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UNIVERSITY OF MALAWI

Kamuzu College of Nursing

**A STUDY ON PROBLEMS OF NURSES RETENTION AT
QUEEN ELIZABETH CENTRAL HOSPITAL**

BY

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**SUBMITTED IN PARTIAL FULFILLMENT OF THE
REQUIREMENT FOR THE AWARD OF BACHELOR OF
SCIENCE DEGREE IN NURSING EDUCATION.**

Submitted in March, 2001.

DECLARATION

I hereby declare that this dissertation is a result of my own work and has not been presented for any degree, and is not currently being submitted for any degree elsewhere.

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DEDICATION

This dissertation is dedicated to my husband Francis. His love, patience, endurance and support will never be taken for granted.

To my son Steven who was deprived motherly love many times. He had very little to give, but supported me a lot. May his future be filled with happiness.

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ABSTRACT

Nurses retention is a vital component of nursing practice. For better patient care there is need to strengthen staff retention. Literature and experience has shown that poor nurses retention affects patient care.

This qualitative study investigated into the nurses retention at Queen Elizabeth Central Hospital (Q.E.C.H.). A selected sample size of ten nurses was used. Six out of the mentioned number was chosen from different wards at Q.E.C.H. Two of the nurses were Registered nurses while the others were Enrolled nurses all from one hospital. Two other different hospitals within Blantyre city were used. These were Mwai and Blantyre Adventist Hospitals. The study looked at questions like: "What is the problem with nurses retention at Queen Elizabeth Central Hospital? Roy's adaptation theory was used. Nurses who left for other places were followed and interviewed in order to get a wide view of problems concerned with nurses retention at Q.E.C.H. The criteria for choosing was based on the fact of accommodating nurses who once worked at Q.E.C.H.

In depth interviews were used to collect data. An interview schedule guided the interview process, and probes were used accordingly. To ensure validity and reliability of the instrument, a pilot study was done using four participants not included in the main study. All interviews were audio taped to provide a rich and permanent source of data. All interviews were transcribed using the interpretative paradigm. Streubert's content analysis method was utilized for the qualitative data. The results have revealed

certain important issues that if implemented would improve staff turnover.
Basing on the findings, recommendations have been made.

CHAPTER ONE

INTRODUCTION

Retention is the act of holding back or maintenance of something in place (Mc Graw Hill Nursing Dictionary, 1989). This ensures prevalence of certain issues in an area. Nurses retention is defined as the keeping of nurses or maintaining nurses in their respective places of working so that they do not leave for other places, organizations, and institutions (Pownall, 1990). Nurses' retention is important. It does not only assist in having adequate number of working staff, but good productivity as well. According to Meigs (1997) retention of staff is necessary because it helps in maintaining key workers. Different institutions have different expectations. When people start working in an institution, these key workers assist as to how new staff should perform. In this way, productivity remains high and an organization is assured of prosperity.

The inability to retain staff in an institution has direct effect on the productivity. According to Mueller and Mc Closley (1996) when staff is retained in an institution, this has strong evidence linking job satisfaction to

employee productivity. In a way, there is participation in decision making and health. People who are satisfied with their work are normally committed to the organization and more likely to contribute with high morale. In the same way, poor staff retention can be thought of as job dissatisfaction. People that are like that are not committed to the Organization. This means that they participate less and their productivity is low. In a hospital setting that would have an effect on patient recovery.

BACKGROUND

Queen Elizabeth is a central hospital in the southern region of Malawi. It receives referrals from district hospitals and clinics that are nearby. The bed capacity for patients is 850. This has not been so much different in the early 1990s. The statistics of patients at Q.E.C.H has been in the range of 800-900 per day. The average number of patients' admission was around 150 patients per day. The average number of discharges in a day was 100.

It was until 1996 when the number of people in hospital increased to 1450. In normal circumstances an increase in the number of patients like that, would mean an increase in the number of nurses. Instead, the number of

nurses has been going down. That maybe due to opening of few clinics within the city as well as transfers to other places. According to Machinjiri (2000) the number of nurses in the early 1990s was 365. The number was maintained around that figure. A drastic drop of nurses' came in 1996. The number went down to 261 from the previously mentioned figure. This change could come about by the death of some nurses apart from the already mentioned reasons. This sudden decrease in the number of nurses, is one of the areas of interest at Q. E. C. H.

The chronicity of some diseases has led to patients taking a long period of stay in hospitals before discharge. The existence of certain emergency and serious patients has also brought about more admissions. The average number of admitted patients at Q.E.C.H. is 70. Since the hospital can only accommodate 850 patients, the extra numbers of patients get admitted on the floor. The rise in patient numbers does not match the nurse population in most wards. From this, we can deduce that the number of patients remains high, despite the decrease in the number of nurses at Queen Elizabeth Central Hospital.

The availability of different drugs and improved technology has led to promotion of health. People are living longer than before (Birdsall, 1991). Along with development is the prevalence of chronic diseases. The examples of such are heart disease and diabetes mellitus. H.I.V/A.I.D.S. as a pandemic disease stands out to be one of the chronic diseases. As well known, in the absence of vaccine and cure, preventive measures stand to be the only means of reducing the problem. In that case then, the hospital needs to have adequate staff. This would help in taking care of different areas of concern at the hospital.

While nurses' retention is necessary to meet the demands of patients, there is growing evidence of difficulties that the hospitals are facing these days (Gowell and Bovirie, 1992). At Q. E. C.H. nurses have been resigning almost every month and continue doing so. According to Machinjiri (2000) this high turnover has affected the number of nurses remaining to 154.

The Malawian nation continues to grow and the number of patients in hospitals is also increasing. Despite the turnover, the patients in the hospitals need care and support. Although various reasons have been given in assumption to the turnover, no studies have been conducted to investigate

into problems of nurses' retention. As the number of nurses has reduced, this has brought some problems with it. These are longer periods of waiting before being attended to, difficulties in travelling home after being attended to late, added disruption to domestic and social lives.

According to Northcott and Facey (1995) there is need for professional nurses to provide 24hours care to patients. This means that there is need of having enough number of nurses on schedule. In view of the imbalances, new system of working hours was introduced in 1996. This was to cover for all 24 hours of a day. The new schedule comprised of two shifts. This is night and day. The night duty requires nurses to report at 17h00 and knock off at 7h30 hours. The total number of hours covered being fourteen and a half (14 1/2). The traditional shift was from 19h30 hours to 7h30 hours totaling to 12 hours. This has helped in having enough staff in all shifts. However, it has led to nurses working longer hours, which means exhaustion.

Universities, non-government institutions and Christian Hospital Association of Malawi (C.H.A.M.) institutions are training nurses. Despite continuous training, the numbers of trained staff seem not to be sufficient in

most of the hospitals. In trying to cover for existing shortages at Q.E.C.H., nurse managers and hospital administrator introduced part time employment. This was to ensure that there is enough staff nurses on duty. Because of the reduced number of nurses against larger population of patients, it has been observed that nurses spend short or minimal amount of time with patients as individuals. The nurses aim at finishing routine work. It was further noted that patients and guardians are required to follow scheduled times for medications and care in order to meet the basic requirement for the day.

The fact that the nurses do not spend much time with the individual patient, that affects the patient-nurse relation. The patients do not become free with the clinical nurses. In that way interaction is also a bit affected. According to Birdsall (1991) it is the responsibility of the nurse to develop a relationship with patients if it is not there. The reason is that promotes a positive environment for both the nurse and the patients which also enhances interaction and cooperation. The author therefore feels that it becomes necessary not only to finish daily routines but to have enough time for interaction with the patients as well. This includes hearing other concerns, giving psychological support and education where necessary.

Since sickness and illness call for admission to hospital, a certain number of nurses is required on duty. Some measures should be in operation that would probably reduce nurses' turnover thus increasing nurses' retention Queen Elizabeth Central Hospital. Retention is the act of holding back or maintenance in a place (Mc Graw Dictionary, 1989). Retention is in several forms. Many forms of that type may coexist in a single session. The most important thing to remember, though, is that various forms of retention are interrelated (Meigs, 1997). The ultimate goal of most institution is to retain staff (Lowry, 1987). At Q.E.C.H. reduction in the number of nurses working there now has been experienced by other nurses remaining. The present strategy of retaining nurses at Q.E.C.H. on duty is in progress. All retired nurses are asked and encouraged to come back and work on contractual basis. Every nurse is also encouraged to recruit anyone who is not aware to come and start working anyway.

The drop in the number of nurses from 365 to 154, plus unpredictable resignation is an indication of a problem with nurses' retention at Queen Elizabeth Central Hospital.

