

**AFRICA UNIVERSITY**

(A United Methodist-Related Institution)

**DETERMINANTS OF HIGH STAFF TURNOVER AT KARANDA  
MISSION HOSPITAL IN MOUNT DARWIN, 2022**

**BY**

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**A DISSERTATION/THESIS SUBMITTED IN PARTIAL FULFILLMENT OF  
THE REQUIREMENTS FOR THE DEGREE OF HEALTH SERVICES  
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## **Abstract**

The volatile economic environment in Zimbabwe has significantly affected the way health institutions are managed in the country. Zimbabwean economy is being characterized by hyper-inflation, high interest rates, high import tariffs and inability to retain talented and skilled labor. Retention of health care workers has caused a significant problem to the health care delivery system of Zimbabwe. It is under this background of high staff turnover of health care workers in various health care facilities in Zimbabwe where the researcher intended to carry out a study. The study was carried out at Karanda Mission Hospital in Mount Darwin District of Mashonaland Central province in Zimbabwe because the institution has been facing a high staff turnover in recent years. The frequent turnover of staff at Karanda Mission Hospital affected the institution in number of ways including; increased workload on the remaining staff, increased training costs and effects on daily workflow (patient care), staff morale and overall productivity of the institution. On the study site staff turnover seemed to be high. For the past three years ago, the trend of staff turnover has been increasing at Karanda Mission Hospital and this has prompted me to carry out the study. The study aimed to identify determinants of high staff turnover at Karanda Mission Hospital in Mount Darwin for the period 2020 to 2022 and propose possible solutions to address them. A convenience of 30 participants were engaged through the distribution of questionnaires to 2 doctors, 14 nurses, 2 paramedical staff, 8 auxiliary, 2 clerical and 2 managerial staff. This study was aimed to explore the factors causing high staff turnover at Karanda Mission Hospital and effects induced as a result of this phenomenon. Qualitative research method was used in this study. The findings reviewed that high staff turnover was caused by poor accommodation, geographical location, financial benefits from the institution, poor working conditions, family issues and job opportunities in foreign land. Based on the findings, several recommendations were proposed to address the problem, including improving working conditions, improving accommodation, revising the financial benefits, provide career growth opportunities and reducing workload. Additionally, the study proposes the development policies and procedures that foster culture of respect, recognition, and appreciation for the contributions of staff members. The findings were presented through tables, figures and pie charts. Ethical rights were observed throughout the study through seeking permission from the responsible authorities of the study site, seeking permission from the Africa University Research Ethics Committee (AUREC) and use of informed consent forms to all participants. Recommendations were provided to reduce if not to end the problem of high staff turnover at the institution.

## Declaration

I Wilfred Kanyera, student number: 190624, do hereby declare that this proposal is my original work except where sources have been cited and acknowledged. The work has never been submitted, nor will it ever be submitted to another university for the award of a Bachelor of Science degree.

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*WKanyera* 04 May 2023

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Main Supervisor's Signature (Date)

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## **List of abbreviations**

KMH	Karanda Mission Hospital
MOHCC	Ministry of Health and Child Care
PSA	Public Service Association
TEAM	The Evangelical Alliance Mission
WHO	World Health Organization
ZACH	Zimbabwe Association of Church-related Hospitals

### **Definition of Key Terms**

Organizational turnover can be defined as “the ratio of a comparison of the number of employees. Many factors play a role in the employee turnover rate of a company, and these can stem from both the employer and employees. Companies take a deep interest in their employee turnover rate because it is a costly part of doing business. (Beam, 2009)



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## **CHAPTER 1 INTRODUCTION**

### **1.1 Introduction**

Organizational turnover has sometimes been defined as “the ratio of a comparison of the number of employees. Many factors play a role in the employee turnover rate of a company, and these can stem from both the employer and employees. Companies take a deep interest in their employee turnover rate because it is a costly part of doing business. (Beam, 2009)

The volatile economic environment in Zimbabwe has significantly affected the way health institutions are being managed in the country. One of the most important drivers of productivity and sustainable economic growth in the developed economies is the quality and stability of the workforce. Zimbabwean economy is characterized by hyperinflation, high interest rates, high import tariffs and inability to retain talented and skilled labor. Employee turnover has increased in recent years as a result of changing requirements and aspirations (Aguenza & Som, 2018; Al Mamun & Hasan, 2017; Iqbal, 2010). Employee turnover is harmful to a company because it raises costs and causes large scale changes in organizational functioning. Retention of nursing and non-medical staff has caused a significant problem to the health care delivery system of Zimbabwe in recent years.

Employee turnover can be described under two categories (Heneman and Judge, 2009). It can be seen that turnover is either voluntary being initiated by the employee, or involuntary, being initiated by the organization.

Involuntary turnover can be split into discharge or downsizing types. Discharge turnover is aimed at the individual employee, due to discipline or job performance problems whereas downsizing turnover occurs as part of an organization



restructuring cost-reduction program to improve organizational effectiveness and increase shareholder value.

Voluntary turnover can be seen as avoidable or unavoidable. Avoidable turnover is that which potentially could have been prevented by certain organizational actions such as pay raise and new job assignment, whereas, unavoidable turnover happens in inevitable circumstances like death of staff or spouse's relocation.

High staff turnover in different health institutions affects the health care delivery system at large. It affects access to care and the level and quality of health care provided, staff reduction, patient contact time, organizational performance through loss of experienced staff and additional costs incurred if the organization decides to temporarily cover for staff who leave and costs of advertising, recruitment and induction training.

It is therefore important for an organization to improve retention and stability of health workforce which in turn brings benefits to staff, the organization and those being cared for.

## **1.2 Background of the Study**

In the Health care delivery system, staff turnover will negatively affect access to care and the quality of health care being provided. Turnover may reduce staffing and patient contact time and add to organisational costs through overtime payments, recruitment costs, reduced individual and organisational performance as the experienced staff leaves.

Globally, according to the United States Bureau of Labour Statistics (BLS), 4.25 million people quit their jobs in January 2022, up from 3.3 million in 2021. In Zimbabwe, according to BBC, 9 March 2022, "The state Health services Board that

just over 2 200 medical personnel left its services last year alone: 900 of them were nurses.

The performance of an organisation is hinged upon its ability to meet the targeted objectives. For this to be achieved, the organisation has to retain its staff and built a well-coordinated and motivated workforce that lead to achievement of organisational objectives. High employee turnover is a challenge for any organization; it indicates dissatisfaction of employees in terms of what it offers. Employee turnover is becoming a major threat as it has negative effects on operation and organisation performance. The migration of health care professionals from developing countries such as Zimbabwe to industrialised countries is taking at an alarming rate which has led to staff shortages, reduction in quality of health services and increase in additional costs incurred when hiring new staff.

### **1.3 Statement of the Problem**

Retention of staff for a prolonged period of time is important for the smooth work flow for an organisation. It is important for staff to work for a particular period of time at a hospital in-order to improve their knowledge hence improves their career development. Presents of experienced health care staff is more important for patients satisfaction and safety. The frequent turnover of staff at Karanda Mission Hospital has affected the institution in number of ways. Increased workload on the remaining staff, increased training costs and effects on daily workflow at the institution. On the study site staff turnover seems to be high. For the past three years ago, the trend of staff turnover has been increasing at Karanda Mission Hospital and this has prompted me to carry out the study. The staff turnover trend is shown in Table 1 below:

**Table 1: Trend of Staff Turnover at Karanda Mission Hospital**

Year	Deceased		Resignation		Retirement		Termination of contract		Absconders		Transfer-out		Total
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
<b>2020</b>	2	1	1	2	2	2	1	1	1	1	1	1	16
<b>2021</b>	1	1	2	2	2	3	1	0	2	2	1	3	20
<b>2022</b>	2	0	3	3	1	5	1	1	3	3	2	2	26
<b>Total</b>	5	2	6	7	5	10	3	2	6	6	4	6	62

Source: Karanda Mission Hospital (Human Resources department, 2022)

#### **1.4 Research Objectives**

##### **Purpose of Study**

The study aimed to identify determinants of high staff turnover at Karanda Mission Hospital in Mount Darwin for the period 2020 to 2022

The study specifically seeks to:

- a) explore the socio-economic and institutional factors influencing employee turnover at Karanda Mission Hospital for the period 2020 to 2022
- b) investigate the effects of employee turnover at Karanda Mission Hospital for the period 2020 to 2022
- c) identify strategies being employed to retain its employees for the period 2020 to 2022

#### **1.5 Research Questions**

The study responded to the following questions:

- a) What are the causes of employee turnover at Karanda Mission Hospital for the period 2020 to 2022?
- b) What are the effects of employee turnover at Karanda Mission Hospital for the period 2020 to 2022?
- c) What strategies are in place to retain its employees for the period 2020 to 2022?

