EXPLORING FACTORS OF JOB RETENTION AMONG NURSES WORKING IN RWANDAN DISTRICT HOSPITAL

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EXPLORING FACTORS OF JOB RETENTION AMONG NURSES WORKING IN RWANDAN DISTRICT HOSPITAL

By

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DECLARATIONS BY THE STUDENT

"I do hereby declare that this dissertation entitled: "EXPLORING FACTORS OF JOB RETENTION AMONG NURSES WORKING IN RWANDAN DISTRICT HOSPITAL" submitted in partial fulfillment of the requirements for the degree of Masters in Nursing Education Leadership and Management, at University of Rwanda , College of Medicine and Health Sciences ,School of Nursing and Midwifery, is my original work and has not previously been submitted elsewhere. Also, I do declare that a complete list of references is provided indicating all the sources of information quoted or cited.

Date and Signature of the Student

……..

Date and signature of the Supervisor

……..

DEDICATION

I dedicate this work to:

My beloved husband UMUHIRE PLACIDE and my children INEZA MUCYO DELICE and DUSHIME GAELLE , who have been patient during this great journey of dissertation .All my classmates ,teachers, friends, colleagues at work who have been encouraged and supported me throughout the completion of this dissertation .Thank you very much and may God bless you.

ABSTRACT

Background: one of the strategies to address the problem of healthcare professional shortage is to retain those who are in the service. Though various factors affecting job retention among nurses have been elaborated, it was revealed that these factors can't work for the entire group, because each group of nurses depending on them differs from one group of nurses to the other.

Objective: Therefore the aim of this study was to explore factors that affecting nurses' job retention.

Methodology: Descriptive research study design and quantitative research approach were adopted in this research, the sample size was 83, data were collected with the help of a structured questionnaire while statistical analysis tool SPSS version 21 were used to analyze data . The study findings are presented as frequencies and percentages in the tables. For analytical statistics, the Pearson's Chi-square Tests was used with Fisher Exact Tests where appropriate. The level of significance was set at $p<0.05$.* 95 CI.

Results: It has been shown in this study that the majority of nurses agreed and strongly agreed that they were committed to hospital success 66.3% and 22.9% respectively while on the side of hospital loyalty, 57.8% agreed that they are royal to the hospital, confirming that nurses are prepared to serve longer the hospital. About the factors encouraging and hindering for nurses' job retention the majority of nurses (62.7%) confirmed that they can use skills learned in training at work, while 49.4% agreed that the hospital helps them in professional development. On rewards and other incentives, 61.4% of respondents agreed that there are some incentive and promotion. In Strategies to increase nurses' retention, the majority of the respondents (61.4%) agreed that the hospital should improve the physical conditions.

Conclusion: It was found that nurse working at Gisenyi district hospital are committed to stay working for the hospital. While the factors affecting nurse intensions to stay were found to be organization commitment, identification of training needs, rewards and compensation, personal feeling of loyalty to the hospital, training and professional development opportunities, use of knowledge and behaviors learned, , and assurance of job security. The strategies to retain more nurses were found to be improving physical working conditions, Improving Human resource management, working in transparency, improving living conditions.

Key words: nurse turnover, job retention, job satisfaction, Rwanda

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LIST OF ACRONYMS AND ABBREVIATIONS

%	Percentage
BUTH	Butare University Teaching Hospital
CI	Confidence Interval
CMHS	College of Medicine and Health Science
CPD	Continuing Professional Development
DH	Department of Health (United Kingdom),
NRU	National Research Universal
SD	standard deviation
SPSS	Statistical Package for the Social Sciences
UK	United Kingdom
UKCC	United Kingdom Central Council for Nursing
USD	United State Dollars
UR	University of Rwanda
NHS	National Health Service
NHSE	National Health Service in England
US	University of Rwanda
DRC	Democratic Republic of Congo
OPD	Out Patient Department
ART	Anti-Retroviral Therapy
GBV	Gender Based Violence
NCD	Non Communicable Disease

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CHAPTER ONE: INTRODUCTION

1.1. Introduction

The problem of lacking enough health care professionals still persists in Rwanda, and another challenge is that managers are struggling to retain those who are in the service. There is an increased movement of nurses from their respective hospitals to other hospitals or sectors (Tourangeau, 2010). Though this issue is common, it is a particular concern for district hospitals, whereby the nurses tend to move to urban or private hospitals because of different reasons (Tourangeau, 2010; Habagusenga, 2012). This cause compromised quality of services provided at district level. Therefore, to address this challenge, emphasis should be put on attracting those who are already working to stay longer in their respective hospitals.

It is in this context that this study was to explore the factors affecting nurses' intentions to stay working in district hospital setting. This chapter is subdivided into the background to the study, problem statement, study aim and objectives, research questions, benefits of the study and subdivision of the project.

1.2. Background to the study

Comparison of healthcare system resulted to ongoing movement of healthcare professionals, and consequently, it has recently observed that health care professionals including nurse move to the place with high-quality health care system (Hwang, 2009). However, this is not the only reason why nurses tend to quit their job. Other factors identified by several studies include continual heavy workload, number of patients per nurse, institutional or organizational leadership, empowerment, nurses' autonomy, resource control, doctors-nurses relationship, emotional exhaustion and decision making frameworks, which play major role in nurses' job dissatisfaction leading to increased turnover (Laureen et al., 2006).

The problem of nurse turnover have been heavily studied recently across the globe. It was shown in the United States that unhappiness, management style, and workload have a significant role on nurse turnover. Whilst in Canada, the major contributor to nurse turnover was found to be job dissatisfaction which is similar to the report from the study conducted in 10 European countries

where job dissatisfaction was the main factors causing nurse to quit their jobs (Leiter and Maslach, 2009; Maud et al., 2013; Aiken et al., 2002).

Whilst in Nigeria, it was revealed that insufficient resources and disregarded health systems; improper human resources management practices; unpleasant working conditions have a strong contribution to nurse resources problem (Module and Olabis, 2014). In their study to find out job contentment and turnover intent of nurses in rural South Africa, Delobelle et al., (2010), found that nurses are not happy with their wage and allowances, limited training opportunities and promotion, as well as lack of individual recognition and support from supervisors. The authors found that highly educated nurses were more likely to consider turnover.

On the other hand, a study conducted in Kenya showed that factors like poor salary and allowance which are not commensurable to qualification, together with the lack of recognition and ineffective supervision and poor administration support were found to be contributors to nurses' intension to leave (Momanyi and Kaimenyi, 2015). The working environment cannot be singled out while talking about factors leading to nurse turnover. In their study conducted in Kenya, Momanyi and Kaimenyi, (2015), found that interpersonal relations were poor, which can be attributed to the lack of friendliness. Poor interpersonal relations and lack of friendliness between employees can influence employee's job dissatisfaction and consequently employee turnover (Manning et al., 2005; Booyen, 1998).

In Rwanda, it has been observed that many international NGOs have recruited many the healthcare providers from public sector, including the physicians and nurses, mostly district hospitals and where the working conditions and the benefits are less attractive benefits (Habagusenga, 2012). Key factors identified include low salary and other benefits, poor management as well as the lack of career prospect was found to be major reasons why Rwandese employees tend to quit public services (Ramboll Management, 2007; Habagusenga, 2012).

A study conducted on nurses' turnover at a period of four years (between 2010 and 2007) revealed that a decrease of 19.2% of the nurse was due to resignation for personal reasons (Kamanzi and Nkosi, 2011). Another study that conducted in King Faisal Hospital, which is one of the Rwanda national referral hospitals, found that employees retention, work productivity, and performance quality were influenced by satisfaction with the job, on the other side, it was shown that the lack

of job satisfaction was due to the poor motivation among workers, stress absenteeism and a high turnover of labor (Habagusenga, 2012).

Nurse Retention on the other hand, can be defined as the capability of retaining outstanding employees in the organization or hospital to prevent them from leaving their job for a longer time. Employee retention is also explained as the commitment of employees to work with particular company or organization in a continuous system for long time. The strategies adopted by a particular organization or hospital to prevent the leaving of their sacred nurses can also be termed as nurse retention (Hong et al., 2012; Lam et al., 2015).

Numerous benefits of nurse retention have been explored and reported to be: improved patient care quality, increased patient satisfaction with service provided, increased nurses' satisfaction, as well as nurse safety, less or no vacancy and consequently reduction of vacancy announcement cost and hiring costs (Jones and Gates, 2007). And therefore it is important to have strategies to retain more nurse professionals in order to prevent possible problems caused by nurse turnover.

While shaping strategies to increase nurse retention, studies showed that feedback from managers about nurse performance strongly influence nurse retention (Hunter, 2009), therefore this can be considered. Apart from that, it was observed that amongst nurse retention enhancers include: job recognition, increasing of number of working shifts, provision of incentives, and reduction of verbal abuse, provision of library and internet facility to enhance learning and nursing research (Dwiredi, 2013).

1.3. Problem Statement

Available evidences have revealed that nursing workforce shortage remains the greatest barrier to nursing quality care delivery at different levels of care, particularly at district level (Hwang et al., 2009). Nurses' turnover is a major contributor to this nurse shortage. Several studies have shown that nurse turnover is associated with poor healthcare services delivery and increased patient errors, in addition to the economic effect on organizations, where an enormous amount is spent in searching and recruiting replacing nurses and paying the wage of the leaving nurses (Jones and Gate, 2007). There is a strong need of improving the retention rate of those who are working (Hwang et al., 2009).