Although many assumptions have been made as to why many nurses leave Queen Elizabeth Central Hospital, no study has been carried out to have empirical evidence. This study seeks to explore just that.

STATEMENT OF THE PROBLEM

There is high turnover at Queen Elizabeth Central Hospital.

PURPOSE OF THE OF STUDY

The purpose of this descriptive study was to explore factors that affect nurses' retention at Queen Elizabeth Central Hospital

BROAD OBJECTIVE

To determine the factors that lead to problems of nurses' retention at Queen Elizabeth Central Hospital.

SPECIFIC OBJECTIVES

To find out the problems causing high nurse turnover at Queen Elizabeth Central Hospital.

To propose retention strategies.

To make recommendations to the hospital and health organization on the ways of retaining nurses.

SIGNIFICANCE OF THE STUDY

The findings of the research study would help to address problems of nurses' retention and staff shortage at the work environment. This would ensure effective performance of nurses as a result of nurses' retention.

Nurse managers would use the results in managing both nurses and their working environment to promote work satisfaction and retention. This would promote nurses' morale and productivity, which in turn would

promote image of the institution and the profession. The result may also assist the nurse managers in coping with policies concerning placement of nurses to various health facilities.

Nursing schools may use results in reviewing their recruitment and selection criteria of students background age, marital status and reasons for choosing nursing as a career maybe considered.

Other central hospitals and others in general would benefit from the findings thereby assisting them to improve the nurses' morale in all shifts for retention.

At policy level, the results would be helpful in establishing guidelines for conditions of services, remuneration packages and other incentives for nursing staff and other health personnel.

The findings may provide a valuable insight and bases for further research to come up with more information, which can assist nursing in retention of nurses.

CHAPTER TWO

LITERATURE REVIEW

A review of literature shows that many studies were conducted and articles written on the retention of staff worldwide as well as in Malawi. Some of the studies include the need to improve working conditions. The one on working conditions was done in Malawi by Sungani in (1988), but there is no specific previous research done to investigate the problems of nurses' retention at Queen Elizabeth Central Hospital.

Retention also means to continue holding so that whatever is held can be kept in place (Oxford dictionary, 1996). Nurses' retention can then be defined as the ability to keep or maintain nurses in a working place so that they do not move to other institutions or organizations for work. There are several forms of retention. Many forms of that type may coexist in a single session. It should however always be kept in mind that various forms of retention are interrelated (Meigs, 1987).

FACTORS THAT FACILITATE NURSES' RETENTION

Nurses' retention is not a new concept. Mueller and Mc Closely (1996) did a study to identify measures that keep nurses on the job. This was based on the theories of Maslow Burns. A satisfaction scale was designed to measure safety rewards (potential against dangerous threat), social rewards (needs to belong), and psychological rewards (autonomy, responsibility, recognition and appreciation). The items were selected to represent three distinct theoretical domains of content. No rigorous examination of the measurement characteristics was undertaken. Respondents were asked how satisfied they were with aspects of their job. The domain included such items as the immediate supervisor, nursing peers and opportunities for social contact at work. Psychological dimensions were control over activity opportunities to attend educational programs and recognition for work. Safety dimensions included benefits, salary and opportunity to work straight days. The number of 330 nurses was hired to participate. In the end, 190 nurses participated, 96% of which were meaningfully differentiated. These were more specific facets of nurses job satisfaction for both female and male. Results supported the three theoretical dimensions that meaningfully differentiated more specific facets of nurses job satisfaction.

Hackman and Colleagues (1979) similarly identified three things that matter to workers. These were meaningful work, responsibility for the outcomes of their efforts, and knowledge of results. They reviewed recent research related to job enrichment and summarized core characteristics of jobs that fulfill the three criteria of what matters. Those fillings jobs included skill variety, task identity, task significance, autonomy and feedback. Primarily nursing enhances all these characteristics in nursing. That also meaningfully differentiated the specific facets of job satisfaction that, related directly to nurses retention. Similar studies have not been conducted in Malawi and findings in other countries are not necessarily relevant to Malawi. As such this needed to be done.

Snarr and Krochalk (1998) conducted a similar study. The study examined the relationship between job satisfaction of nursing staff and organizational characteristics of the institutions and nursing programs in which they work. A sample of 48 nursing programs was selected throughout the United States of America (U.S.A.). Areas concerned were job satisfaction on the job, opportunities for promotion, supervision, coworkers and job in general. The organizational characteristics examined were institutional control private public size (number of patients) nursing care offered, number of nursing

staff and salary. Although nursing staff tended to be satisfied with their jobs correlation and multiple regression analyses indicated weak to negligible relationships between job satisfaction with their jobs, correlation and multiple regression analyses indicated weak to negligible relationships between job satisfaction and the organizational characteristics examined.

Snarr and Krochalk's (1998) study dwelt on the organizational characteristics of the institution and nursing programs in relation to job satisfaction. Although the results showed negligible relationships, this may not be the situation at Queen Elizabeth Central Hospital. At the same time, this can also have an effect on nurse's retention.

The importance of job satisfaction has been consistently supported throughout research (Balzer et al.1990). There is strong evidence linking job satisfaction to employee productivity, pay, participation in decision making retention and health (Closely, 1996). Persons who are satisfied with their work are more committed to the organization and likely to contribute to high morale than people who were dissatisfied (Carroll, 1993). Howell and Bovril (1992) emphasized the importance of staff retention and organizational characteristics of the institutions. Lack of job satisfaction has serious consequences that hinder the likelihood of taking health actions. Individuals

are most likely to comply with job demands when they acquire the appropriate knowledge pertaining to their job. Furthermore, when they are assisted with necessary materials. Above all people develop a positive attitude toward the status that will improve them for the better (Cameron, 1996). The provision quality nursing care is goal nursing services (Lowery, 1987). At the same time research has indicated that the work environment for nurses is highly stressful (Pownall, 1990). That is to say, any factor which might affect nurses as individuals, often times it becomes an area of concern to the recipients of nursing care as well as an organization as a whole.

Bushy and Banik (1991) conducted a study to identify factors that encouraged and deterred nurses to practice in different environment. 100 Registered nurses were the participants involved in the study. In that study, quantitative and qualitative data analysis was used. Results revealed that demographic data, which comprises of age, education, number of years of professional working, distance respondents commuted to work, had an effect on retention of staff. The older people, less educated, that is those not having diploma in nursing, having more years of professional working experience, and commuting a short distance to workplace tended to be satisfied at work

leading to staff retention. Although these findings seem to apply to Queen Elizabeth Central Hospital, study needed to be done to provide empirical evidence.

Pattan (1991) conducted a study at Georgia. The aim of the study was to better understand the clinical experience from staff's point of view. The staff valued an expert administrator who was very understanding. The findings also revealed that staff appreciated administration with adequate knowledge and therapeutic communication skills with patients and clients. It was further found that their relationship with bosses assisted in providing a pleasant atmosphere in which to work, leading to nurse's retention. It is not known to whether this is the case with nurses at Queen Elizabeth Central Hospital, hence the need that this study was done.

FACTORS THAT HINDER STAFF RETENTION

Brewer and Franker (1998) did a study on the influence of structure, staff type and managed care indicators on Registered Nurses staff in Western New York. Findings of the study revealed that hospitals failed to attract nurses and physicians due to economic pressures rather than geographical

location of the institution. These results were supported by Cordon and Bernreuter (1996). They did a study concentrating on "Graduate Nurse Overhires in the United States of America. Results of the study stated that despite the fact that nurses shortage was reported to have decreased in literature, in some geographical areas and clinical specialty nurses were not readily available. This maybe due to either the unattractiveness of the areas concerned or failure of the human resource managers to deploy staffs efficiently. Shortage and recruitment problems were studied by Stratton, Dunkin, Juhl, Ludlke and Gueller (1991) in Georgia, Colorado, Nelcraska and Vermont in U.S.A.

Results of the study Confirmed that it is more difficult to recruit nurses in rural hospitals than it is in urban areas. The reasons given for this was the same unattractiveness of the rural areas. In our situation this is different. Q.E.C.H. is in the urban area. The nurses' turnover is quite high comparing to some of the hospitals in Malawi. The problem seems to be worsened by continuous building of new hospitals at a time when the existing hospitals are having staff problem already.

Nurse shortage, increased turnover and recruitment problems are major causes of poor nursing care world wide (W.H.O., 1995; Monekosso, 1991; Brewer & Franker, 1998). Other factors in the report included increased workload for nurses leading to stress, burnout and decreased morale. This can have a negative effect on care in general. To confirm this, Sungani, Semu, Bomba, Chisale, Ngoma and Liabunya (1988) did a study in Malawi. The sample of 330 people was used. It included nurses, patients and guardians. Results of the study showed the negative effect on patients in the sense that increased nurses turnover affected nursing care of patients.