### **1.6 Significance of the Study**

The authorities can use the findings and recommendations to solve the problem of high staff turnover. This study was important because no previous research had been documented in Zimbabwe concerning staff turnover at Karanda Mission Hospital. It is in this view of current demands of health care workers in various health facilities to provide timely and quality health services hence the study would enhance to improve staff retention and benefit clients at large. This study would help management to identify the causes of high staff turnover at Karanda Mission Hospital and designing of staff retention policies. The study would be significant to the researcher and other researchers to come in future and would add existing knowledge, improve researching skills and attain Bachelor's degree in Health Services Management.

### **1.7 Delimitations of the Study**

Karanda Mission Hospital is situated in Mount Darwin District, Mashonaland Central Province. The researcher was going to carry out the project at Karanda Mission Hospital Campus alone. The researcher used nurses, doctors, Human Resources personnel and auxiliary staff of the population at Karanda Mission Hospital to take views. The results of the study was meant to apply to Karanda Mission Hospital only.

### **1.8 Limitations of the Study**

The research was self-sponsored hence limited resources interfered within the research process through compounding the researchers' mobility to visit respondents and printing materials needed for the project.

Time was be limited because the researcher in question was both a student and an employee; it also limited the scope and depth of the study. The society could be polarised, have different views that could lead to difficulties in drawing a general conclusion.

### **1.9 Summary**

The chapter focused on the background information on high staff turnover at Karanda Mission Hospital. This chapter has highlighted the background to the study, the statement of the problem, the significance of the study, research questions, delimitation and limitations to the study.

## **CHAPTER 2 REVIEW OF RELATED LITERATURE**

### **2.1 Introduction**

The previous chapter looked at the background of high staff turnover at Karanda Mission Hospital. In this chapter the researcher looked at the related literature at global, regional and local perspective of staff turnover. The chapter also looked at the possible causes of high staff turnover, impacts and possible solutions to the problem of high staff turnover in relation to the related literature. The information was obtained from the primary source that is published works and secondary sources such as journals, reports from various organisations that collaborate with the World Health Organisation (WHO) and Ministry of Health and Child Care (MOHCC) in Zimbabwe and internet.

### **2.2 Staff Turnover in General**

The widespread understaffing of health care workers and nurses high turnover has become a global issue that has attracted attention from many organisations (Dee, 2001). Zimbabwe is losing more health care workers than could be replaced through migration, poor Government policies, poor working conditions and poor structural adjustment programmes (Parliamentary Debate, 2014).

### **2.3 Historical Background of Karanda Mission Hospital**

Karanda Mission Hospital was founded as the Gundersen-Hornness Mission in 1959 by The Evangelical Alliance Mission (TEAM). The hospital started operating in 1961. The official opening ceremony was held in April 1961 dedicated the hospital, “to the glory of God so that men might know the love of Christ”. The name was changed after Zimbabwean Independence to Karanda Mission Hospital. Today Karanda Mission Hospital (KMH) is owned by The Evangelical Alliance Mission (TEAM), a nondenominational mission organisation working in several areas of Zimbabwe.

Karanda Mission Hospital is located in Mount Darwin District of Mashonaland Central Province in Zimbabwe. It is in the North-eastern part of Zimbabwe about 45km from Mount Darwin Township and 30km from the boarder of Mozambique and approximately 200km from Capital city Harare. The area is characterised by poor road network, altitude of about 4951 feet, high temperatures and natural farming region three (3).

The institution gets patients from the immediate catchment area, other districts in the province, other provinces and neighbouring countries. Economically people in the area rely on subsistence farming and the standard of living varies from year to year and is almost totally dependent on annual rainfalls.

The institution is directly responsible to the Zimbabwean Ministry of Health institutions on all levels. It is also a member of ZACH. As need arises the hospital gets involved in local meetings. The institution has a total number of 212 employees.

### **2.3.1 Services Offered at Karanda Mission Hospital**

#### **2.3.1.2 Curative Services**

The most common problems are due to communicable and preventive diseases. The hospital offers health services to the out-patients and in-patients.

#### **2.3.1.3 Obstetrical Services**

Karanda Mission Hospital serves as a referral center for maternity services for several clinics and hospitals in Mount Darwin District.

#### **2.3.1.4 Surgical Services**

The institution offers surgical services to its clients. With the presents of a general surgeon and gynecologist at the hospital, a large variety of major surgical procedures are done.

#### **2.3.1.5 Ophthalmological Services**

Eyes are examined in the regular out-patients hours. Vision tests and eye inspections are done routinely for eye complaints. Cataract surgery is being performed. Eye surgery includes; foreign body removal, suturing of injuries, saucerization of Meibomian cysts, entropion repair and pterygium repair. Glasses are given for reading and minor refractive errors. Some patients are referred to Harare for further management

#### **2.3.1.6 Physiotherapy**

Physiotherapy is done by the Rehabilitation Technician and other staff members. The Rehabilitation department provides crutches and walkers for those in need of such devices. The department also assists the community when health education and rehabilitation services are needed.

#### **2.3.1.7 Preventive and Promotive Services**

Zimbabwe has successfully established a system of MCH services, in which Karanda Mission Hospital participates both as a hospital itself and in community outreach. Antenatal services, family planning, immunization and health education are provided to clients.

#### **2.3.1.8 Nutrition Rehabilitation**

All admitted patients at the institution have a careful physical examination done and a social and nutritional evaluation. Follow-up visits in the homes, community mobilization, and provision of livestock (goats) contribute enormously to the success of nutritional rehabilitation at Karanda Mission Hospital. It is through the Community care department at Karanda which aims to mitigate the impact of social burden arising from difficult economic conditions by enabling access to health care



and treatment, social, spiritual and economic empowerment solutions to the highly vulnerable groups in the catchment area.

#### **2.3.1.9 Supporting Services**

Laboratory, pharmacy, radiology, maintenance and transport services are carried out at Karanda Mission Hospital.

#### **2.3.1.10 Training Services**

The Nursing School was founded in 1963 with a dual purpose, to provide professional training for people in the area and staffing for the hospital. Karanda School of Nursing offers training for Registered General Nurses (RGNs), Midwifery and trainings for its auxiliary staff.

#### **2.3.1.11 Pastoral Care Services**

Karanda Mission Hospital seeks to minister to all its employees, patients and their relatives on voluntary basis. Devotions are done on daily basis and bible studies done for different groups at the chapel. The hospital aims to unite and build communities towards upholding Christian values and help them build trust in God.

#### **2.3.1.12 Financing of Services**

The design and implementation of health financing policies influence the extent to which health systems can deliver quality health services, equitable resources and financial protection for vulnerable populations. Funding of health care services at Karanda Mission Hospital relies on user fees, government funding even though funds from government are inadequate to sustain hospital operations and donations from international sources, relief organizations, churches and individuals.

## **2.4 Trends on Staff Turnover in Health Sector**

### **2.4.1 Global Outlook**

According to the World Health Organisation (WHO) report in 2017, the inadequate staffing levels in healthcare systems of developing countries drive a high rate of staff turnover. In many low-income countries, staff retention has become a significant challenge, and the situation is exacerbated by poor working conditions and limited opportunities for professional development. In Africa especially sub-Saharan Africa, staff turnover rates in healthcare range from 5% to 100%, with an average of around 38% (WHO, 2015). Moreover, staff turnover rates in hospitals worldwide range from 5.5% to 29% (Bureau of Labour Statistics, 2019).