Studies conducted in Rwanda some of them focused on job satisfaction whereas others were done on nurse motivation. All of these studies have been done in Referral Hospitals with none in District Hospitals. Findings from these studies showed that nurses quit their positions via resignation and moving to NGOs. (Kamanzi and Nkosi, 2011; Habagusenga, 2012). The main cause of these movements reported from these studies is unfavorable terms of employment including salary and other benefits. Based on the recommendations from these studies and government reports, some strategies were adopted to motivate healthcare professionals. Those include Performance Based Financing, as well as medical and social insurance in the form of RSSB. However, based on research studies conducted at referral hospital level in Rwanda, despite these efforts, a high rate of nurses' job turnover is still being observed (Nkomeje, 2008). At the best of my knowledge, there is not any study conducted to explore the factors of job retention among the nurses working at District level in Rwanda. Therefore there is strong need to identify the suitable factors to meet high retention rate, it is in this context this study was to explore the key factors of job retention among nurses working in Rwandan district hospital, and this study intended to bridge this gap.

1.4. The aim of the study

The aim of this study was to explore the factors which affect job retention among nurses in a Rwandan District Hospital.

1.5. Research objectives

The research objectives concerned by this study were:

1. To determine the nurses' intention to stay as perceived by nurses themselves.
2. To identify encouraging and hindering factors for nurses' job retention in a Rwandan District Hospital as perceived by the nurses.
3. To describe different strategies to improve nurses' retention in a District Hospital as perceived by the nurses.

1.6. Research questions

The research questions covered in this study were:

1. What is the intention to stay on the job among nurses working in Rwandan district hospital?

2. What are the encouraging and hindering factors to nurses' retention in a Rwandan District Hospital?
3. What are the strategies that can be adopted to improve nurses' retention in a Rwandan District Hospital?

1.7. Significance of the study

This research was conceived and conducted with the intentions to find out factors of job retention among nurses in Rwanda. Therefore this study will be of benefit to not only the researcher but also the entire community as well. The following will strongly benefit this study

Nursing practice: The study will explore opinions among nurse practitioners, and therefore from this study their concerns will be exposed to respective decision makers and consequently they will be taken into considerations.

Nursing research: The research literature and findings will help future nurse researchers to get insight on what to study in addition to information needed to strengthen their works.

Nursing education: Nursing Education aims at training competent nurse professionals. This study will prove what the research gained from nursing education as it is a good platform to put into actions research skills gained from classes. Additionally, it can be served as the source of knowledge from literature and hence can be utilized when preparing study materials.

Beneficiaries: Nursing turnover results in poor healthcare service delivery due to the shortage of nurses. Knowing the factors that promote nurse retention would be the first step to improve health care services provided by district hospitals. Therefore beneficiaries of healthcare services will benefit a lot from this study.

Decision-makers: The study explored and recommended potential solutions to meet the universal problem of healthcare professional's shortage by adopting suitable strategies to meet nurses' job retention. Therefore policy and decision makers will benefit a lot from this research.

1.8. Operational Definition

A nurse is any person who completed a formal education in general nursing and authorized by concerned authorities to practice nursing in his/her respective country (ICN, 1987)

Nursing is a profession which is actively involved in the betterment of health, disease prevention and taking care of sick people. It involves the alleviation of all sort of suffering via diagnosis and treatment of human responses. (ICN, 2002)

Organizational commitment is the degrees at employees are aware of their respective organization and willingness to keep moving on with their organization. It is the level at which employees desire to stay working in the organization in the future (Rehman et al., 2013).

Nursing turnover may be defined as the process in which voluntarily or involuntarily nursing staff quit their position or transfer within the hospital environment. It includes also internal and external turnovers. (Laureen et al., 2006).

Nursing retention is the commitment of nurse to work with particular company or organization in a continuous system (Zineldin, 2000 cited in Lam et al., 2015).

1.9. Organization of the thesis

Chapter one is the background information to the study , the statement of the problem, the aim, specific objectives of the study, the research questions of the study and significance of the study.

Chapter two is the literature review, which provides the in-depth information results from critical evaluation of previous studies, and give the generalities on actual problem from literature, it finally ends in conceptual framework of which provides a full explanation of the relationship between study variables based on theoretical framework and hypothesized ideas for this study.

Chapter three is the research Methodology, which provides full information on the study area, population, methods and techniques to be used in sampling, data collection, and data analysis methods and ethical considerations that was followed during this study.

Chapter four presents the study findings which collected about the research questions and objective of the research as well as their interpretation.

Chapter five gives the discussion of major findings which is a comparative explanation of the study findings to previous studies.

Chapter six is about the summary of the thesis including methods and results; it gives also the conclusion about the research and ends with recommendations.

1.10. Conclusion

This chapter shaded light on the background to the study where it is clearly shown that nurse turnover is a threat to healthcare quality worldwide and studies aimed at nurse retentions are encouraged. In the problem statement it was clearly shown that no many studies done in Rwanda towards nurse retention shaping the reason why this study was conducted in attempt to bridge the gap. In this chapter also objectives were made in the line with the research questions that were addressed during this study where the purpose of the study was identify the factors which affect job retention among nurses in a Rwandan District Hospital. The study was found to significant to both nursing research and education, beneficiaries as well as policy makers. The chapter closes with the definitions of key terms.

CHAPTER TWO: LITERATURE REVIEW

2.1. Introduction

This section contains findings from literature survey on factors affecting nurse's intention to stay in their profession, factors causing nurse turnover, consequences of nurse turnover, and strategies to improve nurse retention. This section also shows the conceptual framework of the study as well as research gaps to be addressed by this study. The resources used in this review are books, journals, and reports from University library, e-books from online libraries. Electronic journals were accessed with the use of online databases and search tools such as Africa HealthLine, BiomedCentral, ScienceDirect, PubMed and Google Scholar.

2.2. Theoretical Review

2.3.1. Business Retention Theories and Methods

In general, most businesses have dealt with issues of employee retention. Some businesses had success with retention while other failed to do so. Numerous theories have been identified that contribute to employee turnover. Kaliprasad, (2006) as cited in Hunter, (2009) stated that negative work environment will lead to employee turnover. Negativity can be contagious and if people see others being negative and they act in the same manner (Hunter, 2009). Consequently the support from all the group members' decrease and the end result is that everyone is less productive and tries to get away with as much as they can. If workers are displeased with their environment then they lose interest in coming to work and a downward spiral will be started. And the aftermath is the workers who want to excel at their job will leave for the lack of support from the others (Hunter, 2009).

When employees performs their jobs, what they need is to find out how well they are working and see if the quality of their work produced meets the expectations of the organization. This feedback usually comes from a manager or supervisor of the group (Hunter, 2009). Any lack of feedback or communication from the manager will cause the worker can feel unappreciated and may potentially leave the organization (Hunter, 2009) since employees oftentimes need acknowledgement of the contribution they make to the organization in this same sense managers who do not extend support to workers can make workers feel unvalued and disengaged (Management digest, 1998)

Professionals who do not enjoy interacting with managers produce less work and become less loyal to them. The talented workers might consider leaving if they are not recognized for the work they produce. People expect some type of reward, whether it is verbal or material, for a job well done. No matter how big or how small, any kind of gesture will be appreciated as long as employees are treated like people and believe that they are valuable both as employees and individuals (Hunter, 2009).

Messmer, (2006) believes a wage that is not comparable with other organizations can be a contributing factor to employee turnover. Along with wages also come benefits. Benefits should also be evaluated by organizations to see if they are comparable to others. Although salary and benefits can play a role in employee turnover, other factors discussed above seem to be more key components.

Critical thinking about employee turnover has led to the development of theories as to why people stay with their current job. All employees seek to be in a positive and supportive work environment. A positive environment or climate could be one leading factor that makes employees want to come back to work every day. If workers are going to be operating in the same climate every day then having a positive one is a must. Positive environments lead to increased productivity and a more effective organization (Hunter, 2009)

Managers need to be active listeners. It was believed that managers should show sincere, honest attention when listening to their workers. Healthy relationships with staff are important and need to be maintained. Doing this will allow the managers get to know their staff better and the factors that motivate and displease their staff Crom, (2000). An open workplace starts with basic practices that can build effective communication. Communication throughout the organization is the cornerstone to workers who feel fulfilled at their job. Managers who know how to listen can effectively build teams and engage others to produce the best results. The complaints and concerns from employees should not be ignored. Managers should involve employees in decisions instead of dictating. This will use the talents of the employees to help solve problems. Another way to effectively communicate with employees is to show respect at all times. Instead of fixing the blame on someone, a solution should be generated (Hunter, 2009).

Effective communication will bring coherence, energy, and tools for improvement for the entire group it was believed that good employees often look for jobs where they can keep up their skills and knowledge. This would send them looking for a job where they are capable of learning while being employed. Challenging work environments have also been shown to aid in employee retention. This can stimulate the employee, let them grow and keep them interested in what their job duties are (Messmer, 2006).

2.3.2. Nurse Retention Theories and Methods

Some of the values and principles used for retention in the business fields generally are also applicable in the nursing field as well. Nurses, like any other employee, needs to feel wanted and respected by their organization (Hunter, 2009). The more they feel appreciated as employees the better the work produced and therefore the better the healthcare services they provide. Though the nurses' work may be different when compared to other jobs, but the same relationships between the employer and the employee are desired in nursing field. Even if the differences in work environments may exist, still some of the same ideas for retaining employees are applicable to nursing profession (Hunter, 2009).

For instance a common retention strategy is to recognize nurses when they do a good job. Nurses as well need to be recognized for their meaningful contribution to the organization. it was reported that nurses need to feel appreciated for their competence and accomplishments through formal and informal recognition. Nurses should feel valued and appreciated for what they do. Talks about professional recognition programs as a job satisfier. Clinical ladder programs are popular and do a great job of rewarding the nurses financially while recognizing their clinical skills (Hunter, 2009).