In Malawi, nurses have been working in hospitals without many problems. No nurses' turnover was ever experienced. Maybe that could have been due to undemocratic situation that was present then. It was until 1996 that there was a drastic decrease in the number of nurses working at Q, E.C.H. It is well known that Queen Elizabeth Central Hospital is a district hospital as well as a central hospital. It caters for student doctors from College of Medicine, student nurses from Kamuzu College of Nursing, clinical officers' students and all those undertaking health science studies under the Malawi College of Health Sciences. Now, Q.E.C.H. being a big hospital like this is normally supposed to have adequate number of nurses. This would not only

help in assisting the different categories of students mentioned, but most of the patients as well. Materials used are normally improvised in order to take care of all patients.

According to Marriner (1982) research has shown that dissatisfaction with work was related to grievance procedures, personal relationships, administrative policies and procedures not well performed. The examination of job satisfaction in nursing has been extensive but, it is concerned primarily with satisfaction of nurses within the clinical setting (Simpson, 1985). According to Stratton et. Al (1991) problems of nurses retention can be solved by recruiting nurses, who have grown up in the same area, married couples who can stay in the area and recruiting old retired nurse. It is in this view, the research was conducted to investigate the problems that promote nurses' retention at Queen Elizabeth Central Hospital.

CHAPTER THREE

INTRODUCTION

The theoretical framework that guided this study is based on Roy's adaptation. The model is largely based on systems theory. According to Roy (1980) a person is an adaptive system. She saw a system being in constant interaction with a changing environment. Forces or stimuli from within and outside the environment do impinge on the system. In response, the system has coping mechanisms for the changing environment. The two stated coping mechanisms are the regulator and the cognator. The regulator is a physiological coping mechanism. The adaptation is made through body reactions through the autonomic channels system. On the other hand, the cognator adaptation is through motivating channels, perceptual, information processing, learning and judgement. Both the regulator and the cognator are triggered by a combination of three classes of stimuli. First, the focal stimuli which is the one immediately confronting the person. Second is the contextual stimulus. These are the other stimuli, which are present. The

third is the residual stimuli, which comprise of beliefs, attitudes or traits that have an indeterminate effect on the present situation.

The person's adaptation is a function of the stimulus he was exposed to in accordance to one's adaptation level. Roy (1980) stated that a changing environment demands a positive response, which is adaptive.

APPLICATION OF THE MODEL

Nurses are facing a lot of changes in the working environment. Limited resources are one of them. So, the nurses have to use the cognator type of coping mechanism to make a sound judgement or decision on how they would provide nursing care using the limited resources. The nurses have to adapt according to the role function mode. The role function mode is the performance of duties basing on the secondary role that is what one is holding within the society, like being a nurse.

For the nurses, the inadequate resources are the focal stimulus. Other related problems like poor working conditions are the contextual stimulus. The nurse's religious beliefs, culture and attitudes are the residual stimuli, which

were also determining how the nurses were adapting to the problem of limited resources. The main issue is that, if the goal of nursing is to be accomplished, the one of caring for the sick in the c hanging hospital environment, then, nurses were to adapt. The Roy adaptation model can then be the most applicable model.

The model in this study therefore directed the construction of research instrument, data collection and analysis.

CHAPTER FOUR

METHODOLOGY

Design

The study was descriptive in nature guided by an interview schedule. According to Wood and Haber (1986) a descriptive study helps to make more intelligent plans for improving health care services. The study used both qualitative and quantitative methods for data collection and analysis. The use of both qualitative and quantitative facilitate complimentarily which provides richer detail and new ways of thinking through attention to paradoxes "turning ideas around," providing fresh insight via triangulation (Rossman and Wilson 1984,1994 page 17 cited in Matthew Huberman).

Triangulation is the measurement of the elements necessary to determine the network. Triangulation in this study was further utilized objectives, collect relevant document. The research for triangulation was to determine elements necessary for retention. The dependent variables for the study were nurses' retention. The various independent variables on which data was collected included availability of adequate human and material resources.

management style and working experience. In addition to these, number of working hours and number of patients attended to on daily basis.

Sampling

The study population was nurses working at Queen Elizabeth Central Hospital as well as other two private hospitals. These two private institutions were the ones accommodating nurses who resigned from Q.E.C.H. Registered nurses and Enrolled nurses/technicians working at Q.E.C.H, Mwai Wathu private plus Blantyre Adventist Hospital (B.A.H.) was sampled to participate in the study. The reason for this was that they are few nurses. This method does also allow selection of participants who have knowledge about the issue under study (Polit, 1991). The sample size of 10 nurses was used. This sample size was ideal because qualitative study method normally requires small samples, as there is often large amount of data. In that case there is an increase of power. Thus, increasing effect size and intensity in a design (Wilson, 1989). The idea was not to generalize but to get in-depth ideas, which would bring up some new ideas or issues for future research.

A random sampling technique was used at Queen Elizabeth Central Hospital, Blantyre Adventist Hospital and Mwai Wathu private Hospital.

Queen Elizabeth Central Hospital as a big institution and a central area of study had the largest number of six participants. The other 4 nurses from the private hospitals. Since the study comprised of 10 participants, 6 were Registered nurses and 4 were Enrolled Nursing Midwifery and technicians. Half of each cadre was from each of the hospitals mentioned above. This technique was used because it reduces sampling error and was more likely to be representative of the population (Burns & Groove, 1987).

Instrument

The research used interview schedule as a method of data collection. Validity refers to the degree to which an instrument measures what it is supposed to measure while reliability of the instrument is the degree of consistency and accuracy with which it measures the attribute it is supposed to be measuring (Polit & Hungler 1991). Interviews were used because they are a valid method to study nurses perception and experience as they have been used in many qualitative study (Brewley, 1995). Interviews also provided an opportunity to evaluation, the validity of the participant's answer by observing the non-verbal indicators such as pauses and complete information through probes (Barribal & White 1994). A pilot study was

done to ensure the validity of the data collection instrument. Four participants not included in the main study were used. These had similar characteristics to the participants in the main study. There were no problems identified with the instrument, hence no changes were made.

The interview had two parts. One part elicited demographic data and the other comprised open-ended questions. Demographic data was important to make conclusion on the relation of age, work place, marital status, religion, qualifications, achievements, year of graduation, and the number of working places which was related to experience. On the hand open-ended questions allowed the participants to express themselves freely. Probes were used accordingly to feel the gaps and for clarification. Probes are important because they facilitate the eliciting of more useful information from the participants than volunteered during the first reply (Polit & Hungler 1991).

Data Collection

The interviews were conducted in English using an interview schedule with prompts where necess

material) and hospital administration. Audiotapes were used to record the interviews in order to provide rich data correctly (Barriball and White). Notes were taken which included observation of the participants by the researcher. These were complimented with the tape-recorded data. Some questions were modified, added and omitted.

A pilot study was done to ensure both the validity and reliability of the instrument that was used in data collection. Two to four participants not included in the main study were used. These were having similar characteristics to the participants in the main study. Depending on the results some issues were modified, added or omitted.

Data Analysis

The data was analyzed using the thematic analysis (Pilot, 1991). Words and sentences from the respondents were analyzed in the context taking into consideration of observation. Participants were grouped to emerging themes. In this study, Steubert's (1991) technique was used. According to Steubert a personal description of the phenomena was explicated. Bracketing the researcher's presuppositions was done to remove bias.

Bracketing means that the researcher makes a conscious effort to eliminate his/her preconceived beliefs about phenomena under study. In this study, bracketing the researcher's presuppositions was done to remove bias (Thomas, 1990). This was also to let data dictate identification of concepts and linkage. The participants were interviewed in a setting preferred by them followed by carefully reading the transcripts of the interviews to obtain a general sense of the experience. According to Steubert (1995) the participants should validate final description. In this study due to time factor, validation was done by the research supervisor.

Utilizing the above procedure, data analysis began immediately it was gathered. The process relied upon intuitive process and data reduction from the narrative descriptions (Burns a& Groove, 1987). That was essential for extracting the meaning inherent within the extensive transcribed notes. A methods of working through the interview transcripts, as well as methods of coding and categorizing data were devised in order to provide structure for better understanding of the responses.

Ethical Consideration

The researcher sought clearance from institutions chosen and the principal of this college. The study participants were only to be included and involved in the study upon their voluntary acceptance to participate. To ensure this, an informed consent was sought from the participants. They signed a consent form developed for such purpose (see appendix II). That was upon full understanding of the reason for the study and their participation. The use of the informed consent was to ensure that the researcher obtains voluntary participation of nurses after informing them of possible risks and benefit (Polit & Hungler, 1989). Responses from participants were treated with total confidentiality by locking them in a closed cupboard and used for the intended purpose only. No names were used on the questionnaires to ensure anonymity. Upon approval by the research's supervision, the interviewed material (tapes) will have to be erased.

