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RETENTION STRATEGIES OF HEALTHCARE PROFESSIONALS AS A TOOL FOR EFFECTIVE SERVICE DELIVERY IN THE ZIMBABWEAN HEALTH SECTOR

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Abstract

The poor economic conditions prevailing in Zimbabwe have led to cross-border mobility and irregular migration of healthcare professionals in search of greener pastures in the region and beyond. This problem has affected service delivery and the welfare of patients in the health sector. The aim of this study was to evaluate the retention strategies implemented by a selected hospital and how they affect service delivery. A descriptive, quantitative and cross-sectional study was undertaken to ascertain the perception of 80 healthcare professionals, namely doctors, nurses, midwives and nurse aids using a purposive sampling approach. The reliability of the study was tested using Cronbach's alpha to ensure internal consistency. The findings of this study showed that there is a significant relationship between retention strategies and service delivery. This implies that management of the health sector should put in place retention strategies to motivate the healthcare professionals, and at the same time, ensuring effective service delivery. This study contributes to the extant literature on retention strategies in the health sector in the developing world where the working and economic conditions are not conducive.

Keywords: Human Resources, Retention Strategies, Service Delivery, Health Sector, Healthcare Professionals

1. Introduction

In recent times, there has been a surge in the number of healthcare professionals' viz. doctors, radiographers, pharmacists, nurses and midwives leaving Zimbabwe to neighboring and overseas countries in search of better living and working conditions (Botes, 2013). The health sector in Zimbabwe has been affected by the brain drain. This problem has been exacerbated by the high demand for health professionals in other countries and the deterioration in working conditions and prospects in Zimbabwe. In particular, the current political and economic situation

in the country has been viewed as a catalyst for brain drain and employee migration. Consequently, a large number of health professionals who have left Zimbabwe have moved to countries where working conditions are better and their qualifications are accepted, such as the United Kingdom, South Africa and Botswana (Chibango, 2013).

The health sector in Zimbabwe has been riddled with a problem of brain drain for over a decade. For instance, out of the 1,200 doctors trained domestically in the 1990s, only 360 members of that cohort remained in the country by the end of 2004. As a matter of fact, human capital is a very important resource in any organization regardless of size or sector. A lack or shortage of medical professionals endangers numerous parts of healthcare delivery (Vujicic *et al.* 2004). Moreover, Witter *et al.* (2017) have observed that at the peak of Zimbabwe's socio-economic and political crisis in December 2008, the vacancy levels in the public sector were at 69% for doctors, 61% for environmental health technicians, over 80% for midwives, 62% for nursing tutors, over 63% for medical school lecturers and over 50% for pharmacy, radiology and laboratory personnel. Due to the migration of skilled healthcare professionals, the delivery of services in the healthcare institutions has gone down because the morale and motivation of the remaining employees have been severely affected. Similarly, Kingma (2010) has noted that 80% of the health professionals trained in Zimbabwe have left the country whilst twenty percent still remain in the country. As a result, there is poor service delivery in various hospitals. Thus, it is against this background, that a study needs to be conducted to evaluate the retention strategies implemented by selected hospitals and how they affect service delivery. According to Hayward *et al.* (2016), the retention of healthcare professionals is essential for the provision of quality service delivery in healthcare institutions. This study, therefore, sought to assess the perception of health care professionals on retention strategies and service delivery. Furthermore, the relationship between retention strategies and service delivery was evaluated.

This paper contributes to literature on employee retention strategies and service delivery in the health sector, specifically from the developing world where economic and infrastructural challenges have a bearing on the quality of life. Section 2 presents a review of literature with specific reference to employee retention strategies and service delivery. Section 3 discusses the methodology used in this study. The results of the study are presented and discussed in Sections 4 and 5 respectively. Finally, Section 6 concludes the paper.

2. Literature review

2.1. Employee retention

Employee retention is a very important aspect of human resource management in both private and public organizations. However, it must be understood that employee turnover and mobility is a common phenomenon globally. The great demand for skilled employees in many sectors of the economy has led to a high turnover rate in organizations that do not have a favorable working environment. This has directly and indirectly affected employers, the productivity and profitability of such organizations (Soundarapandiyam and Ganesh, 2015).