2.3.3. Integration of Transformational Leadership Theory

Many leadership theories are available to guide nurse leaders, transformational leadership theory could be appropriate to resolve the problem of nurse's turnover (Dwiredi, 2013). The process in which leaders and followers raise one another towards higher levels of motivation and morality. This theory could be a guide line for nurse managers to explore the relationship between turnover and various factors.

It was suggested that transformational leaders stimulate others by performing in harmony with moral ethics, providing an image that reflects mutual standards and making others powerful to

move ahead (Heidenthal, 2003). Effective leaders identify themselves as agents of change, those leaders are courageous; believe in people; are value driven; are lifelong learners; have the ability to deal with complexity, ambiguity, and uncertainty; and are visionaries (Heidenthal ,2003).

2.4. Management Strategies

During the process of selecting of new nurse, a recruitment and reimbursement Committee, including a nurse leader could be formed, to oversee issues related to recruiting nurses, and to serve as an important link between nursing and the human resources department. It is believed that it is important to support local nursing schools, both economically and by providing training opportunities and faculty, In addition to make financial aid to both. This is a great recruiting opportunity, the student nurses are familiar with the system, and hospital management already knows them (Dwiredi, 2013).

It was suggested that, increasing number of working shift could help to face the issue of nurse shortage and reduce nurse workload and in addition, a nurse manager can serve as a link among the nursing schools and hospital to make sure that needs are being met for both organizations, and regularly obtain feedback about the working relationship through formal surveys and personal contact (Dwiredi ,2013).

Through encouraging job satisfaction and creating an atmosphere of regards and security in workplace can contribute to the retention policy of nurses, feeling insecure about their job and constantly work under stress can contribute to nurse decisions to quit the job. It was stated that there is a need of taking intervention to enhance nurses' retention by providing incentives, benefit package, less duty hours, child care facility at workplace as well as revision of salary, in addition to library and internet facility to enhance learning and contribute in nursing research (Dwiredi, 2013).

In case of emotional exhaustion, techniques might be used to reduce verbal abuse like, involvement of nurses in policies and procedures, and counseling of staff is necessary all could boost up their morale Rowe and Sherlock, (2005) as cited in Dwiredi,(2013) suggested that, Nurse Managers could formulate strict policy for abuse and prompt report from victim and action accordingly. This harmony provides not only essential leadership support for unit nurses, but also educating, counseling, and role-modeling.

In Sweden, policy makers were warned that, low salaries as compared to workload reflects poor image of nursing Furthermore, it was found that change from provisional to permanent job could be effective to sustain organizational commitment. It was revealed effective communication between management and staff; organizational support can reduce stress and increase job satisfaction (Dwiredi, 2013).

Each nurse manager at her unit could watch and listen for problems and take appropriate action, by checking new nurses, making sure that she is available to them as a resource for information, guidance, and a friendly listener. Nurse Managers can observe new nurses to how they are doing. If they see a nurse is beginning to show signs of problem, like absenteeism, she could get involved in a silent way to see how she can help (Dwiredi, 2013).

New nurses can turn to one another in small discussion groups. They might gossip about how to get out on time at the end of their shift, or how to control a helper who is older and more skilled. Some of these are questions they don't feel comfortable asking their managers, nurse managers can guide and support them in their work. Nurse leaders can build a committee to focus on issues specific to the nursing personnel. They could meet regularly with the hospital management to present effort from the nurses, and take information, about nurse turnover and vacancy rates, from administration back to the units. I think with good information, nurse managers on each unit would make good decisions about how to support nurses (Dwiredi, 2013).

2.5. Employee Retention

Employee retention is the capability of retaining outstanding employees in the organization preventing them from leaving their job for a longer time. (Johnson, 2000, cited in Lam et al., 2015). Lam et al., (2015) defined employee retention as the commitment of employees to work with particular company or organization in a continuous system. Also, it can be referred to the strategies of a particular organization or company applies for the prevention of leaving of sacred employees. It would consider the promotion of the sustaining of employees in a single company or organization for a maximum duration (Lam et al., 2015). Numerous efforts have to be furnished by Organizations or companies in order to encourage employees to be dedicated, devoted and rooted in the organization or company (Lam et al., 2015). Hence to do so one must be acquainted with factors affecting employee retention.

The issue of nurses' satisfaction with their job has been reported as most important factor influencing nurses' intentions to stay in their respective positions as well as hospitals (Bjork et al., 2006). This is supported by study findings in which job satisfaction among nurses is strongly related to nurse turnover and intention to leave (Hill, 2011; Lu et al., 2008). Hwang et al., (2009) reported that satisfied nurses tend to be committed to their organizations and hence improving health care quality.

2.6. Benefits of nurse retention

Numerous benefits of nurse retention have been explored and reported to be improved patient care quality, increased patient satisfaction with service provided, increased nurses' satisfaction, as well as nurse safety, less or no vacancy and consequently reduction of vacancy announcement cost and hiring costs (Jones and Gates, 2007).

2.7. Strategies for Nurses' Retention

In order to meet the nursing workforce shortage, there is a need to develop powerful strategies to retain those who are serving. From studies, any retention strategy should put emphasis on supporting nurses in professional development including regular training, specialty training as well as the provision of educator opportunities to nurses could boost their work motivation (Candice, 2009,). Also improving working conditions and environment by provision of strong high class nursing leadership, supportive nursing supervision; offer an opportunity for nurses to actively involved in decision making related to patient care services delivery; improving nurses' wages and much more cannot be ignored (Jones and Gates, 2007). However the study findings suggest that policy and decision makers should identify what retentions strategies to adopt since retention strategies suitable for one group of people may be unfit to another group (Candice, 2009)

2.7.1. Creating a motivating climate:

Because the organization has such an impact on the factors that extrinsically motivate employees, it is important to examine organizational climates or attitudes that have direct influence on worker morale and motivation. Huston and Marquis, (1989) said that frequently organizations overtly or covertly reinforce the image that each and every employee is expendable and that a great deal of individual recognition is in some way harmful to both the individual and the individual's productivity within the organization.

Just the opposite is true. Individuals who have a strong self-concept and perceive themselves to be winners are willing to take risks and increase their productivity to achieve their productivity. Peters and Waterman, (1982) stress that organizations must be designed to make individual employees feel like winners. The focus must be on degrees of winning rather than on degrees of losing.

Another wrong attitude held by some organizations is at the opposite extreme. Korman et al., (1981) supported that if a small reward results in desired behavior, then a larger reward will result in even more of the desired behavior. That means an employee's motivation should increase proportionately with the amount of incentive or reward. Nurse Managers should think excellence and achievable goals, and reward performance in a way that is valued by their staff. These are the cardinal elements for a successful motivation-reward system for the nursing organization (Kirsch, 1988). To the contrary, more incentives or reward systems were actually less motivating, as they produce a feeling of distrust or being bought. Increasing incentives may be perceived as a violation of individual norms (Bowin, 1987).

Managers can also create a motivating climate by being positive and enthusiastic role models in the clinical setting. Studies by Jeskins and Henderson, (1984) demonstrated that managers' personal motivations are the most important factor affecting their staffs' commitments to duties and morale. Positive outlooks, productivity and accomplishment are contagious. Radzik,(1985) stated that employees frequently determine their job security and their employer's satisfaction with their job performance by the expression they see on their manager's face. That means unhappy managers frequently project their unhappiness on their subordinates and contribute greatly to low unit morale.

2.7.2. Managing Career Development in nursing:

Some philosophies about responsibilities for career development have been reflected in nursing. It has been argued that nurses require to take greater responsibility for career planning and development. They should follow a framework including identification of opportunities, developing and implementing a good career progress. Also high quality of caring service all educators, employers and professional business organizations should work with nurses on their career development plans and activities (Donner and Wheeler 2001; King, 2001)

It has been known that continuing professional development (CPD) has a significant role in both nurses' individual career development and retention; it also enhances the quality of patient care. It was suggested that local health service employers must recognize and understand the value of appropriately controlled CPD programs in attracting, motivating and retaining high quality staff Therefore CPD Strategies for nurses, should include not only attending courses but also learning at work through experience, critical incidents, audit and reflection, maintained by peer review, mentorship and clinical supervision. It was a matter of great concern that practitioners and employers were puzzled by the creation of new courses and lack of apparent links to career paths and that a more determined structure was needed (Robson and Banett 2007; Dwiredi, 2013)

Working Condition:

From a human resource management viewpoint, it can be said that working conditions have an effect on staff morale. Good working conditions will contribute to improving retention staff (Lambrou et al., 2014). The different ways in which working environment can affect nurses and manipulate their decisions about direction and retention in the occupation have raised from a substantial body of study on job satisfaction and workplace stress (Dwiredi, 2013).

Reconsidering the previous history on stress among general nurses, McVicar, (2003) expressed that the major sources of stress identified are leadership, work pressure, management style, coping with emotional or touching demands of care, and relationships between occupational groups. He also added shift working and lack of reward also emerging from more recent research. Deep study on job or workplace satisfaction in nursing profession has exposed that aspects of work which recognized in the stress literature also come into view as sources of satisfaction or dissatisfaction. Nolan et al., (1999) said, staffing levels enough for nurses to feel confidence to offer better quality

care if there are availability of supplies and equipment. And it also depends on the nature of work place relationships with colleagues and nursing managers.

Positively it has long been acknowledged that both physically and mentally nursing is a challenging work Davies, (1995). Handling and lifting patients and being on one's feet every day is not very easy. It can cause not only work stress but also bodily injury like strained backs. The emotional element of nursing can be equally important and demanding, involving caring for patients when they are dealing with death and dying and loving for upset patients and relatives. Rise of these demanding emotional elements to overcome the challenge can be a source of satisfaction. On the other hand, low morale and work stress can be created when nurses feel under-supported and under resourced in working environment, particularly in relation to staffing. (Cameron and Masterson ,2003).