### **2.4.2 Regional Outlook**

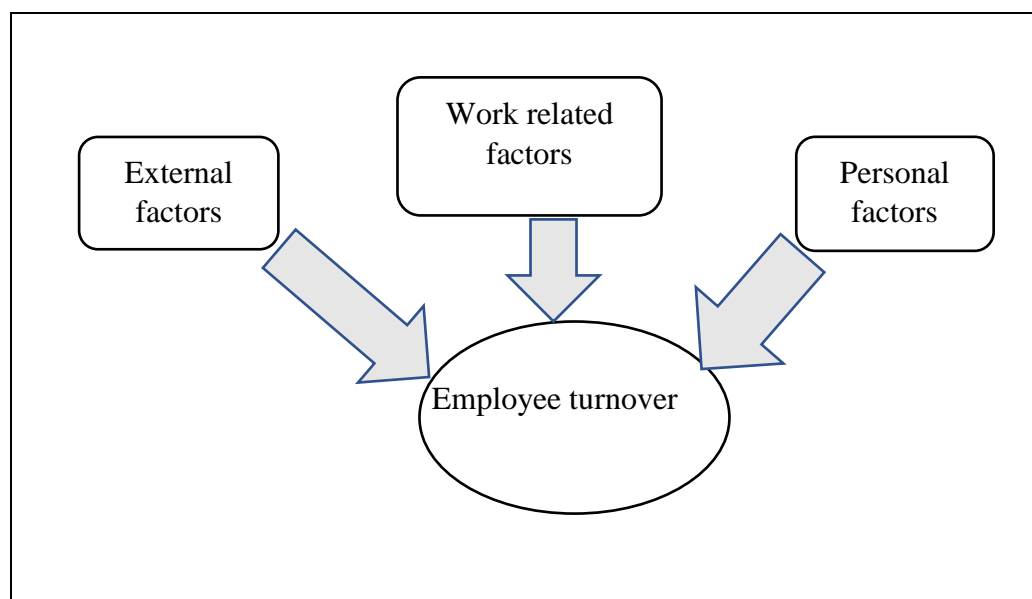
In Zimbabwe, the health sector has battled staff shortages with low salaries, poor working conditions and high rates of emigration as a significant causes of staff turnover (Gibson, 2018). In 2019 Public Service Association (PSA) in Zimbabwe raised alarm over high staff turnover rates in the health sector, citing that the country has lost over 1600 medical professionals in the past few years due to poor remuneration and poor working conditions.

### **2.4.3 Local Outlook**

A cross-sectional survey of eight hospitals in Zimbabwe conducted by the Ministry of Health and Child Care (MOHCC) in conjunction with the World Health Organisation (WHO) in 2014 showed an average of 24.5% overall staff turnover rate among the eight hospitals. This rate was a reflection of the upturn rate for both private and public hospitals within the country. The study further attributed the causes of turnover to poor working conditions, low salaries and employee migration to other countries. Specifically, at Karanda, the research showed that the hospital had

a 30% average staff turnover over the past three years. The study identified the determinants of high staff over at the hospital to be poor financial benefits, poor accommodation, poor working conditions, and geographical location of the institution and family issues.

## 2.5 Theoretical Frame-work for Humanitarian Organisations



Adopted: IOSR Journal of business and management (IOSR-JBM)

Fig 1: Theoretical frame work for Humanitarian organizations

### 2.5.1 Reasons Behind Employee Turnover

Through the meta-analytic review of organizational literature Cotton & Tuttle (1986), have identified 24 variables impacting turnover and classified them into three correlates (i.e external, work-related and personal characteristics). Grant et al, 2012, Allen et al, 2010, Parker, 2014 & Korff et al, 2015 reviewed Cotton & Tuttle's work and argued that their work can offer useful insight to researchers and practitioners in humanitarian organizations. Building on Cotton and Tuttle (1986), the researcher classified factors behind turnover into three categories as discussed below:

#### **2.5.1.1 External Factors**

External factors refer to the elements outside the organization that influence staff turnover. External factors include: employment perceptions, accession rate and union presence. These variables are further supported by various studies (Roth, 2012, Korff et al, 2015). Korff et al, (2015) argued that the humanitarian workers decision to leave the organization is guided by attractiveness of the job. One of the significant external factor that contributes to high staff turnover in hospitals is the national and global economic situation. Muli & Mburu (2019), found that a number of competitors in the job market can affect employee turnover rates. A weak economy or inflation of wages can result in employees leaving their jobs in search of better wages and benefits, often in different organizations or countries. According to a study by Ombuki-Berman & Bojuwoye (2018), economic factors such as inflation, unemployment and exchange rates can affect employee turnover rates. Karanda Mission Hospital faces significant competition with other hospitals in the region, and if employees are not provided with competitive salaries and benefits, they may leave for greener pastures. According to the 2022 NSI National Healthcare Retention & RN staffing report, the average hospital turnover rate in 2021 was 25.9%, revealing a continuous increase in the next coming years.

#### **2.5.1.2 Work-Related Factors**

Worker-related factors refer to the circumstances surrounding an employee's work that may influence their decision to leave or stay in a job. Work related factors have significant role in employee turnover. These include pay, work satisfaction, promotional opportunities and institutional policies. Employees' job satisfaction must be satisfied by the employer (Eggerth, 2015). Several work-related factors may contribute to high staff turnover at Karanda Mission Hospital. Firstly, inadequate or

poor communication among the staff can lead to dissatisfaction and misunderstandings among employees, creating a negative work environment.

According to Bhal et al. (2019), found that communication problems, such as lack of transparency and ineffective communication channels can lead to employee turnover.

Secondly, inadequate training or development opportunities can lead to frustrating among employees who feel they are not developing professionally or may be struggling to cope with the job.

Thirdly, insufficient or poor working conditions, such as inadequate staffing levels, and poor ergonomics, can result in burnout and other health problems. A study by Bhatia & Gupta (2017), found that working conditions, such as long working hours and workload can increase employee turnover.

In-addition, to work-related factors, employees are highly motivated by benefits or rewards at work. According to a study by Ahmed et al. (2020), a lack of recognition and rewards can lead to job dissatisfaction and increased employee turnover rates.

### **2.5.1.3 Personal Factors**

Personal factors refer to an individual's life situation that may affect their job satisfaction and decision to leave or stay in their job. Cotton and Tuttle in their theoretical frame work have identified that personal factors play significant role in turnover. These factors include; age, marital status, education, behavior intention and net expectations (Nguyen, 2019). One of the personal factors that contribute to high staff turnover in hospitals is the family obligations. Employees may leave their jobs to take care of ill family members, to take care of children, or move to nearer to family members or spouses. Zhang et al. (2018), found that employee turnover can be influenced by family responsibilities, such as caring for children or elderly

parents. Another personal factors are the lack of job satisfaction and work-life balance, which can lead to stress and dissatisfaction can affect turnover rates (Kusdi & Kadir, 2019).

## **2.6 Relevance of the Theoretical Frame-Work to the Study**

The humanitarian framework can be very relevant to the study entitled, “Determinants of high staff turnover at Karanda Mission Hospital in Mount Darwin, 2022”. This theoretical framework is focused on understanding and addressing the needs of the vulnerable and marginalized populations promoting human welfare, and advancing social justice.

In the case of Karanda Mission Hospital, the staff turnover rate may have a significant impact on the hospital’s ability to provide quality health care to the local community. The humanitarian theoretical framework recognizes that quality health care is a fundamental right of all human beings and focuses on the need of for equitable access to health care services.

The framework also emphasizes the importance of addressing the root causes of social problems, such as high staff turnover in health care facilities. By using this theoretical framework to understand the determinants of staff turnover at Karanda Mission Hospital, potential solutions can be identified to address the underlying issues, such as inadequate compensation or work overload.

Additionally, the framework emphasizes the importance of community participation in the development and implementation of health care policies and programs. In the context of this study, involving local communities, patients and their families in decision making processes related to staff retention can help to identify sustainable solutions that meet the needs of the hospital and the community.

## **2.7 Summary**

The chapter reviewed the related literature review on high staff turnover in general.