CHAPTER FIVE

The results focused on the demographic data, problems that nurses encounter and some suggestions as to how nurses could be retained at Queen Elizabeth Central Hospital in particular and at government hospitals in general. The responses have been grouped under the demographic data and according to emergent themes to conserve useful data.

DEMOGRAPHIC DATA

AGE

TABLE 1

AGE	RANGE	PERCENTAGE
20- 24	1	10%
25-29	3	30%
30-34	2	20%
35-40	1	10%
40	3	30%
Above		
N=10	10	100%

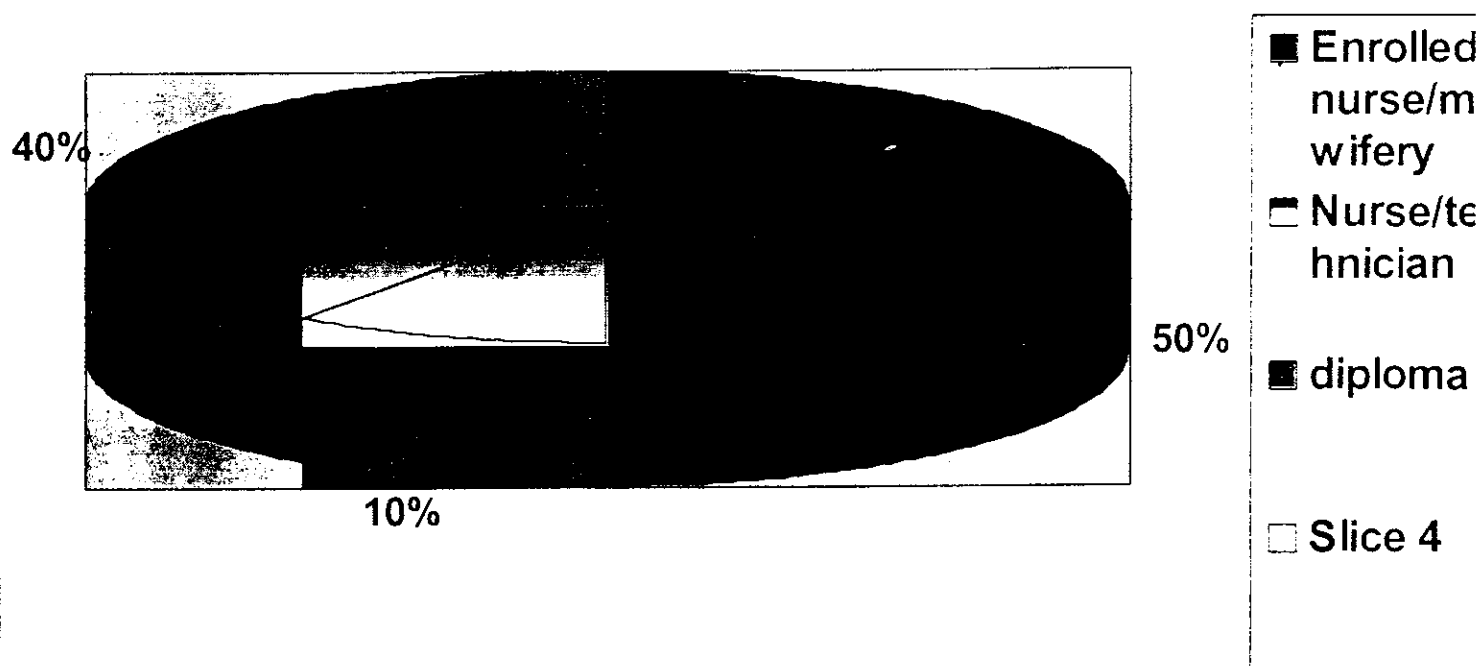
The mean age of participants was between 20 and 40 years. Out of the 10 participants 70% (n=7) participants were aged between 40 years and above. Only 30% (n=3) participants of the whole number were below the age of 40 years as shown on the Table 1.

The majority of nurses working at Queen Elizabeth Central Hospital are young adults. The minority was young people, strong and energetic.

Ninety percent (n=9) of the participants which was the majority were married. Whereas 10% (N=1) was single. There was no widow and widower. Coincidentally all of the participants were Christians and females.

QUALIFICATIONS

FIGURE 1



The findings revealed that many nurses who participated in the study were Enrolled nurses compared to Registered nurses. Out of 10 participants 50%(n=5) participants were Enrolled nurses. These were followed by the diploma nurses that were 40%(n=4) of the participants. The least number of participants was by the nursing technicians that were 10%(n=1) participants. Coincidentally there was no participant with Bachelor of Science in nursing.

SIGNIFICANT ACHIEVEMENTS

TABLE 2

RECOGNITION	FREQUENCY	PERCENTAGE
AWARDS	1	10%
POMOTIONS	1	10%
OTHERS	0	0
N=10	2	20%

The findings have revealed that only two people were recognized in a special way. That was through promotion and award that was presented to two individual participants (See table 4 above for details). The most saddening development is promotion award to a Registered nurse, who got a post of a matron at Queen Elizabeth Central Hospital after 18 years of working experience.

WORKING EXPERIENCE

TABLE 3

YEARS OF WORK	FREQUENCY	PERCENTAGE
1-5	1	10%
6- 10	2	20%
11- 15	3	30%
16-20	2	20%
20years and above	2	20%
N=10	10	100%

The older people tended to stay long at a place and were willing to continue working at Queen Elizabeth Central Hospital if their problems are taken care of. The reason given was that most of them had spent most of their time in the government. To quit at 18 years would be a big loss.

The nurses who have served more years are also married. The other reason of staying in government was because of following the husbands. Government hospitals are found all over the country. The reason being they feel better to leave now than later. Losing few years would not be a big loss. It is the same as losing nothing. Most of the nurses who have stayed long at Queen Elizabeth Central Hospital are also Christians. They believe that money is not a satisfier. The reason being one becomes happy the first few months that she gets it, after sometime the morale goes down again because of high ambitions (Walker, 1984). However, poor benefit package should be questioned whether primary and secondary employee needs are being met. Some of the needs they also recognize the importance of nursing services to the community. Though conditions of working are not favorable, they feel compelled to continue working. Many Malawian people can not afford to go for private services. This means that if they do not continue rendering their service, then many would suffer.

The findings conclude that the older the person, the married the individual, and the longer the service.

Responses to the questions will be according to the identified broad categories. The answers will be staff nurses understanding of problems that they meet with as they work at Queen Elizabeth Central Hospital (Q.E.C.H.), explain the reasons that make people leave Q.E.C.H. for other places of work and suggested solutions to problems and perceived measures of other jobs for other employers.

Question 1: *What problems do nurses experience as they work at Queen Elizabeth Central Hospital?*

Participants described problems that nurses meet with in various ways. The findings suggested common perceptions of problems faced to be many. The main problem being lack of resources (human, materials and financial). The common understanding is reflected in the following response, which is a representative of what was stated by all participants.

"It means the nurse should improvise in order to meet the objectives of the day..." (participant 10).

Lack of resources was seen as an inhibitor of rendering patient care expressed by all the participants. One participant further said the lack of resources made them perform procedures wrongly.

"...There is no way you can use one dressing pack for individual patient. Yet the nurse is concerned with sterility..."(participant 5).

In addition one participant reported that because nurses are not following correct procedures the only fear is that they can get used to the wrong way of doing procedures.

"...Improvisation sometimes is not possible because that specific procedure will not work well..."(participant 8)

The problems meet by nurses at Queen Elizabeth Central Hospital were also understood to be long working hours. The nurses have no chance of

considering the ideal and reality of nursing profession as indicated by 9 participants.

"... Everyone in the country works 8 hours but a nurse works more than the mentioned time all the time. An example is night duty that begins at 16h30 to 7h30 the following day giving a total of 15hours. Normally a nurse knocks off an hour after the stipulated time that brings hours of night duty to exactly 16 hours of work..."(participant 7).

Another participant remarked that the watchmen are even better than nurses these days. This is because after the normal 8 hours of work, they are considered for overtime.

"...Recognition of nurses own weakness would help. Most of the problems are known to the employers but nurses don't wait to see that they are taken care of as a result..."(participant 3)

It should be noted that one participant remarked that nurses problems are not addressed, partly because the owners of the profession are sleeping too much. Maybe that is because of too much night duty. To the point that they

do not have the power to stand up and implement things that are written in the Employer's Act for them. (Participant 4).