McVicar ,(2003) said that study on stress has exposed the level to which a range of physiological and psychological symptoms have been linked with diverse sources of stress and that distress is very much correlated with absenteeism, ill-health and poor retention . Shields and Ward, (2001) expressed that Job frustration has been reported as the distinct most vital cause of intention to leave among NHS nurses. In US, it was suggested that when staffing levels are decreasing there is low levels of job satisfaction which causes poor effects on work stress and quality of patient care (Aiken et al., 2002). He also added it also affect the retention of nurses in clinical practice. According to Coomber and Barriball ,(2007) a current review of the international literature illustrates that stress caused for workload , workload scheduling and leadership issues influence disappointment and retention for nurses.

From policy development, a range of strategies have been identified and implemented to improve working environment. In recent times those strategies have been brought together and developed as one key component from four included in Human Resources in the NHS Plan which was to get better quality of patient care, effective strategies should be considered to increase the numbers of staff in a post. These are determined by the recognition that levels perceived as insufficient for workloads are harmful to morale and may create worse problems of retention (Dwiredi, 2013).

Social and Recreational programs:

Another positive working state that has gained popularity in recent years is the condition of social and fun programs in favor of employees. Huston and Marquis, (1989) said that community programs might be including functions like as teas, dinners, and receptions to nobility employee activities and longevity of service. Other social events could include yearly Christmas party and summer barbecue or picnics. Those programs allow the employees and their families to appearance social relationships both inside and outside the organizational environment. In years of 1970s more than 50,000 American companies had developed some form of recreation program for their workers (Famularo ,1986).

These programs are commonly used to link employee relationship and success needs which are generate a sense of belonging, improving self-confidence, and growing employer faithfulness. Employees find it easier to recognize with a corporation that cares in relation to their off-the job human requirements and the meaningful relationships with link employees who work jointly cooperatively both inside and outside the organization (Huston and Marquis ,1989).

In many businesses, the recreation that is formal into a strength program either on or off site. Although traditionally reserved for organization only in corporate America, fitness programs are now essential for all employees. This system has been developed in Japan also. Fit, happy employees create more, are less likely to be lacking, and are fewer possible to be wounded (Bergstrom ,1988).

To develop a recreational program, the originations have to follow a number of principles. The program should provide the greatest chance for the maximum amount of sharing by greater the number of employees. Second, the recreation should be more than "play"; it is thankful to include a wide variety of performance to accommodate the broad range of interests in a group of individuals. Last one, the program has to be flexible so that it can cultivate and modify as new requirements and activities occur. But the study of the employee's preferences indicated that leisure services are the least preferred of all advantage and services offered by the organizations (Huston and Marquis, 1989).

Job Security:

Job security is an elementary human require that in support of many people and that is more important than both salary and progression. Organizations that are loyal to job safekeeping "make every stab to afford continuous employ or income for at least some activities or program to support this commitment. (Luxenberg 1983, cited by Huston and Marquis, 1989) .Quite a few of these forces motivates employees toward unionism, grave clash in superior-subordinate relation, and fears of transform be related to employee‟s clutch for security (Strauss and Sayles, 1972). Union provide a guarantee to employees by objection process that they will not be terminated illegally. Most of the non-union company should also provide a grievance process to increase worker security so that employees need not fear being terminated unfairly (Huston and Marquis 1989)

Work Value: According to Ford ,(2009) a patient has returned to Aintree University Hospitals NHS Foundation Trust to thank nurses who potentially saved his life by spotting a serious heart condition during routine tests prior to an eye operation

Pay: Even though disappointment with payment has long been known as a key rationale for poor retention. A revision of study preceding the beginning of the current upgrading program concluded that the connection between payment and retention is complex and is the most important one of several factors that may shape labor market behavior (Buchan et al., 1998). The pay of nurses was disgraceful. Many were earning less than office cleaner (Baly ,1980). In recent times, employment opportunities for women, the leading group in the nursing labor force, have been enlarged and this has decreased nurses‟ relative income in relation to the labor force as a whole (Sausman, 2003). Subsequently, the observation that others may be earning more money for same or less liability may influence the decisions to leave nursing job for high-paid professions. One nurse reported that earnings from nursing were less than a quarter of house hold income (Seccombe et al., 1993).

Constant anxiety about the impact of frustration with payment on retention, integrated with the observation that a new career arrangement was required to substitute the clinical grading system, lead to the beginning of a new payment scheme (NHSE ,2002). It was reported that new higher pay scheme for most NHS staff was developed and might be launched over the next two years. Recent trends in nurse pay reflect developments in the three components of NHS nurses' pay (Seccombe and Smith, 1996) .These components are

An amount determined by local negotiation, an annual incremental increase reflecting individual's progression within their clinical grade.

It has been discussed that pay renewal provides a more transparent method of reward and staff development. It has long been proven that there are some areas in UK especially London and South-East where costs of accommodation are very high. Accommodation factor forces those people who work in public sector with low salaries, including nurses, to seek job elsewhere. This had directed to the beginning of various inexpensive housing proposals (Hutt and Buchan, 2005) even though the result of these and other such proposal has yet to be assessed carefully for better retention strategy.

Another significant side of the nursing retention challenge is the argument about whether nursing should turn into an all-graduate profession at the aim of registration. From long time some healthcare occupations like medicine and pharmacy had an all-degree route to registration, and others like physiotherapy have recently joined them. There is an argue about whether nursing should go for it or not. According to (Hayward, 1992) low minority of nurses had finished their education to degree standard through a four-year course from the late 1960s. The Royal College of Nursing focus on nurse education expressing that every nurses should be educated to degree standard at registration; a position also favored by Heads of University departments for Midwifery, Nursing and diverse constitutional and Health Visiting bodies. Yet, this observation is not commonly held and to be truth, the college motion debate on the move to all graduate entry was closely defeated at the yearly meeting in 2003. (Robinson and Bannett, 2007)

According to UKCC, (1999) in the 1990 a lot of universities started offering three-year nursing degrees. Then these offers were increasingly expanded and seven percent of qualifiers were successfully graduates in England by the end of 1990. Both the diploma and the degree program were offered in England. On the other hand, as module of the revision of pre-registration and post-registration nursing education projected in Modernizing Nursing Careers. A review is to be completed of whether modification are required to the standard level at which the pre-registration nursing course is offered in the near future

UKCC, (1999) analyzed that there was strong arguments in support of graduate entry include easy recruitment on the foundation that degrees are more preferable than diplomas to talented students. Fletcher, (1997) added, generally a diploma required profession will not attract qualified students

too much and standard degree level entry will increase the standing or status of nursing in compare to that of other occupational groups. Payne, (1994) argued for graduate entrance saying that nursing would no longer employ from such a broad range of community backgrounds. Also (Hakesley and Brown, 1999) added, more degree level employ may reject staff like healthcare assistants to get chance of study required for a registered nurse qualification. That causes total numbers would decline as the alleged complexity of studying for a degree may discourage latent applicants. Though it difficult to distinguish but a standard comparison of diploma and graduate applicants proved that the second one were a less diverse group than the first one in reality (Robinson and Bannett, 2007).

Diversifying Recruitment:

The main theme of that policy document was confirming the composition of the occupation more appropriately reflected the people it served and that the NHS authority meets up its recruitment requirements. Exact reference was given such as making training more available to those who seeking a second or third career with family caring commitments, people from ethnic minority groups, and those who wished to upgrade professional qualifications.

By observing regular turn down in the numbers of young people coming to the workforce and lack of NHS staffing (Dwiredi, 2013) these policy documents were repeated by the UKCC in its re-evaluation of pre-registration education. Policies to extend diversity in nursing job were then consequently reinforced in the labor force proposals discussed in the NHS Plan (Dwiredi, 2013).

These were linked to the policy of extending participations in advanced education for those people who do not have conventional educational qualifications. The difficulty of recruiting a new diverse labor force focused in the debates that have been found in introduction of the three-year pre-registration degree in early 1990. Recently, in Modernizing Nursing Careers. The significance of having several admission or entry points into nursing was discussed as a means of allowing applicant to take nursing professions as a second career (Dwiredi, 2013)

Training:

The training opportunities for clinical nursing staff are an issue of increasing importance within the NHS today. It is held that the need for nursing staff to undertake further training after qualification is important for three major reasons. According to Beishon et al., (1995) First, by ensuring that they update their clinical nursing skills at regular intervals, they will more likely to continue deliver high quality of patient care .Finally, training is of crucial importance to nursing staff and their chances for further career development. The UKCC hopes to increase the amount of care given by qualified nursing staff than unqualified staff. (Beishon et al.,1995)

Work life balance:

It has long been known that allowing nurses to accomplish a balance between working and daily family life is a key feature in getting better retention (UKCC, 1987). It has been an important feature of the recent policy program. Plans include the establishment of system such as self-fostering that allows staff to better arrangement their social and family life during working periods. To motivate the employee in workplace, main interest has spotlight on combining work with caring for family and particularly children. Willis, (1991) analyzed that Before the 1990s, the NHS was known as neither a woman-friendly nor a family-friendly organization.

The NHS strategy that launched Working Lives Improvements Initiative where NHS employers had to show strong commitment to more flexible working conditions like reducing hours facility, flexi-time, career breaks for higher education and an allocation of leave to look after family members when sick or facing any other serious problem. In addition, more funding was allocated to expand NHS financed and childcare provision with a goal for on-site nurseries, offering suitable hours, weekend coverage, bank holiday, emergency places and after school holiday play scheme.

Previous study proposes that the using of NHS financed childcare option is depending on problems faced by nurses. Waters, (1997) said , The Royal College of Nursing research on the topic and conclude that even though one third (33%) of nurses had childcare facilities but only 5% used them. Potential reasons were found from a tiny qualitative survey of 22 nurses that found, this was because of logistics shift work (Morris 1995). Whittock et al., (2002) supported by saying that same story come out from a later learning of 3 trusts outside the London.