The concept of employee retention has been widely covered in literature by many scholars and practitioners such that there is no universally acceptable definition of employee retention. James and Matthew (2012) attest that the retention of employees is a voluntary process which promotes employees' employment conditions and encourage individuals to remain for the longest period of time in an organization. Employees leave organizations due to various reasons. Therefore, it is crucial for organizations to minimize the rate of labor turnover through the implementation of effective retention strategies. Furthermore, Balakrishnan and Vijayalakshmi (2014) posit that it is imperative for organizations to effectively implement retention strategies so as to increase the number of employees who remain with the company for a long time. Fatima (2011) argued that to encourage employee retention, organizations must provide career development opportunities, rewards, conducive working environment and supervisor support.

2.2. Retention strategies

Bussin and Smit (2013) attest that work-life balance, career opportunities, incentives, intimidation, norms and values, working environment, opportunities for training and development and compensation are some of the retention strategies employed by various organizations. Wilton (2013) argues that reasonable monetary rewards must be given to employees in the organization. In terms of monetary rewards, employees are more likely to make internal comparisons with other employees in the company or externally compare with the wider labor market for equity purposes and this might cause discontent if there are disparities (Half, 2020). Consequently, organizations should pay employees market related salaries to ensure that talented members of staff are retained. The other important aspect on staff retention is training and development. It is imperative to note that training and development opportunities are aimed at offering opportunities for skills advancement in companies. Therefore, this provides employees with improved self-confidence and affective commitment. A study conducted by Joao (2010) argued that training and development is crucial for retaining professionally qualified individuals.

Another school of thought suggests that career opportunities are very critical for staff retention in an organization. Morrow (2011) posits that to minimize employee' intentions to leave and increase their commitment to the organization, career growth initiatives should be implemented. This view is shared by Kraimer *et al.* (2011) who have noted that perceived career opportunities predict employees' turnover and job performance. Therefore, organizations must be cognizant of the fact that when employees realize that there are more career opportunities in the company, they perform better and reduce their intentions to leave. Conversely, the absence of career growth opportunities accelerates their intentions to leave the organization.

Work-life balance is one of the effective tools or strategies for staff retention. Work-life balance has been described in the literature by Machuca *et al.* (2016) as the ability by individuals to meet their family commitments and work as well as other responsibilities. Work-life balance ensures that there is an equal balance between the employee's personal life and work. Karim (2015) confirms that a study conducted in Bangladesh found that most employed women play a dual role of work, caring for elderly, rearing children and family chores compared to their male counterparts. Therefore, if less consideration is provided between any of these roles, it can create discontent in employees, which influences job performance and consequently poor service delivery (Varanasi and Ahmad, 2015).

Another strategy for staff retention is the use of incentives. Previous studies have shown that retention of health care professionals may be centered on economic motivations and incentives viz. career prospects, allowances and retirement funds (Ortlieb and Sieben, 2012). For instance, in Zimbabwe, the government introduced the incentive scheme for healthcare professionals in order to minimize high turnover and poor service delivery. Consequently, the situation improved with the introduction of emergency retention schemes but these remained insecure because they were externally financed. The challenge is that the sustainability of incentives funded by external bodies is unpredictable. There is a danger that their effectiveness in the health sector may be short-lived once the resources are depleted (Witter *et al.* 2017). One of the peculiar means of ensuring that employees stay in the company for a lengthy period is the use of intimidation. Veloso *et al.* (2014) argue that this strategy entails the use of sanctions and regulations in the employment contract such as penalties in the case of early job leaving, secrecy obligations and restraints on disclosures to the competition after leaving the job.

Values and norms have also been used in different sectors as an effective way of staff retention. Staff retention through values and norms can be employed through intensive feedback and communication, social events that reinforce organizational culture and seminars that promote identification with the organization's aims (Ortlieb and Sieben, 2012). In addition, the culture of an organization has an impact on employee commitment and retention in the organization (Habib *et al.* 2014). Another school of thought suggests that the working environment plays a very important role in employee retention. Sarode and Shirsath (2014) affirm that a working environment includes physical facets such as infrastructure and resources

where nursing care of patients is offered. The status of infrastructure and physical environmental design where work activities occur play a substantial role in retaining employees. Kossivi *et al.* (2016) attest that conducive working conditions are a vital factor to retain an employee in an organization. Feltner *et al.* (2016) concur that the working conditions include the physical work environment such as safety and ergonomics, hygiene, employee health and wellness practices which includes supporting fitness and healthy lifestyle diet, and a social environment. A good example of the effect of the working environment is shared by Washinyira (2018) who observed that in April 2018, nurses went on strike at a hospital in Harare due to lack of basic equipment such as gloves and paracetamol.