The study went on to look at the theoretical frame work of employee turnover intension and its relevance to the study. The causes and impacts of high staff turnover were identified.

## **CHAPTER 3 METHODOLOGY**

### **3.1 Introduction**

The previous chapter looked at the related literature review on high staff turnover in general. This chapter looked at the research methodology thus the use of a descriptive investigation on the causes of high staff turnover at Karanda Mission Hospital. This chapter described the methods used in the study which included the following: Research design, study settings, study population, sampling methods, sample size, data collection instrument, validity, reliability, data collection procedure, clearance from the responsible authority Medical Superintendent at Karanda Mission Hospital, pilot study, ethical considerations and work plan.

### **3.2 Research Design**

A research design is a set of procedures and methods used for data analysis of different variables used in research model (Starman, A. B., 2013). A research design also called a research strategy or a plan to answer a set of questions (McCombes, 2019). This study used qualitative research paradigm. A case study design was used since it involves an intensive exploration of the single unit of the study. In this study it was more appropriate because the researcher was interested in finding out in-depth issues that caused high staff turnover at Karanda Mission Hospital. A case study was used a small number of samples. Respondents were drawn from all departments at the hospital. The researcher intended to use case study design because it provided a clear picture of the situation, on what we saw and interpretation of data was carried out easily. The researcher intended to use this design because it was less expensive and it was suitable when dealing with human behaviour and attitude which was unpredictable.



The importance of using this design was that, it provided information on wide range of peoples' characteristics and their professional situations. It also provided relatively simple and easy approach of studying attitudes, beliefs, values and motives of individual members. Results obtained were easily generalised unlike other research designs. The case design therefore provided the most suitable ground for this study. The case study explored and described the phenomenon in real life situations, hence the application of descriptive method to explore the causes, impact and solutions to high staff turnover at Karanda Mission Hospital.

### 3.3 Study Setting



Fig 2.0 Karanda Mission Hospital Catchment Map

The above figure showed the Karanda Mission Hospital map and its catchment area. The institution was found in Mt Darwin District, Mashonaland Central province. The Hospital was established in 1961 and provides health services to ward 14 which has an estimated population of 13 800 people, although its services has extended across

the borders of Zimbabwe. It had a total number of 212 workers including 4 doctors, 78 nurses and other supporting staff. The hospital had 4 general wards which can accommodate a total number of 150 admitted patients. The institution attended an average of 150-200 clients per day at Outpatients department. It was located in Mount Darwin district shared common boundaries with Mozambique on the Northern side. The Hospital was under the administration of The Evangelical Alliance Mission (TEAM). Nature of terrain was generally rough. The area was characterized by poor road network, altitude of about 4951 feet, high temperatures (maximum (23.8-31.5 degrees Celsius), minimum (6.1-18.5 degrees Celsius)), and natural farming region three (3). Economically, people living in this area rely on subsistence farming and mining for survival.

### **3.4 Population and Sampling**

Study population refers to the sum of all units valid for investigation (Majid, 2018). In this particular study, the study population was all health personnel including auxiliary staff at Karanda Mission Hospital. The individuals provided some knowledge about the problem of interest, especially for the purpose of making predictions (Creswell, J. W. & Creswell, J. D., 2018). In this study, purposive sampling method was used because the health personnel have in-depth knowledge and experience at Karanda Mission hospital and were being affected by high staff turnover. The targeted population included; human resources, nurses, doctors and auxiliary staff because they have the characteristics and information useful to the research project. Sampling ensures that every element of the population has an equal opportunity for being included in the sample. Convenience and purposive sampling technique was used. This type of sample design presented the researcher with the opportunity of access to the population. The researcher selected participants from all

departments eligible to participate in the research project until the desired sample size of 30 was reached. The participants were supposed to be health personnel of Karanda Mission Hospital's catchment area. This sampling technique saved time.

### 3.5 Sample Size

Sample size refers to the number of participants or observations included in the study. The sample composed of 30 subjects representing all the healthcare workers selected from Karanda Mission Hospital. The number was large enough to sufficiently describe the phenomenon of interest and address research questions at hand. The sample size was summarised on the table below:

Table 2: Sample size

Departments	Establishment		Sample size	
	Males	Females	Males	Females
Doctors	2	2	1	1
Nurses	20	68	6	8
Paramedical staff	4	5	1	1
Clerical staff	5	6	1	1
Ancillary	49	42	4	4
Managerial (HR, Admin)	3	6	1	1
<b>Total</b>	<b>83</b>	<b>129</b>	<b>14</b>	<b>16</b>

Source: Karanda Mission Hospital, staff return, 2022 (Human resources Department)

**n= 30**

**n:** represents a sample size of subjects to represents all staff members at Karanda Mission Hospital.

### 3.6 Research Instruments

A data collection instrument is a tool used to collect, measure and analyse data related to research interests (Zohrabi, M., 2013). In this study, data was collected from statistical records from Human resources department thus documentary analysis. In this study documentary analysis helped the researcher to get a clear picture of what had been the situation of high staff turnover at Karanda Mission

Hospital so that findings would be generalized. A questionnaire was also be used to solicit information from subjects. It was a printed self-report form designed to get in-depth information through written response from the subjects of the study. In this study it was more appropriate since all the participants were able to read and write about staff turnover at Karanda Mission hospital. In this study, a questionnaire was used to collect qualitative data. The questionnaires elicited information on the views of Health personnel on the problems and causes of high staff turnover at Karanda Mission Hospital. Open ended questions were used to get comprehensive information about the variable understudy. Closed ended questions were used to help to capture specific and guided responses. The instrument was in English assuming that all nurses, doctors, paramedical, clerical and auxiliary staff understand English since all training of these cadres was done in English.

### **3.6.1 Variables**

#### **3.6.1.1 Age**

The population under study was divided into 5 age groups thus below 29 years, 30-39 years, 40-49 years, 50-59 years and above 60 years.

#### **3.6.1.2 Gender**

Population under study was grouped in terms of gender thus males and females

#### **3.6.1.3 Designation**

Staff members were grouped according to their designations thus medical staff, nursing, paramedical, clerical, ancillary and managerial staff.

#### **3.6.1.4 Years in Service**

Population under study was interviewed according to their work experience. The longest serving cadres were targeted to share their life and work experience and general cadres respectively.

### **3.6.1.5 Qualitative Questions**

The following qualitative questions were asked by the researcher:

- a) What is your age and gender?
- b) What do you think are the causes of high staff turnover at Karanda Mission Hospital?
- c) What are the effects of high staff turnover to the health service delivery?
- d) How can staff turnover at Karanda Mission Hospital be solved?
- e) What other information or comments do you wish to share with the researcher?

### **3.7 Data Collection Procedure**

Data is the term used to describe information gathered in a research study that has not been processed, (Burns and Susan, 2007). Data was collected from statistical records from Human resources department. Questionnaires were distributed to all subjects who are selected to participate in the study. The challenge was that some of the chosen participants were be off duty, however the heads of department took it upon themselves to distribute questionnaires to the members who were off duty. The support from heads of departments ensured the researcher's visits were pleasant and fruitful. The data collected was arranged and chronologically put in order according to sections of the questionnaire, with the desire of searching for recurring themes or patterns and trends that represented the participants' ideas. Data collection was done using a structured questionnaire which was distributed to the selected sample of health personnel to participate in the project. A total of 30 questionnaires were distributed.

### **3.8 Validity**

Validity of a research instrument assesses the extent to which the instrument measures what it is designed to measure (Robson, 2011). Also validity is the trying

to explain the truth of research findings (Zohrabi, 2013). The instrument was made very simple so that participants will understand the demands of the questionnaire. It was submitted to the research project experts for scrutiny and necessary adjustments to be made were necessary. More so, in order to determine the content validity, a panel of experienced researchers such as other lecturers was allowed to analyse the questionnaire developed by the researcher. The researcher reviewed literature prior to the use of the instrument. A pilot study was also done at Mount Darwin District Hospital to assess the validity of the instrument.

### **3.9 Reliability**

Reliability is the extent to which measurements are repeatable when different people perform a measure on different occasions under different condition, supposedly with alternative instruments which measure the construct or skill (Drost, 2011). More so, the researcher reviewed literature prior to formulations of the instrument. The questionnaire was distributed to 3 people at random to test and check on the correctness', ambiguities and consistence of the questionnaire.