Robinson et al., (2003b) said, a study of one eighty one nurses in England also found that incompatibility with shift hour patterns was a cause for not using nursery facilities. Some people don't take the nursery facility because they want their child to be cared by family members with husband/wife or child's grandparents featuring most often.

Plan has been taken to facilitate combining work and family life. Also interest has been focused to the impact of career breaks and duration of part-time job on career development. The majority of nurses come back to part-time posts after taking motherhood leave or a break for childcare which often led to a demotion or downgrading of position as part-time posts are considered in lower grades job.(Martin and Roberts, 1984).

It was suggested that employers must confirm that healthcare professionals who change their working style or shift pattern after motherhood leave or a career break or any other leave for family problem are kept at the same rank or grade. Further research (Robinson et al., 2003) has reported that part-time hours remain the favorite choice after come back from a break but that a majority of employee return or join to the same grade post.

On the other side, a research (Davies and Rosser, 1986) reported that people who work full-time make much faster career advancement to senior grades than those who have break or work part-time. This has been the topic of argue, focusing around the question as to whether women who don't work full-time are giving more priority to home and family than to job and career development (Hakim ,2000). A revision of these argues showed in a research paper that emerged from an previous NRU research of registered general nurses" come back to work after motherhood leave which proved that nurses coming back to work part-time at their desired shift were stirred by career progress and job reasons rather than by lifestyle and economic needs (Davey et al., 2005).

2.8. Nursing Turnovers

Nursing turnover may be defined as the process in which voluntarily or involuntarily nursing staff quit their position or transfer within the hospital environment. It includes also internal and external turnovers. (Laureen et al., 2006).

The issue of job satisfaction has been scrutinized for longtime. Amongst nurses it has been oftentimes shown that job dissatisfaction is the major reason for nurses to quit their job (Lum et al., 1998; Tzeng, 2002, cited in Laureen et al., 2006). It has continually been shown that many young

nurse professionals, newly qualified nurses in addition to highly educated nurse are the most people practicing nursing profession with low job satisfaction which is also associated with other factors such as leadership, promotional policy, and amount of time for clinical duties as well as regular leaves or holidays (Laureen et al., 2006).

A ceaseless tiresome workload was found to be an integral part of the increase of job tension and consequently slows job satisfaction factor which accelerate the willingness of leaving the job (Laureen et al., 2006). Also, it was evidenced that the increase in the number of patient per nurse at the rate of 23% cause also an increase of 15% of the chance of dissatisfaction with the job, and in turn, job dissatisfaction undoubtedly increases also the probability of nurse turnover (Aiken et al., 2002b, cited in Laureen et al., 2006).

Institutional or organizational leadership is the factor which cannot be overlooked while talking factors causing nurse turnover. From study Bratt and colleagues (2000, cited in Laureen et al., 2006) have found out that job stress and nursing leadership play the integral role in job satisfaction. A leadership style which does not overlook the contribution of staff was reported to be the main ingredient that promote employee retention (Laureen et al., 2006).

Other factors such as empowerment, control opportunity over resources, relationship with doctors, and emotional exhaustion, have been explored. Though the no direct connection with nurse turnover had been determined, it was shown that they have strong impact on job satisfaction, the later was found to be the major predictor of leave intention amongst nurses (Larrabee et al., 2003; Kramer and Schmalenberg 2003; Rafferty et al. 2001 all cited in Laureen et al., 2006).

2.9. Nurse Turnover: Costs and Benefits

Apart from contribution to the problem of shortage of nurse professionals and poor healthcare quality, nurse turnover has an economic impact on the organization as well (Jones and Gates, 2007). The costs of nurse turnover have been scrutinized in several studies, it was reported that in the United States, an amount ranging from 22,000 USD to over 64,000 USD is lost for nurse turnover (Jones and Gates, 2007). Vacancy advertisement, recruitment of nurses, orientation and training of newly hired nurses , decreased productivity, potential patient errors, inadequate healthcare quality, and poor work environment are reported to be the cost of nurse turnovers (Jones and Gates, 2007).

On another hand, however, nurse turnover can be beneficial to the concerned organization. Among benefits of nurse turnover include: reductions in nurses' wage and other allowances for newly recruited nurses compared to leaving nurses, hired nurses bring new, talents, innovations as well as excellent knowledge of competitors, also turnover may serve as an opportunity to eliminate poor performers (Jones and Gates, 2007).

2.9.1 The link between job satisfaction and turnover

According to Hellman, (1997) increasing dissatisfaction in employees results in a higher chance of considering other employment opportunities. In his meta-analysis of US studies of non-nursing workers, the relationship between job satisfaction and intent to leave was found to be significantly different from zero and consistently negative. These findings were reintegrated in nursing research with many authors concluding that increasing job satisfaction decreased rates of turnover (Saleh et al., 1965; Price and Mueller, 1981; Cavanagh and Coffin, 1992). Seccombe and Smith, (1997) found that the factors given by nurses as reasons for leaving were centered on issues known to affect job satisfaction such as ineffective supervisory relationships and poor opportunities for professional development, rather than external labor market forces of which managers would justify feel unable to control. A summary of disciplinary perspectives contributing to the understanding of nurse turnover behavior was provided by Mueller and Price, (1990). This included: economic research with its emphasis on individual choice and labor market variables; sociological research emphasizing characteristics of the work environment and content; and psychological research which emphasized individual variables and cognitive processes.

2.10. Empirical Literature

This section empirical review highlights literature survey findings of factors influencing nurse retention.

2.10.1 Organizational Commitment and employee retention

Organizational commitment is the degree at employees aware of their respective organization and willingness to keep moving on. On the other side, organization commitment can be explained as the level at which employees desire to stay working in the organization in the future (Rehman et al., 2013). Organization commitment shades light on the employees' views about the goals and objective of the employer and willing to enlarge their achievement with the purpose to continue

work in the organization (Singh and Pandey, 2004, cited in Lam et al., 2015). Determining the employees' organization is the key step in the identification of factors causing an employee to stay longer in their respective organization.

Affective commitment is the feelings and sense of attachment to the organization and correlation with work experience, personal traits, and organizational structure (Nafei, 2014). For example, an employee continues to stay in the organization because he aware of his value towards an organization (Moynihan and Pandey, 2007). Continuance commitment is consciousness of the expenses relate with the organization (Bodla and Naeem, 2008; Aydogdu and Asikgil, 2011). For instance, employees continue to stay in the organization because they aware of the cost of leaving such as risks for not getting employed and less choices of company to choose after leaving from the current organization (Nafei, 2014). Normative commitment is a kind of emotional requirements to carry on service (Bashir and Ramay, 2008). Employees continue to stay in the organization because they feel thankful to retain employment (Singh and Pandey, 2004).

The number of employee‘s and variables of organizational such as age, positive and negative behavior, internal and external control, standards, morals, and the leadership style of employer are the determinants of organizational commitment (Singh and Pandey, 2004). The relationship between organizational commitment and turnover will affect the different, stages of career. Procedural justice, willing to share information, and work, life balance is able to attain lower turnover rates (Malik et al., 2010).

Organizational commitment is a condition to which an employee‘s awareness with a specific goals and objective of the organization and maintain long-term relationship in the organization. It can leads to higher retention of employee‘s and lower turnover rate of worker‘s (Robbins and Coulter, 2005).

2.10.2 Human Resource Practice and employee retention

2.10.2.1 Training and Professional Development Opportunities

Training and development are organized mean of knowledge and skills acquisition required by employees to perform a task to improve their performances in the organization (Ng et al., 2012). When are regularly done, Training and development allow employees to be acquainted with job skills and newest concepts which increase their experience giving them ability to execute better

their duties, in addition to the increase of personal competitive edge of employee, therefore training and development benefit both employee and organization (Aguenza and Mat Som, 2012).

It has been observed that the bond between employee and organization can be strengthened by regular training and hence allowing employees to stay longer and committed to their organization (Aguenza and Mat Som, 2012). Therefore this confirms an observation made where many employees are looking for a company that provides training and development programs that facilitate their career planning (Gul et al., 2012). Therefore it is strongly recommended that managers should invest in this concept if they are to retain longer their talented employees.

The necessity for training and development arise when there is a gap between current performances and desired performances. Training and development programs will increase the specificity of employee skills. Skilled, disciplined and punctual workers are produced to increase company performances (Gul, Akbar, and Jan, 2012). Training and development will produce an outcome in term of increased productivity, work quality, commitment and services if the skills learnt from the training are transferred to the job. Besides, the firm can reduces their cost and risk of recruiting labors from external markets by developing internal personnel (Appiah, Kontar, and Asamoah, 2013).

Benefits gained from training and development is positively correlated with employee retention because this practice meets the needs of the employees (Tummers, Groeneveld, and Lankhaar, 2013). If the employees 'needs are fulfilled through the training and development provided, they are motivated to stay in the organization. Thus they are locked to their jobs where it is known as employee retention.

2.10.2.2 Rewards and Compensations

Rewards and compensations are seen something given by the organization to employees in response to their contributions and performances as well as to satisfy the employees' needs (Aguenza and Mat Som, 2012). They have been oftentimes used as key strategies to attract and motivate employees in the intentions to stay longer. Rewards and compensations are the necessities for employees which cover the basic needs of income, feeling of job security and recognition for their works and effort (Lam et al., 2015).

It has been revealed in the studies that rewards such as pension benefits, parental leave and salaries are important for employees to remain employed (Lam et al., 2015). Other compensations highlighted to have strongly related to employees' intentions stay are organizational recognition for knowledge, and effort that are the strong encouragements for employee retention (Tourangeau et al., 2010).