2.3. Service delivery

Lotz (2009) defines service delivery as the provision of public activities, satisfaction or benefits to clients in an organization. It relates to the approach in which clients' needs are met in an organization. For instance, there is a belief that healthcare institutions cannot deliver services effectively without qualified and competent healthcare professionals (Goma *et al.* 2014). Osika *et al.* (2010) confirm that in order for the Zimbabwean health sector to improve the effectiveness of service delivery, healthcare institutions must train and prepare junior healthcare professionals who are in acting positions of senior healthcare professionals. Additionally, to achieve continuous service delivery improvement, actions to attract former health professionals who emigrated from Zimbabwe need to be taken into consideration.

According to Chiremba (2013), the migration of nurses has led to a decrease in the number of nurses in the country hence the consultation time available to patients has been affected. As a result, diagnosis and prescription of treatment are carried out hurriedly due to a shortage of qualified staff. Henceforth, the delivery of healthcare offered to patients is affected. Furthermore, the decrease in consultation hours or period may lead to incorrect diagnosis, which may risk the lives of patients. Maredza (2009) highlights that nurses in Zimbabwe are the pillar of the country's health delivery system and run most of the health institutions located in the economically deprived areas. This reflects the importance of retaining Health Care Professionals for the improvement of service delivery in Zimbabwe.

3. Data and methodology

This study used a descriptive, quantitative and cross-sectional approach. Normally, descriptive studies are used to evaluate relationships between variables (Hair *et al.* 2013). The target population for this study was 100 health care professionals from selected hospitals in Zimbabwe. A purposive sampling approach was used to select respondents based on their knowledge and years of service. This sampling technique is ideal for a research of this nature because it uses the researcher's discretion to select respondents who have adequate knowledge in the subject under investigation (Sekaran and Bougie, 2016). A total of 80 structured closed-ended questionnaires were completed giving a high response rate of 80%. The study evaluated the retention strategies and service delivery at selected hospitals. The items for each variable used in this study were presented using a five-point Likert scale ranging from 1 representing strongly disagree to 5 representing strongly agree. Data was analyzed using descriptive and inferential statistics by means of the SPSS. Fisher's exact test and Chi square were used to test the significance of the relationship between retention strategies and service delivery.

4. Results

4.1. Reliability and validity of the study

The reliability of the questionnaire was above the acceptable threshold as shown in Table 1. The Cronbach's alpha coefficients for retention strategies were 0.887 whereas the reliability coefficient for service delivery was 0.844. Thus, extant research shows that a reliability coefficient of 0.70 is deemed acceptable (Tavakol and Dennick, 2011). In terms of validity of the

study, all the items for retention strategies and service delivery had factor loadings above 0.40 which is the acceptable threshold for retaining an item (Yong and Pearce, 2013). Thus, this study met all the requirements for reliability and validity such that the data used to evaluate the variables was credible. Table 1 shows the reliability and validity of this study.