However, it was interesting to note that only one participant related Turn over of nurses at Queen Elizabeth Central Hospital as related to stimulation of critical thinking and decision making in terms of priority by the people responsible.

"...High turnover by the nurses at Q.E.C.H and other government hospitals, is like a routine thing. The interesting thing is that it looks that no one was giving an ear and an eye to it..."(participant 7).

At the same time, one participant narrated that this problem has been there. So, there is no need to worry.

The results further showed that 2 participants interviewed at Queen Elizabeth Central Hospital were serving their last month. That was because they could not bear it any more. The following were the expressed words during the interview.

"...Three years were spent training for this profession and yet what I get is all peanuts. Imagine someone who didn't go for any course or went for a course, half the number of my years of training, getting a better income and being able to support herself..."(participant 2).

Overworking was another concern of the workers at Queen Elizabeth Central Hospital.

The average number of nurses in a ward is 1-2 to a proportion of 100 to 150 patients. It is very well known these days that most of the patients that get admitted in our hospitals are very ill. That means that all patients need attention of some sort.

"...Few people understand the situation that we are in as office work is quite different from clinical..."(participant 9).

Poor accommodation is a very big concern for most nurses at Queen Elizabeth Central Hospital. More than half the number of staff is in need of houses. To show that some of the participants were concerned with the issue the following were their remarks.

"...Look at the inequality that has taken place to us hospital workers, the poor nurse is also afflicted with the housing problem. Maybe doctors are essential workers themselves..."(participants 6 and 10).

Poor communication could not be overlooked at Queen Elizabeth Central Hospital.

"...Sometimes we wonder if our problems have been presented to the people concern. The reason being we do not get feedback. Poor communication is assumed to be a sign of no concern..."(participant 1).

Lack of promotion is a very big worry for nurses who have worked more years at the Queen Elizabeth Central Hospital. Remarks by some workers were as follows:

"...Imagine a person reaching retirement age without any promotion! To me that is a sign of a problem to either the worker or the organization..."(participants 1 and 10).

Looking smart is a necessity for a hospital worker. Yet the one uniform that is supposed to be given every year is sometimes received after two years. In that situation, others go out to look from other sources that are at times not very ideal.

Nurses work in an environment that is very infectious these days. It was revealed by other participants that it was for that reason that very few people would not like to work in the present hospital situation. More especially when you know that the income is not all that attractive. To show the seriousness of the problem one participant commented as quoted below.

"...How many people will understand that the tuberculosis that I am suffering from was contracted from the hospital due to the nature of work. My family shall be the sufferer in the end..."(participant 2).

Malawian nurses wonder why they are not given night allowances. That is in comparison to other professions that give extra money to those that spend extra hours from their normal shift.

"...Why no incentives for nurses at Queen Elizabeth Central Hospital is the question that is always in mind. Somewhere people are taking advantage over us..."(participant 10).

Findings on the problems that nurses meet at Queen Elizabeth Central Hospital are summarized in the table below.

Question	Findings	No of respondents
What problems do nurses meet as they Work at Q.E.C.H.	. Lack of resources (human shortage, material shortage, Low salaries).	10
	.Long working hours	10
	.Overworking	9
	.Poor accommodation	8
	.poor communication	9
	.Lack of promotion	8
	.shortage of uniforms	9
	.Poor working conditions.	10

lack of incentives	10
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Question 2: Why do other nurses leave Queen Elizabeth Central Hospital for other jobs?

In response to this question nine participants said there is a setting of individual objectives and interests as indicated in the following remarks.

"...Those who can not cope with the situation in relation to the above mentioned issues, resign or join other places of work in order to..."
"(Participant, 4).

The participants appreciated many experiences gained as they are working at Queen Elizabeth Central Hospital.

*"...Whatever the case, some of us are here because we are just waiting for our retirement time. The moment we get our pension, we will definitely leave this place..."**"(Participant 2 and 3).*

The results further showed that participants interviewed at Queen Elizabeth Central Hospital were not willing to assist in teaching the students that come to the wards at times. The reason being they are few working staff. To have extra work of teaching students that meant delaying their work even more.

What are the roles played by a nurse in the clinical area?

Question	Findings	No of respondents
What are the roles played by a nurse at Queen Elizabeth Central Hospital.	. Setting objectives.	6
	. Active participation.	10
	. Demonstration of interest.	8
	. Forming part of the team	10
	. Assist students learn in the clinical are.	7
	. Solicit help.	8
	. Work towards perfection.	9
	. Patient advocacy.	10
	. Do self-evaluation.	5
	. Communicate effectively	7
	. Be an educator to patients and clients.	10

Another factor reported to contribute to nurses joining other places of work was lack of appreciation to that clinical nurses do.

"...No one nurse can manage to work for and with many patients and yet, that is a reality in Malawi. What a difference it would have been, if the nurses were given a word of acknowledgement..."(participant 9)

Question 3: *What suggestions can you make to prevent people from resigning for other jobs or other employers?*

As outline by several participants, all of them gave the following responses in answering to the above question.

"...The most outstanding need for the hospital is resources. For the nurses to work comfortably, it is better to supply them with the enough materials, salary, as well as human resources. The other concerns come second..."(participants 1,2,3,4,5,6,7,8,9,10).

The other points raised were the number of working hours that they should be considered especially when it comes to night duty that staff works over 8

hours. That is also in connection with the salary that people get This is not because the price of things has gone up rather because it is necessary to do so.

In addition, the participants said that there should be consistency in uniform supply and uniformity in the accommodation allowances according to qualifications. All the information positive or negative needs to be communicated so that the staff is abreast with the developments taking place.

CHAPTER SIX

The demographic data was collected in order to find out the relationship between sex, marital status, age, and duration of practice in different clinical areas of their work, to their ability to stay or leave. All participants were incidentally female. Possibly because female nurses are the majority in the country. The results also showed that the participants were between the ages of 21 years and 45 years. Their experiences ranging from 2 to 30 years. The findings point out to the relationship between marital status, age, sex, and duration of over or retention at Queen Elizabeth Central Hospital (Q.E.C.H.).

IMPORTANCE OF STAFF RETENTION

The findings have shown that nurse understand the importance of nurses retention at Queen Elizabeth Central Hospital. That was shown by voicing out the need and importance to meet patients needs. There was also some

coverage of nursing activities in the wards. Though shortage of staff nurses, care provided was to a safer level that leads to quality care.

Nursing involves provision of direct patient care including health education. Management of resources is another responsibility of a nurse. This includes drugs, equipment, linen, and all materials used in a hospital setting. Coordination of activities is another nursing activity. For things to run smoothly in a hospital there is need to be coordinate things properly. An example is a patient going to theatre for surgery. The nurse communicates all the arrangements between the patient and the theatre people. The general understanding of all duties carried out is in agreement with the findings of the study carried out by Finkler (1992). In that study it was indicated that nurses duties include health education, carrying out of nursing procedures and supervision of junior staff to mention a few. In Finkler study (1992) problems identified in relation to staff retention are many. Examples are low salaries, shortage of nurses in the hospitals that leads to high proportion of nurse to patients. Overworking at times if need arises and lack of appreciation by managers to their juniors. This study has therefore revealed the same problem similar to what Finkler (1992) found. However, there is an exception to material resources at Q E.C.H. getting less through theft. That

is not indicated in most literature books. Material resources were noted to be less due to extension of the hospital and the number of equipment in relation to the number of patients in the wards. To deal with safety of resources Finkler (1992) suggested that all hospital places should be well protected. Near the exit door, there should be a checking machine. This machine is placed in a way that any person going out comes in contact with it. As it rolls round the individual is able to go out. The checking bell only rings if the person has taken hospital belonging without permission. This means that all hospital materials are sensitized. As such, everything to be taken out of the hospital gets desensitized on a special machine by people concerned. Only then can one get out with a hospital belonging.

According to Birdsall (1991) nursing staff retention has been and continues to be a top priority for nursing department in institution of various sizes. In comparing nursing excellence to be the best run hospital, the community's assumption is made basing on how well the hospital is able to attract and retain excellent nurses that come about with experience as they continue working on an institution. Nurses need an attraction of some sought. Institutions that have no difficulty attracting nurses have no problem in retaining them. The strategies for staff retention are many but basically are

shuffling around poor performers in order not to lose a nurse. Salary need to be competitive, and proper personnel management.

In addition to boost the retention of staff to carry out multiple roles, it is necessary to have motivation of recruitment for example part time employment of nurses. In this particular study participants suggested that the employers of nurses should provide the hospital with resources necessary for their work. As the price of things has gone up, there is also need for nurses salaries to be restructured not as industrial workers but as essential workers to retain staff. Interesting enough, all participants appreciated the importance of staff retention.

