “The system of the hospital is taking the older people who have been in the profession for a long time but now the junior ones they don’t have that free chance to go and further their studies ... this is like forcing them to resign.” (P11)

Professional nurses concluded that transparency regarding personal and career development must be applied to all nurses, regardless of their age and years of service.

Shalonda (2019, 53–60) concurs that professional nurses in the public health sector in Namibia displayed 60% overall dissatisfaction with remuneration and benefits; 53% overall dissatisfaction with the working conditions and workplace; and 66% overall dissatisfaction with advancement opportunities.

While some of the professional nurses in this study expressed intentions to resign from the public health sector, should the work environment not improve, others did not intend leaving the service due to their commitment of serving the public. One professional nurse had no intention of resigning because he had just embarked on the long-awaited career development opportunity. The nurse managers with extensive work experience had no intention of leaving because of the financial benefits, since they were nearing the retirement age at the institution.

Recommendations

Implications for practice: There is a need for policy makers to explore and benchmark remuneration models and salary scales across the public and private sectors in Namibia. Budgeting for salary adjustment must be done accordingly. Transparency in wage negotiations is key. Available staff posts should be filled through an active recruitment strategy to address the high workload. Ensure budgeting and financial forecasting for maintenance and renovations required in some departments, and for the provision of functional medical equipment and adequate pharmaceutical supplies to promote a

favourable working environment and to improve patient care. The hospital management should disarm negative working relationships among health professionals in the workplace and pursue team-building initiatives. Review the current management structure and explore alternative management models to allow for a decentralised management structure with more levels of support. Implement participative management styles that promote the buy-in of the staff. This may require in-service/continuous professional development for managers. Facilitate weekly staff meetings in units to provide updates and to provide a platform for staff to voice their opinion regarding institutional policies, for example, the implementation of flexible working hours.

Implications for research: Research (which includes the human resource departments of public health facilities), and research on retention strategies to enhance staff retention are recommended to facilitate the development of tailor-made strategies based on the reasons why professional nurses leave the public health sector.

Limitations

The study was conducted in one of the two main public and training hospitals in Namibia. Therefore, the findings cannot be generalised beyond the study context.

Conclusions

The study revealed that remuneration, overall, was viewed as inadequate in the public health sector, which has the potential to encourage the migration of professional nurses to the private health sector in pursuit of higher salaries. In addition, overtime and uniform allowances, which are an important supplement for the low salaries, were not a reliable source of income due to existing policies and processes. The quality of patient care is compromised by the lack of resources. The lack of management support, despite the nurse managers being aware of the non-conducive work environments, leads to feelings of guilt, frustration and stress. The reality of workplace violence results in professional nurses feeling unsafe, which is a possible catalyst for increased resignations. Processes for approval of applications for career development must be non-biased and fair.

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