Table 1. Reliability and validity

Item	Factor loadings	Cronbach alpha	Chi-Square	df	Asymp. Sig.
Retention Strategies					
I am satisfied with my current job.	0.712		110.725	2	0.000
I get rewarded for my good performance.	0.770		51.100	2	0.000
I get appreciated for my achievements.	0.851		38.800	2	0.000
I get compliments from my superiors for doing the job well.	0.781		62.800	2	0,000
I am happy with the infrastructure at this Hospital.	0.727		16.975	2	0.000
I am satisfied with the equipment provided.	0.674		12.400	2	0.002
I am provided with the opportunities for skills growth.	0.634		56.425	2	0.000
My work schedule is very flexible.	0.781		72.100	2	0.000
There is a promotion of diversity at this hospital promoted at the hospital.	0.792		40.525	2	0.000
Workers are encouraged to be open in their communication.	0.857	0.887	66.175	2	0.000
Service Delivery					
The patients are treated with respect	0.926		76.050	1	0.000
I listen to the patients carefully all the time.	0.912		148.225	2	0.000
I explain everything to the patients in a way they could understand.	0.810		76.050	1	0.000
I am always available when the patients need me.	0.526		68.450	1	0.000
I understand the specific needs of the patients all the time.	0.598		61.250	1	0,000
The equipment I have helps me to perform my duties effectively.	0.901		5.200	2	0.074
I am always willing to work extra shifts when there is a shortage of staff.	0.784		39.200	1	0.000
I treat all the patients equally.	0.622		136.975	2	0.000
Customer complaints are taken seriously at the hospital.	0.588		78.400	2	0.000
I am currently satisfied with the way I deliver my services.	0.736		68.450	1	0.000
Patients do not stand in the queue for a long time while waiting for my services.	0.787	0.844	106.825	2	0.000

4.2. Background and demographic information

The results of the demographic profile of the sample show that the males to females ratio was approximately 2:3 (28.8 %: 73.3%). Within the age category between 21 and 30 years, 49.1% of the respondents were males whereas 58.1% were females. In addition, 14.3% of the respondents within the age bracket of 31 to 40 years were males. Within the category of males (only), 21.7% were between the ages of 31 to 40 years. In addition, the age bracket of males between 31 and 40 constituted 6.3% of the total sample used in this study. The results further show that within the age bracket of 51 years and above, 37.5% of the respondents were males and 62.5% were females. Table 2 shows the overall gender and age distribution of the study.

Table 2. Gender and age distribution

Age		Gender		Total
		Male	Female	
21-30	Count	13	18	31
	% within Please indicate your age group	41.9%	58.1%	100.0%
	% within Please indicate your gender	56.5%	31.6%	38.8%
	% of Total	16.3%	22.5%	38.8%
31-40	Count	5	30	35
	% within Please indicate your age group	14.3%	85.7%	100.0%
	% within Please indicate your gender	21.7%	52.6%	43.8%
	% of Total	6.3%	37.5%	43.8%
41-50	Count	2	4	6
	% within Please indicate your age group	33.3%	66.7%	100.0%
	% within Please indicate your gender	8.7%	7.0%	7.5%
	% of Total	2.5%	5.0%	7.5%
51 and older	Count	3	5	8
	% within Please indicate your age group	37.5%	62.5%	100.0%
	% within Please indicate your gender	13.0%	8.8%	10.0%
	% of Total	3.8%	6.3%	10.0%
Total	Count	23	57	80
	% within Please indicate your age group	28.8%	71.3%	100.0%
	% within Please indicate your gender	100.0%	100.0%	100.0%
	% of Total	28.8%	71.3%	100.0%

4.3. Frequency distribution of retention strategies

The results show that in terms of compensation, 88.8% of the respondents disagree that they get monetary compensation which encourages them to improve service delivery followed by 6.8% who agree and 3% were neutral. In addition, 70% of the respondents agree that their work schedule is often in conflict with their personal life followed by 22.5% who disagree and 7.5% who were neutral. With regard to opportunities of training and development, 72.5% of respondents believed that there are no opportunities for training and development at the hospital. However, 18.8% of the respondents remained neutral on whether training and development opportunities were provided. With respect to career advancement of the health workers, 65% disagree that they get opportunities to advance their careers within the organization followed by 25% who were neutral and 10% of the respondents agree that they were able to access career advancement opportunities. In terms of management or supervisor support, 75% of the respondents revealed that they do not get any support from the superiors which could lead to improved performance. On the other hand, 10% of the respondents agree that they get support from their superior followed by 15% of the respondents who were neutral.