### **3.10 Pre-test**

Pre-test is defined as a measure of consistency between measurements of the same construct administered to the same sample at two different points in time (Drost, 2011). A pre-test was conducted at Mount Darwin District Hospital to refine methodology. The researcher intended to conduct a pre-test at Mount Darwin hospital because of its similarities with Karanda Mission Hospital in terms of staff establishment and environmental factors. It helped the researcher to identify potential problems in the proposed study. The pre-test was conducted using a sample size of 3 participants for validity and reliability of the research instrument to be used.

### **3.11 Data Analysis Plan**

Data plan refers to documents that describe how data will be collected, stored, analysed, preserved and shared throughout the research project (Creswell, J. W. & Creswell, J. D., 2018). The results from the field of study were analysed using various analytical tools such as tables (Tab), figures (Fig), pie charts and bar graphs. The narrative and descriptive methods were used to analyse data collected and presented.

### **3.12 Ethical Considerations**

In research ethical considerations are set of principles that guide your research design and practices (Bhandari, 2022). The researcher asked for permission from the hospital authority and the Africa University research Board to ensure that ethics were observed and the letters of permission are attached at the back of the project proposal.

One of the fundamental principles was about beneficence, in this research, the researcher made sure that he promoted good for the respondents by keeping the filled in questionnaires under lock and key. In fact, the research would provide direct benefits to the participants.

They could benefit from the research findings of the study to improve the health care system at Karanda Mission Hospital, in particular, policy making. Non-maleficence would not be overlooked. The participants were given the autonomy to willingly take part. Participants were advised that they could refuse to answer any question or any part of the question, at any time. To minimize any sense of insecurity, the participants were informed to fill in the questionnaires in a location preferred by the respondents. The researcher was prepared to terminate the study prematurely if there was any suspicion that continuation would result in harm to the participants.

The issue of privacy and confidentiality was also very important in research to ensure that information was kept strictly for the purpose of the study; therefore the participants should not to identify themselves in any way on the questionnaire or any part of the project. It was the researcher's role to keep in confidence the private information shared by the respondents. Questionnaires were kept locked up in the researcher's cupboard where nobody had access to throughout the study. The subjects in the study were treated as autonomous agents, instead, each respondent is assigned a participants identification number. The participants were allowed to decide voluntarily whether to participate or not. The study was carried out at this hospital after written permission is granted by AUREC and Medical Superintendent of Karanda Mission Hospital. Data was managed through saving information in a flash disk, saving on my laptop with a password all rough work was destroyed after use. Only the researcher had have access to the data.

### **3.13 Summary**

This chapter covered the research design which used the qualitative research designs in particular a population and sample design. Information was obtained from nurses, doctors, clerical staff, and paramedical, managerial and auxiliary staff at Karanda Mission hospital. Data was collected by the use of questionnaires which were distributed to 30 participants and data from records.



## **CHAPTER 4 DATA PRESENTATION, ANALYSIS AND INTERPRETATION**

### **4.1 Introduction**

The findings has been organized by section starting with demographic data of respondents. The tables, graphs and chart of the results were used to give particular attention to clarity and relevancy of data to the study. Data were collected through questionnaires and review of statistical records from the Human Resources department to have a clear picture of the situation. A total of 30 questionnaires were distributed to nurses, doctors, ancillary, clerical, paramedical and managerial staff. The distribution of questionnaires was as follows; 2 managerial, 2 clerical staff, 2 paramedical, 2 doctors, 8 ancillary and 14 nurses at Karanda Mission Hospital.

The study aimed to identify determinants of high staff turnover at Karanda Mission Hospital in Mount Darwin for the period 2020 to 2022. The study had the following questions to be answered:

- a) What are the causes of employee turnover at Karanda Mission Hospital for the period 2020 to 2022?
- b) What are the effects of employee turnover at Karanda Mission Hospital for the period 2020 to 2022?
- c) What strategies were in place to retain its employees for the period 2020 to 2022?

### **4.2 Data Presentation and Analysis**

The data collected were presented in tables and pie charts according to sections of the questionnaire and findings were divided into:

- 1) Biographic data
- 2) Causes of high staff turnover at Karanda Mission Hospital
- 3) Effects of high staff turnover at Karanda Mission Hospital

- 4) Solutions to curb high staff turnover
- 5) Any other comments from participants

#### 4.3 SUMMARY OF RETURN RATE

n=30

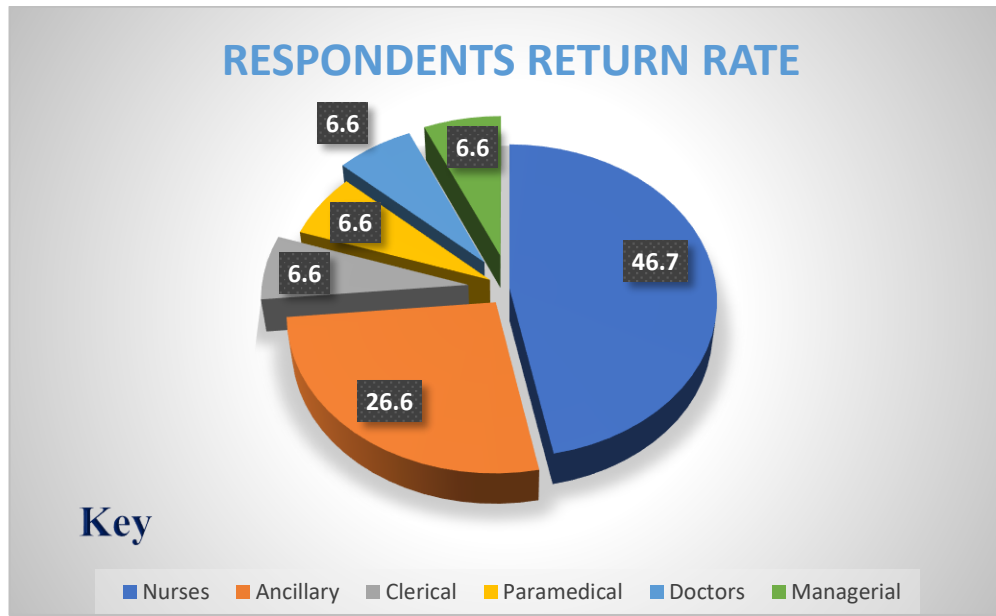


Figure 4.0 Summary of return rate

The figure 4.0 reflected that there were more nurses at Karanda Mission Hospital than doctors, clerical, paramedical, ancillary and managerial staff. The return rate of 100% showed a positive return rate hence the progress made by the researcher. The non-return rate was 0%. The questionnaires were self-administered and collected by the researcher

#### 4.4 Section A

**Table 4.0 Biographic Data of Respondents**

CATEGORY	NUMBER (N=30)	PERCENTAGE (%)
Males	14	46.7
Females	16	53.3
Non-Returned	0	0.0
Below 40 Years	24	80.0
Above 40 Years	6	20.0
Below 10Years of service	23	76.7
Above 10Years of service	7	23.3
Non Return	0	0.0

The table showed that 46.7% were males and 53.3% were females. The statistics showed that there were more females than males at Karanda Mission Hospital, this reflected that nursing was female dominated. The statistics also explained the causes of high staff turnover where employees move to urban areas and re-unite with their families and some to stay with their spouses. Another category in terms of age revealed that Karanda Mission Hospital was manned by employees who were below the age of 40 years which was 80% of the staff. Slightly over the three quarters (76.7%, n=23) of the respondents were below 10 years of service yet Karanda Mission Hospital was established way back in 1961 implying that the old members of the staff have left the institution. The reflection was that the old members had left for pension, seeking for green pastures or to join their spouses as was revealed in the questionnaires.

#### **4.5 Section B**

All the respondents agreed that Karanda Mission Hospital is being affected by high staff turnover hence the quality of nursing care rendered was compromised. They pointed out issues of high nurse to patient ratio (1:25) and patients stayed in queue for 1 hour to 2 hours to be seen by the doctor and sometimes seen after

break. Also spend couple of days waiting laboratory investigations to be done. The fact that patients waited for this long to be served called for action to be taken to ensure quality nursing services are rendered to all clients in time.