NURSES ROLES IN STAFF RETENTION

It was noted in nurse's descriptions of their roles that the participants were very active in their daily activities. The majority of the participants in the study were not motivated to be retained at Queen Elizabeth Central Hospital. Out of ten participants only one said, retention of staff was a practical thing at Queen Elizabeth Central Hospital. The participants suggested a good working relationship between the person in line control of nursing services

and the nurses as a key to the success. That is in line with Birdsall (1991) findings in delineating nurse's roles within the profession. The nurse's roles that seek out and are aided by their controller facilitate quality care. Recognition of the expertise and the contributions of the nurses does also augment professions practice within the hospital. No wonder, the nurses are forwarding their grievances to the people responsible so that they are helped. Empathy is all that is required for the situation to improve for the better.

The results further revealed that the participants were taking personnel responsibility, self initiative in recruiting retired nurses and soliciting help after identifying their own needs in the clinical areas. That has helped a bit as some few retired nurses have joined Q.E.C.H. In certain circumstances some nurse managers wrote some letters requesting donations. An example is in pediatric ward at the hospital. There was a donation named children support groups through nurses that renovated the toilets and showers. A building named Moyo house for malnourished babies was renovated with the efforts of the nurses and a medial doctor who once worked at Q.E.C.H. and does source funds for them. Donations by a Political party provides soap, linen and mops when the hospital cannot provide. All those were done by the nurses in realization of their roles as patient providers. Nurses also

indicated personal commitment to staff retention through dedication to duty regardless of problems.

Managers on the other hand have also taken the responsibility to boost staff numbers since shortage of staff was revealed to be one of the reasons for high staff turnover. Acquiring additional numbers relieves over working and ensures adequate coverage of nursing activities. That step would promote provision of safe and quality if it is to continue therefore lead to retention of staff.

WORKING CONDITIONS AT QUEEN ELIZABETH CENTRAL HOSPITAL

The study revealed that nurses in government hospitals and Queen Elizabeth Central Hospital in particular were over working. It was reported that nurses worked long hours. The longest shift being night duty. It begins at 4 p.m. to 8 a.m. giving a total hours of 16. It was further reported that a nurse looked after 100-150 patients per shift depending on the ward. This is against the stipulated working hours in the Employers manual.

According to International Labor Organization, Employers Act Number 6 of 2000 Part vi Section 37: No employer shall require or permit a shift worker to work for more than eight hours on any day ; or who normally works six days during a week , to work for more than eight hours on any day . Section 39 of the same bill outlines that overtime shall be subject to the limitation set out in section 37 stipulated in the Act.

It is also against the patient nurse ratio stipulated by the legislative body of Nurses and Midwives Council for the nurses to work the way they do.

Overworking has been reported as one of the causes of nurses stress and burnout in health institutions World Health Organization (W.H.O. 1988). The W.H.O. report indicated that most common way nurses solved the problem of burnout was to change their work place. This is likely to be true of Queen Elizabeth Central Hospital , where every month there is a letter of resignation . Unless there are ways of promoting staffing level, the problem of overworking and burnout will not decrease. However, the nurse managers could assist in notifying people in authority in regard to understaffing situation that is present now. More nurses are willing if only the amount given was to be improved for the better.

The conceptual framework used for this study is Roy's adaptation model. Human beings are said to be in an environment that requires the person to adapt in response to different stimuli. It could therefore be deduced from the study that the participants and other nurses at Q.E.C.H. have not adapted to various health related problems hence resignations and looking forward to retirement day.

The findings of this study therefore point to the need of full implementation of International Labor Organization and Employment Bill which is going to relieve the stress experiences and therefore promote motivation. The failure to identify positive mechanism to retain staff will lead to high turnover number. Many participants suggested and indicated lack of support to nurses to cope with the situation.

NURSES PROMOTION OPPORTUNITIES

The findings suggested that nurses promotion did not necessarily depend on the number of years one has served. A junior staff could be considered for promotion even after a few years of working. This does not mean that there are no other individuals of the same rank, but rather how well others are

known to the senior staff or people in authority. At the same time, it is not encouraging to note that it is the same persons who go for different workshops. The nurses realize the importance of seminars and workshops. According to Bush (1978) workshops and seminars are part of continuing education that helps to support and improve a number of important factors related to nursing practice. Depending on the topic, it assists in meeting objectives and significant improvement in the efficiency of patient care delivery systems in hospital settings. This was also supported by Nicholas (1982) that continuing education program fills the need for accurate up to date information with expert advice from leading hospital administration. In a way it helps and it's a means of ensuring safe and health care for consumers (patients). It is also a favorable attitude toward nursing issues. Above all, it is important to note that the ultimate outcome of continuing nursing education is seemingly to improve health care. Some people may resist but participants at Queen Elizabeth Central Hospital showed interest and need of going for such programs.

The findings of this study point to the need for continuing education to keep staff updated which in itself provided confidence and motivation. It should be made clear that nurses have the primary responsibility of facilitating the

transfer of learning from theory to practical area with goals and objectives of individualized care. The reason is to meet patient needs. Hence the introduction of soapier format in the wards.

FACTORS THAT PROMOTE STAFF RETENTION AT QUEEN ELIZABETH CENTRAL HOSPITAL

The study has revealed three main factors that facilitated nurses retention at Queen Elizabeth Central Hospital. These include presence of three months maternity leave. To some this can be up to 6 months if the individual did not take her annual leave and was coming on duty when there was need of doing so.

Opportunity of looking after a close relative when ill is another motivator. These days with the pandemic disease H.I.V./A.I.D.S. has brought in so much dependence of sick people on their relative, in order to attain self care. The existence of hospital personnel in a family tends to bring more relief on the sick relative. Most government hospitals provide the opportunity of nurses to look after their families when need comes in. In comparison this is not the case in private institutions. The practice at Q.E.C.H. in this regard as

revealed by this study, should be encouraged. Policies as guidelines ensure that standards are achieved at Queen Elizabeth Central Hospital.

According to Marquis and Huston (1992) written policy must periodically be revised in order to have currency and applicability. This enables the unit matron to meet the needs of the changing hospital environment. Policies also state standards for the personal conduct of employee and suggest acceptable actions to take, in various situations thereby leading to consistency in decision making. That increases the morale and feeling of security of members of staff. In addition, institutional policies and standards do compel evidence of the quality of care provided in the institution (Johnson and McClosley, 1988). Policies at Queen Elizabeth Central Hospital need review to fit the present situation in assisting staff to take the right decisions.

Long service period – some nurses are not free to move to other institutions in consideration to the number of years they have served in the government. Preferably they look forward to their retirement time. As a result, the number of nurses that have served more than 10 years is more, than those who have served few years.

Availability of sick days to staff- Most of the private institutions have a certain number of days in a given year for sickness. Other issues like funeral of a close relative are not accommodated. The reason being that is regarded as a personal affair of the worker. Contrary nurses at Q.E.C.H. continue getting their pay when sick, and are given more days of rest if not feeling fit for work. In some private organizations, once the sick days are over, the individual does use her annual days as sick days. Once these days are over the staff does not get her salary.

Clinical objectives were some of the things the staff was striving for each day at Q.E.C.H. Despite other problems in day to day life, some nurses expressed satisfaction in their areas of work.

Critical care unit is the best department at Queen Elizabeth Central Hospital. It receives patients from all over including the very well known private hospitals. This section of the hospital, is well equipped and staffed. The main purpose of critical care is life maintaining by supporting those in trouble and discriminating problems, constant adjustment, adaptation of established protocol procedures to patient individuality and frequently checking on status (Benz,1990). The results of critical care are the best. Many people recover despite serious injuries and damages.

The nurse managers at Q.E.C.H. have a supervisory role that they play. The size and characteristics of an organization determines the nurse manager's role. Some managers were more senior that their time was spent in formal meetings and it was sometimes difficult to prescribe their activities. Today's nurse managers are required to continually evaluate their role in managing services (Sullivan, 1985). More so now that most responsibility have been decentralized and with increasing specialization, greater autonomy is required. The nurse managers are expected to manage and evaluate their own work, informally share ideas, information and resources. They are also expected to provide guidance on relevant issues. In addition they provide counseling to all nursing staff in their unit including assisting on highly skilled nursing needs in wards (Birdsall, 1997). The nurse managers apart from doing administrative work they also work with the junior staff in the wards. That is in realization that it is another way of motivating workers.