2.10.2.3 Emotional exhaustion

Emotional exhaustion often occurs as a healthcare worker‘s first symptom in burnout, followed with the degree of depersonalization and reduced personal accomplishments (Leiter and Maslach, 1988). Increased in work demand or work overload, affection in life and death situations, dealing with problem faced in nursing profession were having positive relationship with emotional exhaustion and reduced job satisfaction (De Jonge, Dormann, Janssen, Dollard, Landeweerd, and Nijhuis, 2001; Gelsema, Van Der Doef, Maes, Janssen, Akerboom, and Verhoeven, 2006). Apart from that, Maru, (2002) stated that emotional exhaustion was the most vital dimension of burnout which is reflected by a shortage in one‘s energy and exhaust emotional storages. Employees will experience exhaustion first once they meet with job stress (Angerer, 2003). Even though the symptoms between stress and burnout are similar but these are the process develop from situational stress and simple work (Templeton and Satcher, 2007).

2.11. Critical Review and Research Gap identification

Various studies have been done on the issue of nurse/employee turnover, especially in developed countries. From the above literature review, few studies have been done in Rwanda towards factors affecting nurse decisions to stay in their respective hospitals, mostly in Referral Hospitals and almost none has been done towards District hospitals. One of the Steps to increase nurse retention is to discover the factors which contribute to nurses’ intention to stay. Therefore the gap to be filled by this study is to explore these factors, especially in district hospitals.

2.12. Conceptual Framework

A conceptual framework is a collection of related ideas based on theories and reasoned from prepositions that are supported by data or other evidence (Kombo, 2006). The researcher draws his conceptual framework from the theoretical models “Factors That Predict Employee Retention in Profit and Not-For-Profit Organization” proposed by Fukofuka, (2014) in which the author identified: mission attachment, organizational commitment, and employee engagement as factors

which have an impact on employee retention in any organization, and " Job characteristic theory" redesigned by Hackman and Oldham, (1975).

According to Fukofuka, (2014), the overall model shows factors which highly affect employee retention for any organizations and how factors like mission attachment, organization commitment, and engagement impact employee intentions to stay. The author reiterates that organizational commitment is an essential ingredient to induce employee retention compared to other factors namely mission attachment and employee engagement. It is argued that organization commitment is harder to build, however, it is linked to how organizations consider or value the employee's willingness to put all his/her effort to the organization's effectiveness. Organizations are advised to build commitment to prevent employees' intentions to leave rather stay motivated to contribute to the organization development. In addition, other factors such as mission attachment and employee engagement cannot be singled out, and they have to be taken into consideration also.

Job characteristic model by Hackman and Oldham, (1975) proposed characteristics of the job such as skills, task identity and significance, autonomy as well as feedback. These affect the outcomes like motivation satisfaction, performance, absenteeism and possibly turnover. This forms the drive of this study where the researcher theorizes Nurses' Intention to stay as the dependent variable being depending on independent variables: such as Organization commitment, Emotional exhaustion, Profession development opportunities, Motivation, Rewards, and compensation, as well as working environment. It is expected that each one of the identified factors, may have either a positive or a negative influence on nurse retention. The core drive of this study was to find out the factors of nurses' job retention, as described by the nurses, and explore how independent variables affect nurse retention in Gisenyi district hospital.

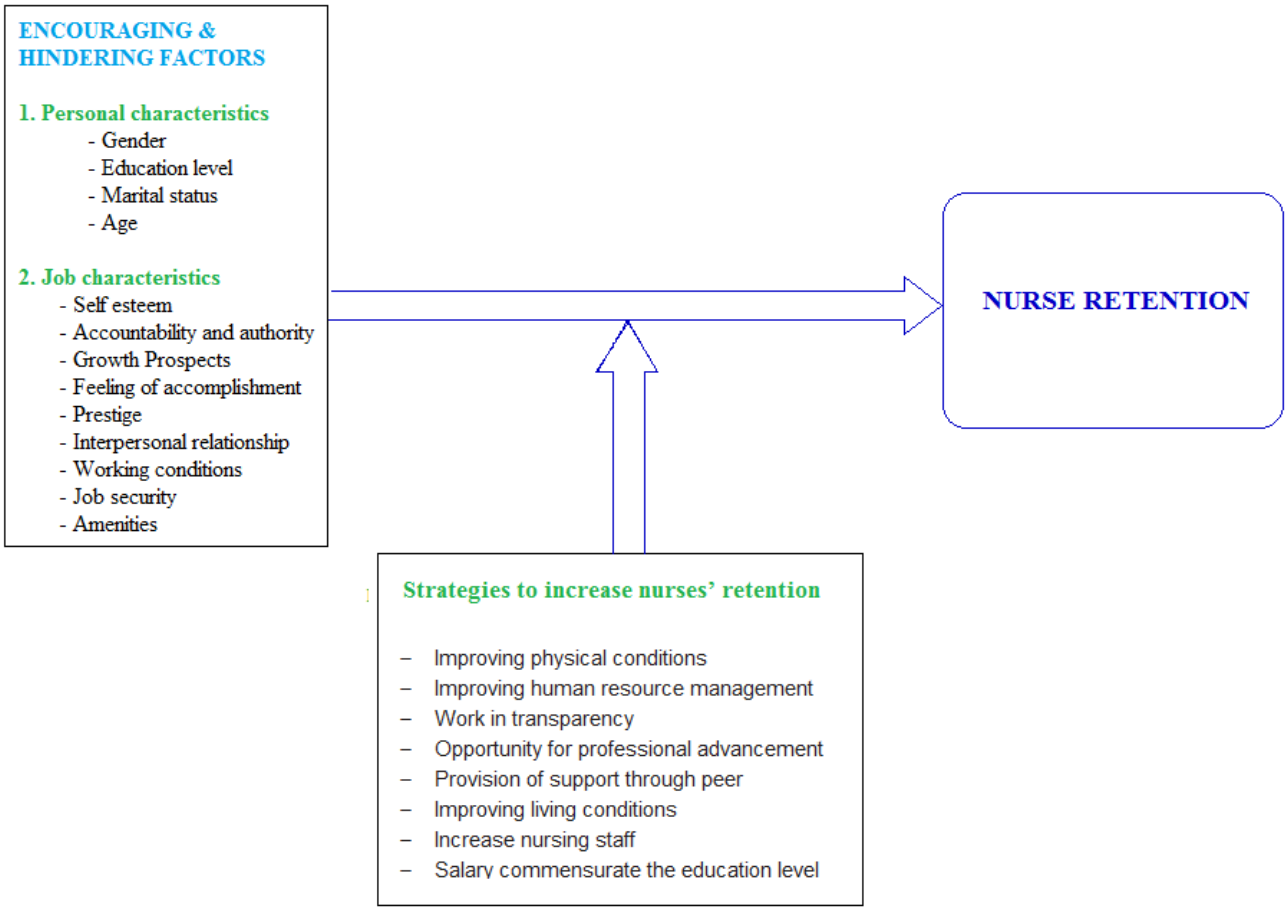

Figure 4.1: Adapted job characteristic model by Hackman and Oldham (1975). Source: Hackman and Oldham, 2013

2.13. Conclusion

This chapter described current works and researches being done on nurses' retention, strategies for nurses' retention, nurse turnover, and its costs and benefit, factors affecting nurse retention such as the nurse's organization Commitment, Training and Development, Rewards and Compensations. This chapter also identified the research gap and provided the conceptual framework that was guiding this research.

CHAPTER THREE: RESEARCH METHODOLOGY

3.1. Introduction

This chapter illustrates the detail of various procedures that followed during the research process. It describes the study design, the research approach, the research settings, the study population, sample size and sampling strategies. It gives also information on data collection procedures and data analysis, data management, dissemination and closes in ethical consideration as well as limitations of the study.

3.2. Research Design

Research design may be defined as the plan of conditions for collection and analysis of data in a manner that is in the context to achieve the research aim with economy in the procedure. A research design is the set of methods and procedures used in collecting and analyzing measures of the variables specified in the research problem. (Selltiz et al., 1962). Descriptive research studies are studies concerned with describing the characteristics of a particular individual, or of a group. Descriptive research design was used in this study to explore factors affecting nurse's job retention in a Rwandan District Hospital.

3.3. Research approach

The quantitative research approach was adopted in this study. Quantitative research approach involves collection and production of quantitative data so that they can be quantitatively analyzed with the help of statistical calculations from which conclusions can be made (Kothari, 2004). This approach helped the researcher to identify factors affecting nurse's retention in a Rwandan District Hospital as described by the nurses.

3.4. Research Setting

The study was conducted at Gisenyi District Hospital. This hospital is localized in the Western Province, Rubavu District, in Gisenyi Sector, Nengo cell ,Gikarani village, just a few meters from Kivu Lake. It is situated in a touristic town of Gisenyi bordering DRC.

About its infrastructure, the hospital has twenty blocks. Gisenyi District Hospital serves a population of over 377190 persons spread over 12 sectors of Rubavu district and serves also some areas of Rutsiro district, Nyabihu District and Goma town/Democratic Republic of Congo (DRC).

Gisenyi District Hospital started working during the colonial period in 1930 as a health post in Gisenyi. It was engaged in promoting, preventive and curative services at a primary level. The health care provided by this Hospital is divided into four types of services including an ambulatory service within the Outpatient Department (OPD), inpatient services, emergency services and clinical support services. Each is divided into functional units including:

Ambulatory/Out Patient services whose departments are: General OPD, Stomatology services, Physiotherapy Services, Ophthalmology services, ARTs, and Mental health/clinical psychology services. Inpatient department services are: Internal Medicine, Surgery Department, Pediatrics Department, Neonatology department, Gynecology/Obstetrics department. Emergency: Emergency care Unity, Observation Care Unit, Minor surgery, Ambulance and GBV. Clinical Support Services: Registration and Medical records filing, Laboratory, Imaging services including digital X-ray and ultra sound, Pharmacy, Nutrition and rehabilitation service, Laundry.