#### 4.6 Section C Causes of High Staff Turnover at Karanda Mission Hospital

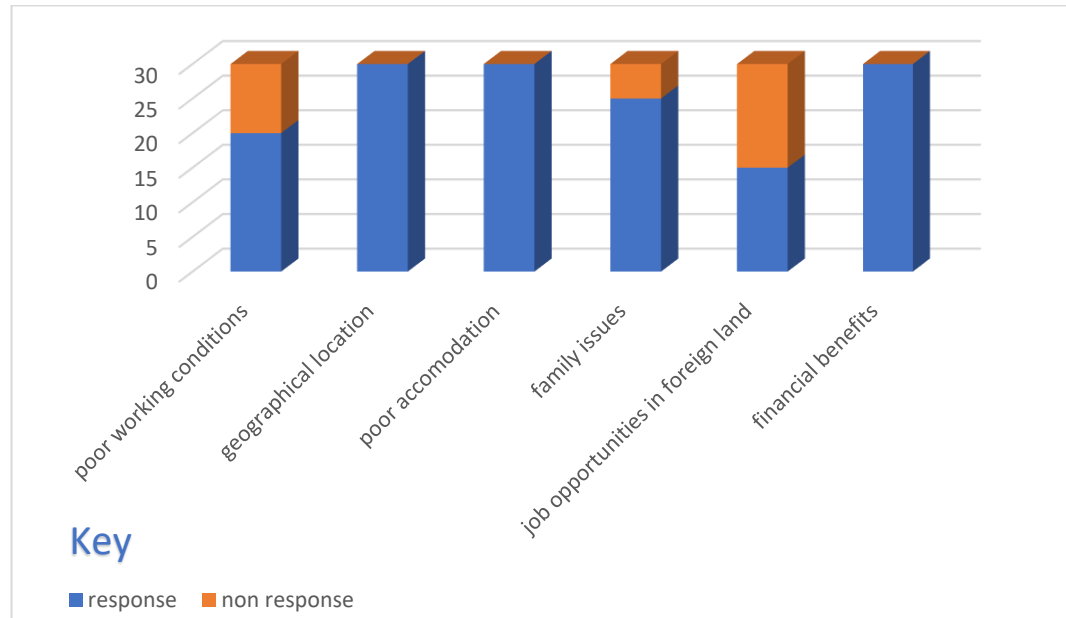


Figure 4.6 Causes of high staff turnover at Karanda Mission Hospital

Figure 4.6 above shows the causes of high staff turnover at Karanda Mission Hospital from the response of the participants. It came out that 30 participants believed that the number one causes of high staff turnover were poor accommodation, financial benefits and geographical location followed by family issues on the second position, poor working conditions on the third place and lastly job opportunities in foreign land were also cited as major causes.

#### 4.7 Suggested Solutions

Table 4.2 Suggested solutions

SOLUTIONS	NO OF RESPONDENTS	PERCENTAGE (%)
Improved remuneration	30	100.0
Promotions	3	10.0
Appeal with the government for more employees deployment	20	66.7
Improve accommodation	30	100.0
Improve leadership	6	20.0
Entertainment	5	16.7
Fair treatment of staff	8	26.7

Table 4.2 above illustrates the suggested solutions to the problem of high staff turnover at Karanda Mission Hospital. All the participants cited the improvement in accommodation and remuneration as the solutions to the problem. About 67% (n=20) of the respondents cited issue of appealing with the government to intervene on the deployment of more staff to the institution. Slightly more than a quarter (26.7%, n=8) of respondents cited issues of fair treatment of staff, improvement in leadership styles, promotions aspects and entertainment of staff. The implication here was the problem of high staff turnover at Karanda Mission Hospital could be solved by the authorities.

#### 4.8 SECTION D

**Table 4.3 Any Other Comments**

CATEGORY	NUMBER	PERCENTAGE (%)
Restructuring operations	5	16.6
Hire more workers to cover shortage	2	6.6
Power supply 24hours	2	6.6
Mission hospitals to retain some of its students	3	10.0

The section on any other comments received little attention from respondents, only for issues were cited as shown in the table above. The only issue that featured prominently was the retention of students at the institution. It also came out from the respondents that Karanda Mission Hospital should revisit its managerial ways, improve power supply issues and consider hiring more staff to cover shortage.

## **4.9 Analysis**

### **4.9.1 Age and Gender**

There was gender imbalance among health care workers as was revealed that 53.3% of respondents were females. The imbalance had the capacity to cause high staff turnover because many would leave Karanda Mission Hospital to join their spouses elsewhere. The statistics from the respondents showed that the majority of staff members are below the age of 40 (80%). The situation had the effect that many employees would apply for manpower development as way to prepare exit from Karanda Mission Hospital.

### **4.9.2 Causes of High Staff Turnover at Karanda Mission Hospital**

Staff turnover had a wide range of causes and differ with countries, political situation, economic situation and management systems. In this study it came out from respondents that poor accommodation, geographical locate (remoteness), financial benefits, family issues, poor working conditions and job opportunities abroad contributed greatly to high staff turnover at Karanda Mission Hospital.

### **4.9.3 Impacts of High Staff Turnover at Karanda Mission Hospital**

The study showed that the most effects of high staff turnover were workload to the remained staff, job stress, burnout, demotivation, poor service delivery, increased expenses due to continuous training of new staff and effects on

knowledge bank in health care practices and continuity in procedures and processes.

#### **4.9.4 Solutions to High Staff Turnover at Karanda Mission Hospital**

The respondents came up with many suggestions to curb high staff turnover at Karanda Mission Hospital. The most cited solutions were improved working conditions, reviewing of staff establishment at Karanda Mission Hospital, change of leadership style, allowing Karanda Mission Hospital to retain some of its students, improved accommodation, improved financial benefits, equity and fair treatment of staff, appeal with the government for deployment of more staff and appeal to friends and donors for financial assistance.

#### **4.10 Summary**

Mainly the chapter focused on the data collection, data presentation, analysis and discussion of the responses. Results from the questionnaire were presented as the respondents gave them. Data presentation was done using tables, graphs and pie charts. Analysis was descriptive as reflected on the graphs, tables and pie charts according to sections of the questionnaire in line with research questions.

## **CHAPTER 5 SUMMARY, CONCLUSION AND RECOMMENDATIONS**

## **5.1 Introduction**

This chapter looked at the summary, conclusion and recommendations of the research findings. The chapter sought to give a clear summarization of the research as a whole, highlighting the main features of the research project. The conclusion focused on what the research revealed on the causes of high staff turnover at Karanda Mission Hospital. Recommendations were made as a way of mapping the way forward to in reducing high staff turnover at Karanda Mission Hospital.

## **5.2 Summary**

The study aimed to identify determinants of high staff turnover at Karanda Mission Hospital in Mount Darwin for the period 2020 to 2022 and propose possible solutions to address them. A convenience of 30 participants were engaged through the distribution of questionnaires to 2 doctors, 14 nurses, 2 paramedical staff, 8 auxiliary, 2 clerical and 2 managerial staff and all selected participants returned the questionnaires (n=30, 100%) . This study was aimed to explore the factors causing high staff turnover at Karanda Mission Hospital and effects induced as a result of this phenomenon. Qualitative research method was used in this study. The findings reviewed that high staff turnover was caused by poor accommodation, geographical location, financial benefits from the institution, poor working conditions, family issues and job opportunities in foreign land. Based on the findings, several recommendations were proposed to address the problem, including improving working conditions, improving accommodation, revising the financial benefits, provide career growth opportunities and reducing workload. Additionally, the study proposes the development policies and procedures that foster culture of respect, recognition, and appreciation for the contributions of staff members. The findings were presented through tables, figures and pie charts.



### 5.3 Major Research Findings

Findings revealed that there were a number of factors that contributed to high staff turnover at Karanda Mission Hospital.