As illustrated in Table 3, 77.5% of the respondents disagree that they were pleased with the working condition offered at the health center followed by 17.5% who were neutral and 5% who agree that they were happy with the conditions of service. Further analysis of retention

strategies showed that 45% of the respondents disagree that the hospital norms and values allow them to improve service delivery followed by 40% of the respondents who agreed and 15% of the respondents who were neutral. With respect to incentives, at least half of the respondents (51.3%) disagree that they were satisfied with the incentives offered by the health facility followed by 35% of the respondents who agree that they were satisfied with the incentives offered by the hospital and 13.8% of the respondents were neutral. In addition to the above retention strategies, most of the respondents (75%) disagree that the hospital uses intimidation as a tool to force workers to work perfectly followed by 21.3% of the respondents who were neutral and 3.8% of the respondents who agree or reported that the hospital uses intimidation to force workers to perform their duties effectively. Table 3 shows the frequency distribution of retention strategies.

Table 3. Descriptive statistics on retention strategies

	Disagree		Neutral		Agree		Chi Square p-value
	n	%	n	%	n	%	
I get monetary compensation that encourages me to perform effectively.	71	88.7%	3	3.8%	6	7.5%	0.000
My work schedule is often in conflict with my personal life	6	7.5%	18	22.5%	56	70%	0.000
I get opportunities for career advancement.	52	65.0%	20	25.0%	8	10.0%	0.000
I get support from my superiors, which leads me to perform effectively.	60	75.0%	12	15.0%	8	10.0%	0.000
I am pleased with the working conditions.	62	77.5%	14	17.5%	4	5.0%	0.000
The norms and values at the hospital allow me to improve the delivery of services.	36	45.0%	12	15.0%	32	40.0%	0.002
I am provided with the opportunities for training and development.	58	72.5%	15	18.8%	7	8.8%	0.000
There are enough resources which enable me to perform my duties effectively.	53	66.3%	18	22.5%	9	11.3%	0.000
I am currently satisfied with the incentives that I get.	41	51.3%	11	13.8%	28	35.0%	0.000
There is use of intimidation to perform effectively.	60	75.0%	17	21.3%	3	3.8%	0.000

4.4. Frequency distribution of service delivery

The findings of this study revealed that most of the respondents (98.8%) agree that patients were treated with respect. However, only 1 respondent (1.2%) disagree that he/she treats patients with respect. As shown in Table 4, 97.5% agree that they listened to patients all the time whereas 1.3% of respondents disagree followed by 1.3% who remained neutral. With respect to explaining everything to the patients in a way they could understand, 98.8% of respondents agree that they explained everything to the patients in a way they could understand; whilst 1.2% of the respondents remained neutral and none of the respondents disagree with this statement.

As shown in Table 4, the findings of this study indicated that 45% of the respondents

agree that the hospital has adequate equipment to enable workers perform their duties effectively followed by 25% of the respondents who disagree and 30% who were neutral. In addition, 85% of respondents indicated they are available and willing to work additional hours when there is a staff shortage followed by 15% of the respondents who chose to remain neutral. Furthermore, the results showed that no respondent disagreed with the statement. With respect to customer or patient complaints, most of the respondents (80%) agree that the hospital takes complaints from patients seriously followed by 10% of the respondents who disagree and 10% of the respondents who were neutral.

Table 4 further showed that 96.3% of the respondents were satisfied with service delivery followed by 3.8% who were neutral whilst there was no disagreement from any of the respondent. In addition, most of the respondents (87.5%) agree that patients do not stand on the queue for too long while waiting for the service to be delivered followed by 11.3% of the respondents who were neutral and 1.3% who disagree that the patients do not wait for too long to be assisted. Table 4 presents the frequency distribution of service delivery at the hospital.

Table 4. Descriptive statistics on service delivery

	Agree		Neutral		Disagree		Chi Square
	n	%	n	%	n	%	p-value
I treat patients with respect.	79	98.8%	0	0.0%	1	1.2%	0.000
I listen to the patients carefully all the time.	78	97.5%	1	1.3%	1	1.3%	0.000
I explain everything to the patients in a way they could understand.	79	98.8%	1	1.2%	0	0.0%	0.000
I am always available when the patients need me.	77	96.3%	3	3.8%	0	0.0%	0.000
I understand the specific needs of the patients all the time.	75	93.8%	5	6.3%	0	0.0%	0.000
The equipment I have helps me to perform my duties effectively.	36	45.0%	24	30.0%	20	25.0%	0.074
I am always willing to work extra shifts when there is a shortage of staff.	68	85.0%	12	15.0%	0	0.0%	0.000
I treat all the patients equally.	76	95.0%	3	3.8%	1	1.3%	0.000
Customer complaints are taken seriously at the hospital.	64	80.0%	8	10.0%	8	10.0%	0.000
I am currently satisfied with the way I deliver my services.	77	96.3%	3	3.8%	0	0.0%	0.000
Patients do not stand in the queue for a long time while waiting for my services.	70	87.5%	9	11.3%	1	1.3%	0.000