According to Stevens (1985) working institutions have different work benefits. At Queen Elizabeth Central Hospital, the availability of non-contributory pension scheme is a reason for continued civil service for most people. Other organizations offer pensions but under certain basis. Though

the salaries are not as high, the pension that people get at the end as they retire, motivates most nurses to continue working at Queen Elizabeth Central Hospital. Other benefits include annual leave basing on working days only, transport home when sick while on duty, medical care and duty allowance.

Findings of this study and revelation on the above factors lead to retention and is strongly supported in literature. Certain job factors serve as a motivating function by providing job satisfaction directly or indirectly.

FACTORS THAT PROMOTE HIGH TURNOVER

The results showed that many nurses are willing to stay but are discouraged by certain factors:

Lack of resources- These are shortage of staff, linen, equipment, medications that seem to be the main factors. The unavailability of the working resources not only prevent nurses from carrying out their duties well but does also bring about incorporation among hospital workers and the community at large. Human resource shortage is the most striking issue at Q.E.C.H. and government hospital in general. Some nurses do get reduced due to

following their husbands. As a result the nurses working there now is not proportional to the number of patients admitted daily.

Lack of incentives- since the number of patients is high, there are no recognition of nurses in regard to their hard work at Queen Elizabeth Central Hospital.

In reality the number of nurses working at Q.E.C.H should have been more to cater for the high demand. Apart from looking after patients, they also take care of students from college of medicine and Kamuzu College of nursing that still puts more demand on the nurses working. The participants revealed that they are willing to continue working as long as an incentive of some sort was thought of. The price of many goods is going up on day to day life and more nurses don't seem to afford.

Salary of the nurses is generally low. According to Internal Labor Organization Employer's Act, every civil servant is supposed to work not more than 8 hours. Yet, nurses at Q.E.C.H. go for night duty often because of shortage. That starts at 4 p.m. and ends at 8 a.m. the following day as when they knock off. Total number of hours is double shift comparatively. Whether the government knows that nurses work double shift or not, no one knows. Some private institutions provide night allowance and good meals during that shift. It is in that view that other nurses decide to move to other

places of work. It is in the interest of many nurses to have two shifts of night duty or to have a consideration when it comes to long hours of work.

Housing and housing allowances-In view of nature of nursing many workers prefer having houses near their working premises. Unfortunately some institutional houses are occupied by other non medical personnel. That brings about more inconveniences. When the individual is not provided with a house the allowance given is usually low in consideration of the type of house that could correspond with the amount given. According to Johnson and Mc Closley (1992) in an environment of rapid change, increasing complexity, and declining resources, nurse executives need to be housed in an environment favorable with less risk.

Lack of promotion-some nurses qualify and retired without promotion of some sought. The most frustrating thing being that others could be promoted several times when others nothing. That somehow provokes other nurses to go and try other places of work. In that circumstances it is going to the private places. According to Sullivan and Decker (1988) lack of promotion and work enrichment are the causes of burnout and turn over.

Shortage of uniform-the study revealed that nurses at Queen Elizabeth Central Hospital normally get one uniform in a year. That is at all not enough for daily use. As a result, nurses have to find another means of having some more uniforms. Their uniforms do turn cream because of overuse and inability to get new ones. It does also happen at times that the uniforms are not given every year as scheduled which makes the situation even worse.

Poor working conditions- the number of attendants and ward aids is not enough at Queen Elizabeth Central Hospital. The hospital is generally big. It is therefore necessary to have a good number of workers to keep the premises clean. Finkler (1992) pointed out the importance of good working environment that promotes the morale thereby improving the productivity. Some areas in the hospital are not cleaned on daily basis. Since Queen Elizabeth Central Hospital takes care of many people, that puts more demand on the hospital and the workers. The fact that demands are not met, the hospital is also not up to date in terms of cleanliness. Some nurses move to other places of work in order to work in a clean environment.

According to Bloom and Standing (1998) a high nurse turnover and shortage were endemic in most African countries. The reason has been institutions are not quick in looking into nurses problems. That conquers with the findings at Queen Elizabeth Central Hospital. The nurses problems have been there for years. The fact that more than 50% of participants mentioned of changing work place for greener pastures, that was predictive of nurses likelihood to leave Q.E.C.H. for other places of work. That will create a high turn over at the hospital but maybe more job satisfaction to the nurses themselves. Brewer and Franzier (1998) emphasized the need for nurse executives to identify factors that increase staffing and influence many efforts to address the problems of nurses turnover. That is important before the situation becomes worse than it is now. Corrective measures should be taken. Failure to correct the situation may affect many people in the near future.

Lack of resources, low salaries, following spouses, lack of incentives and lack of appraisals are the findings that are congruent with literature by Canavagh and Coffins (1992), Stratton et.al., (1991). Their study revealed that turnover is caused by work characteristics, family constraints, poor communication with peers and supervisors. Those factors affected nurses socially, physically, and psychological. As indicated by Roy's adaptation

model, if the stimuli were within the nurses capacity of adaptation, they would respond positively by continuing to stay at Queen Elizabeth Central Hospital. Some have and that is the reason they are found at Q.E.C.H.

Unfortunately, very few have adapted and others are still not adapting hence, the problems of nurses retention. Revelation of this study on factors that promote high turnover is crucial to Malawi Health service and calls for urgent attention. Most of the factors do not necessarily demand money but a concerted effort in planning health services.

BARGAINING AT QUEEN ELIZABETH CENTRAL HOSPITAL

Collective bargaining is defined as a process and technique whereby employees participate as a group in determining jointly with employers, the conditions of the employment relationship. This means much more than just negotiating salary terms and hours of work. Collective bargaining is also a continuous process whereby the countless day to day problems of working relationships can be handled in an orderly and democratic manner. It is not unionism, but unions clearly are ready, willing and able to serve as the representative for the group (Birdsall, 1991).

Collective bargaining begins with the formation of an organizing council and recognition of a bargaining agent, usually the professional association by the employer, or either voluntarily or after an election. Then contract negotiations begin between representatives of management and the bargaining unit. Anyone involved in the hiring, firing, disciplining and evaluating of employee is considered part of management and cannot be included in a collective bargaining unit.

The functions are to ensure that employees are able to freely choose whether or not they want to be represented by a particular bargaining agent. For nurses, the bargaining agent is Nursing Association of Malawi.

The purpose of collective bargaining is to equalize the power distribution between labor and management. As well as to employ power when other efforts to get fair treatment or to bring about change when it has failed.

At Queen Elizabeth Central Hospital the Nurses Association of Malawi (N.A.M.) is almost non-existence. Some nurses don't even know much about it and it's functions. The nurses grievances are channeled to the institutional Matron to bargain for the nurses to the higher level. Part of staff does not know that the matron is a neutral person as she forms part the

management team at the hospital and the Ministry. It is, therefore, necessary to have own council or N.A.M. representative at Queen Elizabeth Central Hospital. The reason being the majority of nurses should make use of N.A.M. and go to the association when in need. Because of the existing ignorance nurses make use of N.A.M. when problems have reached the danger point. So far Nurse Association has been talking care of sued nurses by the patients or clients in Malawi that has been successful most of the times.

For collective bargaining to work well there should be good Labor management relations. In that case it is essential that nursing managers or people in control in dealing with labor relations should have knowledge about the legalities concerning labor relations, the regulations that the government conduct, and the human resource management principles that significantly impact on labor relations (Tappen, 1986).

The present situation is looking forward to decentralization. That is beauracracy at operational level. It may be necessary in that case to have District assembly that may be able to decide on problems at each hospital. It may even decide on problems relevant at a hospital through staff that may

give in points in order to solve problems present at their work place. If decentralization takes place, each hospital will deal with problems relevant to its situation, be it transport or housing issue. In that case things like strike may be forgotten.

IMPLICATIONS OF THE STUDY TO NURSING

The study has provided insight into issues that influence nurses turnover at Queen Elizabeth Central Hospital. The implications of this study to nursing practice are on the conceptual framework. If the nurses problems will be taken care of, it is imperative that the health care providers will have job satisfaction. That shall be the mandate to staff to improve in the accessibility and availability of their services. In that way, quality of nursing care would improve too. In addition that would also provide opportunities to many Malawians not to go to private institutions.

Much as it can be appreciated that nurses are trying their best to assist many patients and clients at Queen Elizabeth Central Hospital. It is also important to know that most of materials used are improvised. In that case then, it would be of much help to provide Q.E.C.H. with necessary requirement and

materials. Consequently that would assist in provision of improved better hospital procedures which lead to quick recovery.

If the findings of the study could be utilized efficiently, that could improve the situation of turnover. As a result recruitment of nurses would also not be a problem. That means that the average of 100 patients to 1 nurse would also improve. The advantages would then be to both workers and patients themselves plus clients.