Below were the findings from respondents:

- ❖ The high staff turnover had been caused by poor working conditions that have led staff to leave Karanda Mission Hospital seeking better working conditions in urban areas where they would have opportunities to do other part-time jobs.
- ❖ Employees left because of frustration due to workload and burnout
- ❖ Poor accommodation
- ❖ Geographical location (remote location makes consumer goods relatively high)
- ❖ Poor working conditions
- ❖ Poor recognition of staff (financial benefits)
- ❖ Many travel back to cities for family reasons especially couples

The study broad objective was to identify the specific factors that contribute to high staff turnover at Karanda Mission Hospital. With that in mind let's take a look at how each of the findings identified relates to the study objectives:

- i. Poor accommodation: if staff members are living in substandard or unsafe housing, they may be more likely to leave their jobs to seek better living conditions elsewhere. This could contribute to high staff turnover at Karanda Mission Hospital.
- ii. Poor working conditions: if staff members are working in dangerous or unhealthy environments, they may also be likely to leave their jobs. This

include inadequate supplies and insufficient staff levels since many employees are leaving the hospital.

- iii. Poor salaries: if staff members feel like they are being paid fairly for their work, they may be more likely to seek better-paying positions elsewhere. This is a common issue in many industries, and healthcare no exception.
- iv. Family issues: family issues such as the need for care for children, parents or other family members can also contribute to high staff turnover. If staff members feel that they cannot balance their work and family responsibilities, they may be more likely to leave their jobs.
- v. Geographical location: the location of Karanda Mission Hospital may be a factor leading to high staff turnover. If the member feel isolated or disconnected from their families and communities, they may be more likely to leave their jobs.

#### **5.4 Previous Research on Staff Turnover**

There have been several scholarly studies done on staff turnover in the healthcare industry. These include; The Impact of staff turnover on quality of care and patient satisfaction in Academic Health Centres: “A Systematic Review” by Chang et al. (2016). This study reviewed the impact of staff turnover on the quality of care and patient satisfaction in academic health centres. The authors found that staff turnover negatively affected both of these areas.

“Nurse Turnover: Literature Review- An Update” by Hayes et al. (2012). This literature review updated previous studies on nurse turnover in healthcare. The authors found that the annual nurse turnover rate ranged from 8.8% to 3.7.0%. Authors also identified factors that contribute to nurse turnover like job

dissatisfaction. This was supported by Bogaet et al. (2011) in the Job satisfaction Study. The study found that high job satisfaction was significantly associated with lower turnover rates.

Recruitment and retention strategies: A study by Bergman et al. (2019) explored the effectiveness of different recruitment and retention strategies adopted by health care organisations to reduce turnover. The study found that offering competitive pay and benefits, providing training and development opportunities and creating supportive environments could significantly reduce turnover rates.

In conclusion, the findings of poor accommodation, geographical location, financial benefits, family issues, poor working conditions and job opportunities in foreign land are all relevant to the study objectives of the dissertation. These findings are consistent with previous research on the staff turnover in the health care industry, and suggest that addressing these factors may be critical to reducing staff turnover at Karanda Mission Hospital.

## **5.5 Limitations to the Study**

The study, *Determinants of high staff turnover at Karanda Mission Hospital, Mount Darwin in Zimbabwe*, has several limitations that should be considered when interpreting the results.

Firstly, the sample size used in the study may have been too small to accurately reflect the situation in Zimbabwe as a whole. Although the study's findings provide valuable insights into the factors that contribute to high staff turnover at Karanda Mission Hospital, they cannot be easily generalised to other hospital nationwide.

Secondly, the study relies on self-reported data from healthcare workers on their reasons for leaving the hospital. These reasons may be influenced by various factors,

including social disability bias or personal experiences that may not apply to other healthcare workers.

The study used a cross-section design, which limits the ability to establish causality between variables measured in the study. Longitudinal studies would provide stronger evidence of causality.

In conclusion, while the study provides valuable insights into high staff turnover at Karanda Mission Hospital, the findings should be interpreted with caution, given the limitations.

## **5.6 Study Conclusions**

The problem of high staff turnover at Karanda Mission Hospital is a reality in relation to what came out from the participants in the project. The primary cause was poor accommodation, geographical location, financial benefits, family issues, poor working conditions and job opportunities abroad. The project was successful through the subjects whose contribution was so reach with exciting revelations about the causes of high staff turnover at Karanda Mission Hospital.

## **5.7 Implications to Practice**

The study highlights the need for addressing critical issues affecting the retention of healthcare workers in health facilities in Zimbabwe. The high rate of staff turnover at Karanda Mission Hospital has severe implications for the care of patients, especially in resource-limited settings. The findings suggest that poor accommodation, poor working conditions, family-related issues, poor management, poor financial benefits and its geographical location are significant drivers of staff turnover.

The study emphasizes the need for stakeholders to address the root causes of staff turnover in healthcare sector in Zimbabwe. The national government should prioritise allocation of resources towards healthcare facilities, especially in rural areas.

Overall, the study highlights the importance of addressing staff turnover in health facilities as a critical step towards ensuring the provision of quality healthcare services at Karanda Mission Hospital and the country at large. It is essential that policy makers and healthcare managers understand the factors that contribute to high staff turnover and work towards addressing the challenges.

## **5.8 Recommendations**

If the Ministry of Health and Child care does not do something to solve the problem of high staff turnover in the organisation more attractive and more rewarding conditions of service the problem will remain. In as much as it is inevitable to restrict labour migration, the Mission hospital should explore strategic ways to retain its staff. In light of the above, the following recommendations were made for Karanda Mission Hospital to implement or used by policy makers.

### **5.8.1 Recommendations to Karanda Mission Hospital Administration**

- Hospital administration should prioritise construction of more housing structures to accommodate its staff
- Improve working conditions through ensuring a safe and clean working environment, providing necessary equipment and supplies.
- Revise the financial benefits: hospital administration should revise the salary structure to ensure that financial benefits are competitive with other institutions and distributed equitably.

- Provide career growth opportunities: offering employees' opportunities for career development will make them feel valued and motivated to stay on the job longer. This can be done through implementation of formal career paths, professional development opportunities and mentorship programs for its employees.
- Reduce workload: Staff at Karanda Mission Hospital are overwhelmed, overworked and stressed. This affects their well-being, leading to staff turnover. Therefore it is recommended that the hospital management reduces the workload of its employees by hiring additional staff and creating a system for job-sharing where necessary.
- Foster a Culture of respect and recognition: The institution should focus on building a culture of respect, recognition and appreciation while creating an open-door policy. The hospital management should recognise the contributions of its employees and engage them in decision making processes. Ensuring regular communication with employees will foster a culture of open communication and trust.

#### **5.8.2 Recommendations to the Government of Zimbabwe**

- The government should review establishment posts of all health care staff in Mission hospitals as a matter of urgent
- The government needs to increase funding to the health sector, particularly for rural hospitals. This will enable the hospitals to cater for other benefits to its employees.
- The government should establish regulatory and accountability frameworks to ensure that healthcare facilities are adequately staffed and staff retention is optimised.

## **5.9 Dissemination of Results and Any Action Taken in Response to Findings**

In response to the findings, it would be important to take action to address the determinants of high staff turnover. Some actions based on the results could include:

- i. Improving the working conditions. Action could be taken to improve working conditions in order to make the hospital a more attractive place to work
- ii. Offering competitive salaries to employees. Low service recognition financial incentives were identified as key factor in staff turnover, then hospital management could consider offering better pay and benefits to its staff.
- iii. Improve on accommodation to cater for all staff members at the institution. Offering decent accommodation may help to reduce staff turnover at the institution
- iv. Employee engagement can be one of the most effective solution to retaining employees. If the hospital can create a positive workplace environment, encourage employee feedback and provide opportunities for employee growth, the staff turnover rate can be lowered.

## **5.10 Suggestions for Further Research**

- A longitudinal study design would enable researchers to study the relationship between staff turnover and the determinants identified in the study over an extended period. This would allow researchers to investigate whether changes in working conditions and management practices of the hospital over several years could reduce the rate of staff turnover.