3.5. Study Population

Population is all items which fulfill the described criteria for selection of a study group concerned by the study (Kothari, 2004). The entire population which is according to Turner, (2013) whole set of individuals with a characteristic of interest. The target population refers to the group of individuals or objects to which researchers are interested in generalizing the conclusions. And the accessible population is defined as the subset of target population in which sample is taken and unto which the researchers can apply their conclusions (Turner, 2013).

For this study, the entire population was all registered nurses carrying out their profession in healthcare settings such as hospitals. On the other hand the target population was all nurses working in Rwandan district hospitals, whereas the accessible populations were all nurses, who were working in Gisenyi District Hospital.

This population comprised 102 nurses working in departments such as OPD, ART, Urgency, Internal Medicine, Mental Health, Maternity, Neonatology, Pharmacy, Pediatric, NCD, Surgery, as well as Administration. Their qualifications range from Secondary school certificate (A2) to Doctorate degree. The target population constituted all nurses who were having at least one year of working experience at the time the study were being conducted.

3.6. Sampling

3.6.1. Sample size

In order to get genuine information from the sample which reflect the actual situation for the whole population, proper sampling is a key. Therefore to determine the sample size used in this research the Fisher's formula was utilized.

It was determined as follows:

$n = z^2pq/d^2$

Where;

n = sample size

z = 1.96 (reliability coefficient at 95% confidence interval)

p = 50% estimate of the proportion of nurses job retention

q= 1–p

d = margin of error (0.05 degree of precision)

Using the formula given above, size of the sample used was found as follows;

$$n = \frac{(1.96)^2 \text{x } 0.5\text{x}(1-0.5)}{0.05^2} = 384$$

Finite Population Calculation (FPC) was then used since the total population (N) is less than 10,000 in Gisenyi District hospital were instead 102 nurses. The following formula was used to compute the sample size.

$nf = \frac{n}{1+n/N}$ Where: *nf* sample that was needed, N total number of the population

$$nf = \frac{384}{1 + 384/102} = 83.11$$

A total of 83 nurses constituted the sample onto which the questionnaires were administered.

3.6.2. Sampling procedure

Stratified random sampling is a technique where the population is divided into several sub-populations or strata that are individually more homogeneous than the total population and then items from each stratum are selected to constitute a sample. Stratified sampling results in more reliable and detailed information. (Kothari, 2004). This type of sampling design were followed by determination of nurse sample to which were administered the prepared questionnaire. To achieve this, the population was subdivided into 10 units which correspond to their respective service units or departments in which they were working. In each unity, proportional allocation technique was used to determine the number of nurses to be involved in the study per unit. The questionnaires were distributed to the estimated nurse from each unity. The sample of the nurse from each unit was determined as follow:

$$Sample\ of\ nurse\ per\ unit = \frac{83 \text{ x total number of nurse in the unit}}{102}$$

Where: 83 is total sample, and 102 is nurse population in Gisenyi district Hospital

The table 3.4 shows the number of the nurse used as the sample.

Table 3.1 sampling strategy

Service Unit	Total Nurse	Proportion Sample
OPD	6	5
ART	5	4
Urgency	11	9
Internal Medicine	12	10
Mental Health	3	2
Maternity	25	20
Neonatology	7	6
Pharmacy	8	7
Pediatric	10	8
NCD	2	2
Surgery	10	8
Administration	3	2
Totals	102	83

Selection Criteria

The Inclusion criteria: Nurses who were having at least one year of working experience at Gisenyi District Hospital and holding from secondary school certificate up to higher university degree, who were working in Gisenyi District Hospital at the time of the study , and were not absent due to leave or other issues.

While the Exclusion criteria is Nurse who was not having one year of working experience.

3.7. Data Collection

3.7.1. Data Collection instruments

Quantitative data were collected using questionnaire.

The questionnaire comprised closed ended questions. These types of questions were adopted since they are easy and clearly displayed allowing the respondents to answer questions in the easiest manner. This tool was conceived and adapted from Emmanuel Ugwa, (2014) tool after getting a written permission to use it in this study. Together with Lam et al., (2015) questionnaire used to study the factors affecting employee retention in nursing industry, which had reliability results ranging from 0.719 to 0.864, according to Cronbach's Alpha(table 3.2), good reliability range from 0.70 to 0.80 (Lam et al., 2015). It comprised four sections A, B, C and D. Section A was conceived with demographic data of the respondent, section B consists of questions about dependent variable which was Nurse Intentions to stay, section C questions concerned with factors affecting nurse retention whereas section D questions were about potential strategies to improve nurse retention. Since Likert scales are useful in the analysis of data with Pearson, they were adopted in this tool to determine the relationship between dependent and independent variables.

Table 3.2: Significance Cronbach's Alpha Ranges

Level of reliability	**Coefficient Alpha ranges**
Poor reliability	Less than 0.60
Fair reliability	0.60 - 0.70
Good reliability	0.70 - 0.80
Very good reliability	0.80- 0.95

Table 3.3: Content validity of the data collection tool by objectives

Objectives	Conceptual Variable	Questions
1. To determine the nurses' intention to stay as perceived by nurses themselves.	Dependent variable: Nurses' intensions to stay as perceived by themselves	Section B: Question 1 to question 5
2. To identify encouraging and hindering factors for nurses' job retention in a Rwandan District Hospital as perceived by the nurses	Independent variables: - Organization commitment	Section C Part I: Q6 to Q10
	- Emotional exhaustion	Part II: Q1 to Q5
	- Training and development	Part III: Q1 to Q5
	- Rewards and compensation	Part IV: Q1 to Q5
	- Working environment	Part V: Q1 to Q5
	- motivation	Part VI: Q1 to Q5
3.To describe different strategies to improve nurses' retention in a District Hospital as perceived by the nurses.		Section D Question 1 to question 6

3.7.2. Data collection procedure

Upon authorization and approval of Gisenyi District Hospital Management, data collection procedure involved the introduction of the researcher herself to potential participants, it was followed by distribution and explanation of consent forms whereby it be signed by both researcher and participants. Upon completion of this, questionnaires were distributed to the chosen respondents thereafter questionnaires were collected back to the researcher. Data were collected between 30 March and 17 April 2017.

3.8. Data Analysis

Collected raw data was entered into the Statistical Package for the Social Sciences (SPSS) Version: 21.0.0.0 software for statistical analysis.

Descriptive analysis is the process in which data collected are converted into statistical information which is used in an empirical study (Zikmund, et al., 2010). In this study collected data was displayed and represented in the frequency and percentage tables according to the scale of measurement used which are nominal and ordinal scales.

The inferential statistical analysis was done in order to establish the association between independent and dependent variable. The Pearson's Chi-square Tests was used with Fisher Exact Tests were used where appropriate. Significance level was set at $p<0.05$. with 95% of Confidence Interval.

3.9. Ethical consideration

In order to undertake the study which is ethically acceptable and does not inflict harm/ violate the respondents' rights, the following ethical considerations and principles was followed: the researcher obtained an authorization letter from University of Rwanda/ CMHS prior to reaching the setting for data collection, and the leadership, Gisenyi District Hospital authorization also granted authorization on their side. The purpose of the study was explained to the respondents. They were requested to participate voluntarily upon signing an informed consent form and they were free to withdrawal from the study at any stage of the study, without any consequences. The information to be obtained was treated confidentially since no respondent name was written on the questionnaires instead, the code numbers. Data was entered in a secured computer with a password known by only the researcher, and completed questionnaire was securely stored in the department of Nursing CMHS/UR, where according to UR regulations these shall be destroyed after 5 years.

3.10. Data management

Data was collected by the researcher herself. Completed questionnaires were collected back to the researcher for analysis. Response to each question was electronically coded in computer system. And the electronic copy of data was saved in a password protected system so that it can be accessed by the researcher only or her supervisor. Hardcopies of questionnaire was submitted to the school of Nursing, CMHS for archive purposes.

3.11. Data dissemination

Data dissemination involves sharing statistical data with others. It was done via oral presentation of the thesis, providing feedback to the study setting in order to facilitate Gisenyi District Hospital to

set strategies to increase nurse's retention rate. This study should also be published in order to be accessible to the user.

3.12. Limitations of the study

This study was limited in time, space and domain. Therefore to delimit it, the study was carried out in Gisenyi District hospital in order to avoid barriers related to time and funds, only nurses working there were the targets.

3.12. Conclusion

The chapter provided detail information on the study design which was descriptive and approach which was quantitative research approach. The study population was nurses working at Gisenyi District Hospital having at least one year of work experience, the sample was 83 nurses while the research settings was Gisenyi District Hospital. Also a description of the research questionnaire were highlighted in this chapter as well as the ethical consideration where permission was granted to the research by both UR/CMHS and Gisenyi District Hospital. The research participation was voluntary and no identification used. In data management, data collected were securely treated in Computer package SPSS Version 21, while descriptive data analysis were done with percentage and frequency table and inferential analysis were done with the help of Pearson Chi Square test with Fisher exact Test. Data dissemination were done via dissertation Defense and giving feedback to research setting. The chapter closes with the limitations to the study which were in both space and time.

CHAPTER FOUR: RESEARCH FINDINGS

4.1 Introduction

This chapter presents the study findings. These findings are based on the following variables: the demographic characteristics of respondents, nurses' intensions to stay, factors affecting nurse intensions to stay, and strategies to increase nurse retentions rate. The findings are presented as frequencies and percentages in the tables. For analytical statistics, the Pearson's Chi-square Tests was used with Fisher Exact Tests where appropriate. Significance was set at $p<0.05$.* 95 CI.