Since many nurses think that many senior personnel don't care about their concerns, it is important to communicate any progress or development that may take place. As much as possible, clinical nurses should be involved in decision making. If they would be active in management activities, they may also be motivated to feel that they are important and that they are being considered as individuals.

Several related studies have been done. Their aim was to bring about job satisfaction thereby retaining workers at a work place. However, there is need for more researchers to do qualitative analysis of the findings as years pass. It may also be necessary to extend this type of research to other parts of the country.

The results would also be of benefit in other central hospitals, as well as all government hospitals in the country, where such research has not been done. That would be in search of job satisfaction.

There are also many areas that the management could improve on. The government would implement policies that could be of benefit to both clients/patients and workers. Since many nurses feel that night duty is too long, maybe two shifts could be implemented. This is bearing in mind that there are two shifts that don't seem to be recognized. Basing on International Labors Act, Employer Bill many nurses would be relieved of the usual 14-16 hours shift. As management, it would be of interest and help to seek better ways of assisting all levels of personnel in order to retain nurses.

RECOMMENDATIONS

Basing on the above findings the following are the recommendations:

The fact that nurses do not receive uniforms, that means

-Nurses should continue getting uniforms every year because that helps them to look smart on duty and feel confident of themselves. Some of the nurses were noted to have tight uniforms that were also not good looking. That

showed that some other nurses were really in need of uniform supply because not all could manage to get them from other sources considering the income.

-The government should come up with a strategic plan and begin implementing International Labor's Act and Employment Bill as stipulated in the Malawi government's Act manual revised 2000.

-Queen Elizabeth Central Hospital should be provided with necessary resources for the staff to work better. For security of equipment and materials used in hospital, all personnel should be searched as they get out. There should also be a book that people can countersign in as they come and go off duty in each department, every shift in regard to hospital resources.

-There should be equality in housing and housing allowances in relation to individual qualification.

-There is need to utilize a larger sample if the results are to be generalized through exploration of varied views of staff members.

CONCLUSION

The findings of the study are very important to the profession of nursing because they have revealed some matters that would assist in retention of nurses not only at Q.E.C.H. but government hospitals in general.

It is necessary to know that the main findings of the study suggested that nurses problems needed urgent attention in order to reduce high turnover.

Most encouraging in the study was that all staff nurses showed a sense of responsibility and concern for the patients, clients and students. Despite all problems encountered, this study came up with factors that facilitated staff retention that should be continued.

However, it is very important to remember that failure to implement International Labor Act and Employment Bill, as well as not acting on the reported problems, will lead to continuous high nurses turnover at Queen Elizabeth Central Hospital and all government hospitals.

Finally, the study proposed provision of resources at the hospital as highlighted in the recommendations.

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APPENDIX 1

DEMOGRAPHIC DATA

COUNTRY: Malawi

University of Malawi

Kamuzu College Of Nursing

TITLE: AN INVESTIGATIVE STUDY INTO PROBLEMS OF NURSES
RETENTION AT Q.E.C.H

DEMOGRAPHIC DATA.

PART 1

1. AGE (Fill in the spaces).

2. WORK PLACE: (a) Address

(b) Position)

(c) Main duties involved

3. MARITAL STATUS (Tick)

Married []

Single []

Divorced []

4. RELIGION [Tick or specify]

Christianity []

Moslem []

Other specify []

5. QUALIFICATIONS (Tick)

(a) Enrolled Nurse\Midwife []

(b) Nurse Technician []

(c) BSN in Nursing []

(d) Diploma in Nursing []

(e) Others (specify) []

6. SIGNIFICANT ACHIEVEMENTS IN THE PROFESSION (Tick and specify)

(a) Awards []

(b) Promotion []

(c) Other []

7. WHICH YEAR DID YOU

(a) Graduate from College

(b) Start working

8. BEFORE JOINING Q.E.C.H. AS A NURSE, WERE YOU EMPLOYED
SOMEWHERE

(a) Yes No Tick)

(b) If yes, for how long (Specify).

PART 11

GUIDE SCHEDULE

1. What made you decide to leave Queen Elizabeth Central Hospital?
2. From your experience what do you think people leave for other places?
3. What suggestion can you make to prevent people from resigning for other jobs or other employers?

APPENDIX 11

CONSENT FORM

Dear Participant,

A RESEARCH INVESTIGATING INTO PROBLEMS OF NURSES
RETENTION AT QUEEN ELIZABETH CENTRAL HOSPITAL.

My name is Cecilia Kasenda currently studying for a Bachelor's Degree in
Nursing at Kamuzu College of Nursing.

This research is needed to meet the requirements of the programme. You as
an individual, has been chosen to take part in the study because of your
knowledge and experience in the subject under study.

Open-ended questions that will be asked and responses will be taped
recorded and notes will be taken when necessary.

The results of the study will not benefit you directly but your participation is
important.

The results of the study will be of benefit since they will add knowledge to
available situation problem. Further, research in the area could be done
based on this research

You are free to withdraw if you so wish with no resultant penalties. However, there are no risks in participating in the study, and your participation is important for the growth of the profession.

I agree to participate in the study and therefore I give my consent. I understand there are no personal risks associated with my participation in the study.

Researcher

participant

Date

Date

APPENDIX 111
CLEARANCE LETTERS

University of Malawi
Kamuzu College Nursing
Private Bag 1
Lilongwe

The Hospital Director,
Queen Elizabeth Central Hospital
P.O. Box 95
Blantyre.

Dear Sir

REQUEST FOR PERMISSION TO CONDUCT A RESEARCH STUDY
AT QUEEN ELIZABETH CENTRAL HOSPITAL

I would like to seek permission to have access to your hospital to conduct a research entitled "An investigative study into problems of nurses retention". The respondents will be Registered Nurses and Enrolled Midwives working at your hospital. The research will further include nurses who have left the hospital.

I am a second year, post-basic Bachelor of Science in Nursing Student at the above-mentioned College. As part of my programme, I am required to conduct a research project and submit a dissertation at the end of study.

Looking forward to your favorable consideration.

Yours faithfully

Cecilia Kasenda (Mrs.).

University of Malawi
Kamuzu College of Nursing
Private Bag 1
Lilongwe

The Medical Director
Mwai Wathu Private hospital
P.O. Box 3065
Blantyre.

Dear Sir

REQUEST FOR PERMISSION TO CONDUCT A RESEARCH STUDY
AT MWAI WATHU HOSPITAL

I would like to seek permission to access your hospital to conduct a research entitled "An investigative study into problems of nurses retention". The respondents will be Registered nurses and Enrolled Nurses Midwives working at your the hospital. The research will target nurses who have left Queen Elizabeth Central Hospital.

I am a second year, post basic Bachelor of Science in Nursing student at the above-mentioned College. As part of my programme, I am required to conduct and submit a dissertation at the end of study.

Looking forward to your favorable consideration.

Yours faithfully

Cecilia Kasenda (Mrs)

University of Malawi
Kamuzu College Of Nursing,
Private Bag 1
Lilongwe.

The Medical Director
Blantyre Adventist Hospital
P.O. Box 51
Blantyre.

Dear Sir

REQUEST FOR PERMISSION TO CONDUCT A RESEARCH STUDY AT BLANTYRE ADVENTIST HOSPITAL

I would like to seek permission to access your hospital to conduct a research entitled "An investigative study into problems of nurses retention". The respondents will be Registered Nurses and Enrolled Nurses Midwives working at the hospital. The research will target nurses who have left Queen Elizabeth Central Hospital.

I am a second year, post basic Bachelor of Science in Nursing student at the above-mentioned College. As part of my programme, I am required to conduct a research project and submit a dissertation at the end of study.

Looking forward to your favorable consideration.

Yours faithfully

Cecilia Kasenda (Mrs.).

University of Malawi
Kamuzu College of Nursing
Private Bag 1.
Lilongwe.

Through: The Research Coordinator
Medical Director
Queen Elizabeth Central Hospital
P.O. Box 51
Blantyre

Dear Sir

REQUEST FOR PERMISSION TO CONDUCT A RESEARCH STUDY
AT QUEEN ELIZABETH CENTRAL HOSPITAL.

I am a second year, post basic Bachelor of Science in Nursing at the above mentioned College. As part of my programme, I am required to conduct a research project and submit a dissertation at the end of study.

I would like to seek permission to conduct research at Queen Elizabeth Central Hospital. The study title is "An investigative study into problems of nurses retention". The respondents will be Registered Nurses and Enrolled Nurses/Midwives working at the hospital. The research will further include nurses who have left the hospital.

The dates for the interview will range from 20th of September to 30th September 2000.

Looking forward to your favorable consideration.

Yours faithfully

Cecilia Kasenda (Mrs).