4.5. Relationship between retention strategies and service delivery

Fisher's exact test and Chi square test were used to ascertain the relationship or association between two variables. As illustrated in Table 5, Pearson's Chi-Square test result ($p < 0.05$) and Fisher's exact test ($p < 0.05$) shows a significant relationship between retention strategies and service delivery. Thus, the Pearson's Chi-square test revealed that the p-value is 0.000 which is less than the level of significance of 0.05. Table 5 shows the relationship between retention

strategies and service delivery.

Table 5. Relationship between retention strategies and service delivery

	Value	df	Asymptotic Significance (2sided)
Pearson's chi-Square	51.019 ^a	9	0.000
Likelihood Ratio	56.346	9	0.016
Fisher's Exact test	48.878		0.000
Linear-by linear association	37.817 ^b	1	0.000
N of cases	80		

Note: *Pearson's chi-square = 51.019^a, df = 9, Significance p < 0.000. Fisher's Exact test = 32.444, Cut-off parameter: Fisher's significance (p < 0.05).

5. Discussion

This study aimed at evaluating the retention strategies implemented by selected hospitals and how they affect service delivery. In addition, a descriptive analysis was conducted to evaluate the perception of health care professionals on retention strategies and service delivery. The findings showed that the use of retention strategies has been neglected in the health sector, specifically in the Zimbabwean health sector. For instance, the results showed that healthcare professionals at the selected hospital were not satisfied with the current salary which they are getting. Iqbal *et al.* (2017) believe that organizations that provide adequate benefits such as attractive salaries, a good organization culture and provide the necessities that satisfy members of staff are likely to be viable and succeed in their business.

The results of this study further showed that the working conditions at the hospital were not pleasing or conducive such that employees were working under harsh conditions. In addition, the study found that the resources required by healthcare professionals to carry out their work are scarce or not available at the hospital. According to UNICEF (2015), resource availability is very critical for effective service delivery at various health facilities. As a matter of fact, one in every eleventh child dies in Zimbabwe due to shortages of resources in the hospitals. Lastly, the study evaluated the relationship between retention strategies and service delivery. The results showed that there is a significant relationship between retention strategies and service delivery. These results are consistent with the study conducted by Belbin (2011) who found that retention strategies have a significant relationship with service delivery.

6. Conclusion

The aim of this study was to evaluate the retention strategies implemented by selected hospitals and how they affect service delivery. Thus, based on the findings of this study, the hospital management and ministry of health in Zimbabwe are advised to be cognizant of retention strategies and put measures that can facilitate their implementation and acceptability. Similarly, in order to enhance service delivery and yield low turnover rates, hospital management are encouraged to ensure that healthcare professionals are properly remunerated and provided with a work environment where they can grow and advance with their career. Thus, the hospital management should provide opportunities for career advancements at the hospital. For instance, employees who wish to study should be given the opportunity and not fear to lose their jobs.

Hospital management should encourage norms and values which bring unity and camaraderie at the hospital. This can be done by having team building sessions for all hospital workers to ensure that all the employees are conforming to the good norms and values espoused by the hospital. In addition, hospital management together with the ministry of health and childcare should provide essential resources required to improve the delivery of services. If there are no finances, donors should be considered in the immediate or short term as this will assist in the delivery of services. However, sustainable measures should be found to ensure that there is adequate supply of resources to the health sector as a long term solution.

This study is unique and has contributed theoretically and empirically towards the literature on healthcare professional's retention strategies and service delivery, specifically from Zimbabwe where the health sector is facing several challenges due to the worsening economic conditions. In terms of limitation of the study, the sample size used was so small that the findings cannot be generalized beyond the current scope. Future research should be conducted in other sectors of the Zimbabwean economy to ascertain how the current economic climate has affected their employee retention strategies and subsequently, service delivery.

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