- A comparative study could be conducted between Karanda Mission Hospital and other rural hospitals in Zimbabwe to determine if staff turnover rates are consistent or if other determinants are prevalent.
- Health policy study can be conducted to assess the applicability of national policies in improving the welfare of healthcare workers in Zimbabwe. The investigation may explore whether the policies on wages, professional development and health infrastructure have influence in addressing staff turnover in rural hospitals.
- Management practices study could be undertaken to evaluate existing management practices in Zimbabwe's rural hospitals. A review of the management practices, leadership styles and decision making processes would inform the best practices to retain staff in rural hospitals settings and reduce staff turnover.

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## **Appendices**

### **Appendix 1: Questionnaire Survey Instrument**

#### **Section A**

1) Demographic Data

Which age group are you in?

a) Below 29yrs [ ] b) 30yrs-39yrs [ ] c) 40yrs-49yrs [ ] d) 50yrs-59yrs [ ] e) Above 60yrs [ ]

b) Gender: Female [ ] Male [ ]

c) Which group do you belong? (Tick)

Doctor [ ] Nurse [ ] Auxiliary [ ] Paramedical [ ] Clerical [ ] Managerial [ ] other, specify [ ]

d) How long have you been employed at Karanda Mission Hospital?

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Section B

2a) Karanda Mission hospital is affected by shortage of staff, is the statement? True [ ] or false [ ]

If your answer is true may you explain?

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b) How long do patients wait before they are attended to by a qualified nurse?

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Section C

a) What do you think are the causes of high staff turnover at Karanda Mission Hospital?

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b) What are the effects of high staff turnover at Karanda Mission Hospital?

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c) How can staff turnover at Karanda Mission Hospital be solved?

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Section D

Write any other comments you wish to share with the researcher?

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Thank you for your support.

## **Appendix 2: Informed Consent**

### **Study Title**

## Determinants of high staff turnover at Karanda Mission Hospital in Mount Darwin, 2022

### **Introduction**

You are asked to participate in the study because of high entering and exiting of staff at Karanda Mission Hospital. This results in high induction, training and recruitment costs and loss of skilled labour. This study desires to identify the causes and impact of high staff turnover at Karanda Mission Hospital.

### **Choice to Withdraw or Leave the Study**

Participation is purely voluntary. You can choose to or not to participate in this study. If you choose not to participate or leave the study during the interview process, you may do so freely without any consequences against you.

### **Harm and/or risks and/or discomforts**

We anticipate no harm/risk/discomfort to occur during the discussion. Privacy and confidentiality will be observed and protected. Interview will take place in private. If risks do appear, interviews will be foregone and rescheduled.

### **Benefits**

No costs are expected during the interviews, there is no remuneration for participating in this study. You are free to ask for further clarifications as need arise. Your participation will help the Karanda administration to formulate policies that will help to retain staff at the institution.

### **Privacy of Records**

All information provided will be kept confidential by all means. You will only be identified by the questionnaire code and personal information from the interview will not be released without your written permission.

In case of any questions, please contact

Wilfred Kanyera

Cell phone number: 0773353856.

Email: [kanyeraw@africau.edu](mailto:kanyeraw@africau.edu)

### **Declaration of Volunteer**

I Mr /Miss/Mrs..... do hereby give consent to Wilfred Kanyera to include me in the proposed study entitled: Determinants of high staff turnover at Karanda Mission Hospital in Mount Darwin, 2022. I have read the information sheet. I understand the aim of the study and what will be required of me if I take part in the study. The risks and benefits if any have been explained to me. Any questions I have concerning the study have been adequately answered. I understand that I can withdraw from the study at any time if I

so wish without any consequences. I realize I will be interviewed once. I consent voluntarily to participate in this study.

Respondent's Name .....

Signature or left thumb print

..... Date / .....

Name of person taking consent .....

Signature / ..... Date / .....

Name of Investigator .....

Signature ..... Date .....

### **APPENDIX 3: Budget**

<b>Item</b>	<b>Cost (USD)</b>
Stationery	\$15.00
Printing of consent forms, questionnaires, proposal and the full dissertation.	\$40.00
Binding of the proposal and full dissertation	\$5.00
Translation of data collection tools	\$100.00
Photocopying	\$15.00
Transport	\$100.00
Researcher's upkeep	\$52.00
Overhead costs	\$35.00
<b>Grand total</b>	<b>\$360.00</b>

### **Budget Justification**

1. Stationery costs are to cover for the purchase of office items such as toner cartridges for printing, staples, paper clips etc. The informed consent and information forms will need to be photocopied for each participant as applicable. Research instruments also need to be photocopied (1 copy per participant).
2. Transport costs are to cover the investigator's transport expenses to and from the study site for data collection
3. Funds are required to cover communication costs for the mailing and telephone calls.
4. Funds are needed to cover costs related to the investigator's time spent on data collection
5. Expenses related to data coding, entry, cleaning and statistical analysis will need funding
6. The findings need to be disseminated to health workers at appropriate meetings to be fitted within the hospitals schedules.
7. Cost adjustments are to cater for any fluctuation of costs

### **Appendix 4: Time Line**

ACTIVITY	AUG 2022	SEPT 2022	OCT 2022	NOV 2022	FEB-MAR 2023	MAR 2023	MAR 2023	MAR 2023	APR 2023	APR 2023
Finding a topic										
Research problem										
Literature review										
Methodology										
Submission of project proposal										
Data presentation, analysis and presentation										
Summary, conclusions and recommendations										
Work plan										
Budget										
Submission of dissertation										

## Appendix 5: Approval Letter from AUREC



### AFRICA UNIVERSITY RESEARCH ETHICS COMMITTEE (AUREC)

P.O. Box 1320 Mutare, Zimbabwe, Off Nyanga Road, Old Mutare-Tel (+263-20) 60075/60026/61611 Fax: (+263 20) 61785 website: [www.african.edu](http://www.african.edu)

Ref: AU2595/23

7 March 2023

**WILFRED KANYERA**

C/O Africa University  
Box 1320  
**MUTARE**

**RE: DETERMINANTS OF HIGH STAFF TURNOVER AT KARANDA MISSION HOSPITAL IN MOUNT DARWIN, 2022**

Thank you for the above-titled proposal that you submitted to the Africa University Research Ethics Committee for review. Please be advised that AUREC has reviewed and approved your application to conduct the above research.

The approval is based on the following.

- a) Research proposal
  - **APPROVAL NUMBER** AUREC 2595/23  
This number should be used on all correspondences, consent forms, and appropriate documents.
  - **AUREC MEETING DATE** NA
  - **APPROVAL DATE** March 7, 2023
  - **EXPIRATION DATE** March 7, 2024
  - **TYPE OF MEETING** Expedited
- After the expiration date, this research may only continue upon renewal. For purposes of renewal, a progress report on a standard AUREC form should be submitted a month before the expiration date.
- **SERIOUS ADVERSE EVENTS** All serious problems having to do with subject safety must be reported to AUREC within 3 working days on standard AUREC form.
- **MODIFICATIONS** Prior AUREC approval is required before implementing any changes in the proposal (including changes in the consent documents)
- **TERMINATION OF STUDY** Upon termination of the study a report has to be submitted to AUREC.



Yours Faithfully

**MARY CHINZOU**  
**ASSISTANT RESEARCH OFFICER: FOR CHAIRPERSON**  
**AFRICA UNIVERSITY RESEARCH ETHICS COMMITTEE**



## Appendix 6: Authorization Letter from Study Site



Karanda Mission Hospital  
PB2005 Mt. Darwin  
Phone: 0774082211  
Harare Office  
PO Box MR92  
90 Harare Dr.  
Marlborough, Harare  
Phone: 04-300355/04-300897

04 October 2022

Karanda Mission Hospital  
P Bag 2005  
Mt. Darwin

Dear Mr W Kanyera

RE: PERMISSION TO CONDUCT STAFF TURNOVER RESEARCH AT KMH.

The KMH Admin has no objection to your undertaking of a research on staff turnover at Karanda Mission Hospital [KMH].

Yours Faithfully

Dr. Paul Thistle  
BSc (Hon), MD, FRCSC (Ob/Gyn), LL.D



The Medical Superintendent

Dr P J Thistle.



A MINISTRY OF **TEAM**