4.2 Socio demographic characteristics of the respondents

The majority of the respondents, 79.5% were female and male respondents were 20.5%. The majority of respondents were aged between 31-40 and 41-50 years, 43.4% and 37.3% respectively. Most of the respondents, 88.0% were married and only 12% were single. The respondents had experience ranging between 4-6 years and more than 6 years, 37.3% and 54.2% respectively. On the educational backgraound of the respondents, the majority, 78.3% had A1 Advanced Diploma, followed by those with A2 secondary school certificate, 13.3%, Bachelor Degree 7.2% and Master's Degree 1.3% (Table 4.1).

Table 4.4: Socio demographic characteristics of the respondents (*N=83)*

Characteristic	Frequency	Percentage (%)
Gender		
Male	17	20.5
Female	66	79.5
Age		
Below 30 years	10	12.0
Between 31-40 years	36	43.4
Between 41-50 years	31	37.3
More than 50 years	6	7.2
Marital Status		
Single	10	12.0
Married	73	88.0
Experience length		
1-3 years	7	8.4
4-6 years	31	37.3
Over 6 years	45	54.2
Education background		
Secondary school certificate	11	13.3
University Diploma A1	65	78.3
Bachelor's degree A0	6	7.2
Master's degree	1	1.2

4.3 Nurses intensions to stay as perceived by themselves

On the side of hospital commitment, the majority of nurses agreed and strongly agreed that they were committed to hospital success 66.3% and 22.9% respectively. The majority of nurses agreed and strongly agreed to make the hospital their career 59.0% and 18.1% respectively. Only 16.9% were neutral while 4.8% disagreed with the statement. On hospital loyalty, 57.8% agreed that they are royal to the hospital, while 33.7% agreed that they would recommend the hospital to others. Despite that, the majority of the respondents with a rate of 36.1% and 44.6% respectively agreed and strongly agreed that they are thinking on looking for a better job while 8.4% were neutral to this point (Table 4.2).

Table 4.5: Nurses' intensions to stay (*N=83*)

Statement	Frequency and Percentage (%)				
	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
Commitment towards hospital success	1(1.2)	1(1.2)	7(8.4)	55(66.3)	19(22.9)
Making the hospital own career	1(1.2)	4(4.8)	14(16.9)	49(59.0)	15(18.1)
Feeling loyal to the hospital	1(1.2)	0(0)	8(9.6)	48(57.8)	26(31.3)
The hospital is the best place to work for	9(10.8)	9(10.8)	18(21.7)	27(32.5)	20(24.1)
Hospital is recommendable to others	14(16.9)	12(14.5)	16(19.3)	28(33.7)	13(15.7)
Thinking on looking for a better job	7(8.4)	2(2.4)	7(8.4)	30(36.1)	37(44.6)

4.4 Factors affecting and hindering nurses' retention

On hospital commitment side, the majority of the respondents 63.9% and 10.8% respectively agreed and strongly agreed that their values are similar to the hospitals values, while 60.2% and 21.7% respectively agreed and strongly agreed that they were proud of working for Gisenyi Hospital. The proportion of 36.1% and 32.5% respectively agreed and strongly disagreed that they can decline

another to stay working at Gisenyi District Hospital. A rate of 62.7% and 19.3 of the respondents respectively agreed and strongly agreed that they get emotionally drained from daily work. The majority of nurses 62.7% and 13.3% respectively agreed and strongly agreed that they can use skills learned in training at work, while 49.4% and 18.1% respectively agreed and strongly agreed that the hospital helps them in professional development. On rewards and other incentives, 61.4% and 8.4% of respondents respectively agreed and strongly agreed that there are some incentive and promotion at Gisenyi District hospital, while 26.5% and 37.3% respectively agreed and strongly agreed that the salary proportional to the work done and education level, 31.3% and 41.0% of the respondents respectively disagreed and strongly disagreed that the hospital offers benefits including transport and food aid.

On working environment part, a fraction of 39.8% and 24.1% of the respondents respectively disagreed and strongly disagreed that the hospital cares about prevention of accidents at workplace whereas 26.5% agreed that facilities at the hospital are comfortable. Amongst nurse motivators 71.1% and 9.6% of the nurses respectively agreed and strongly agreed that they have assurance of job security, while 60.2% and 25.3% of respondent respectively agreed and strongly agreed that they find motivation in the respectability nature of their nursing profession, whereas 66.3% and 19.3% respectively agreed and strongly agreed that they get motivated by doing challenging work (Table 4.3).

Table 4.6: Reported factors affecting nurse intensions to stay (N=83)

Statement	Frequency and Percentage (%)				
Hospital commitment	**Strongly Disagree**	**Disagree**	**Neutral**	**Agree**	**Strongly Agree**
Similarity of hospital and nurse values	2(2.4)	3(3.6)	16(19.3)	53(63.9)	9(10.8)
Proudness of working for the hospital	2(2.4)	3(3.6)	10(12.0)	50(60.2)	18(21.7)
Declining another job to stay at hospital	10(12.0)	5(6.0)	11(13.3)	30(36.1)	27(32.5)
Emotional exhaustion					
Emotional drainage from daily work	2(2.4)	4(4.8)	9(10.8)	52(62.7)	16(19.3)
Training and professional development					
Use of skills learned in training at work	3(3.6)	4(4.8)	13(15.7)	52(62.7)	11(13.3)
Hospital helps in nurse skills development	7(8.4)	5(6.0)	15(18.1)	41(49.4)	15(18.1)
Rewards, compensations,					
Availability of incentives and promotions	14(16.9)	4(4.8)	7(8.4)	51(61.4)	7(8.4)
Salary commensurable with education level	11(13.3)	7(8.4)	12(14.5)	22(26.5)	31(37.3)
Offer of benefits such as, transport, food aid)	34(41.0)	26(31.3)	4(4.8)	14(16.9)	5(6.0)
Working environment					
Prevention of accidents at workplace	20(24.1)	33(39.8)	5(6.0)	17(20.5)	8(9.6)
The facilities are comfortable	7(8.4)	18(21.7)	24(28.9)	22(26.5)	12(14.5)
Motivation factors					
Assurance of job security	1(1.2)	3(3.6)	12(14.5)	59(71.1)	8(9.6)
The prestige of nursing job as motivator	2(2.4)	3(3.6)	7(8.4)	50(60.2)	21(25.3)
Doing Challenging work as motivator	1(1.2)	1(1.2)	10(12.0)	55(66.3)	16(19.3)

4.5 Strategies to increase nurses' retention

The majority of the respondents, 61.4% and 34.9% respectively agreed and strongly agreed that the hospital should improve the physical working conditions, while 51.8% agreed and 43.4% strongly agreed that the human resource management should be improved. Improving transparency were agreed and strongly agreed respectively by 60.2% and 66.3% of the respondents. Offer of opportunities for professional advancement was agreed and strongly agreed respectively by 37.3% 50.6% of the respondents while provision of peer support were agreed and strongly agreed by 37.35% and 50.6% of the respondents respectively. A rate of 47.0% both agreed and strongly agreed on the improvement of living conditions. On the other hand, the majority of the respondents with a rate of 50.6% and 30.1% respectively agreed and strongly agreed that the hospital should increase the number of nurses. The majority of nurses with 45.8% call on the provision of salary

commensurable with educational level, whereas 43.4% and 16.9% respectively agreed and strongly agreed that the hospital should enhance working in shifts (Table4.4).

Table 4.7: Reported strategies to increase nurse retention rate (N=83)

Strategy statement	Frequency and Percentage (%)				
	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
Improving physical conditions	0(0)	1(1.2)	2(2.4)	51(61.4)	29(34.9)
Improving human resource management	0(0)	0(0)	4(4.8)	43(51.8)	36(43.4)
Work in transparency	0(0)	0(0)	2(2.4)	31(37.3)	50(60.2)
Opportunity for professional advancement	0(0)	0(0)	1(1.2)	27(32.5)	55(66.3)
Provision of support through peer	1(1.2)	1(1.2)	8(9.6)	31(37.3)	42(50.6)
Improving living conditions	0(0)	2(2.4)	3(3.6)	39(47.0)	39(47.0)
Increase nursing staff	5(6.0)	5(6.0)	6(7.2)	42(50.6)	25(30.1)
salary commensurate the education level	5(6.0)	10(12.0)	10(12.0)	38(45.8)	20(24.1)
working shifts	2(2.4)	8(9.6)	23(27.7)	36(43.4)	14(16.9)

4.6 Relationship between variables on encouraging and hindering factors for nurses' retention

To establish the relationship between variables on encouraging and hindering factors for nurses' retention, a Chi-square with Fisher Exact Tests where computed. The results showed that there was statistically significant relationship between age and the plan to make the hospital own career, with the Chi-Square (χ^2) value of 11.177, with p-value 0.025. The Chi-Square of 10.790 with p-value 0.029 was observed between marital status and the perceiving the hospital as the best place to work. also there was a statistically significance relationship between gender and feel fatigued with the job, with the Chi-Square ($\chi 2$) value of 22.095, and the p-value of 0.036. On the side of level of education and perceived the hospital as the best place to work, the results showed that the Chi-

Square (χ^2) value was 29.431, with p-value 0.003, showing a statistically significant relationship between the two variables.

The Chi-Square ($\chi 2$) value of 43.433, with p-value 0.000 was found on identification of training needs and feeling fatigued with the job; which shows a statistically significant relationship between the two variables. On the use of knowledge and behaviors learned and planning to make the hospital own career, the Chi-Square ($\chi 2$) was 33.356, with p-value of 0.007, signifying a statistically significant relationship between the two variables. The Chi-Square ($\chi 2$) value of 27.299, with p-value of 0.038 was observed in the relationship between looking for a better job and provision of basic benefits, signifying a statistically significant relationship between the two variables. The Chi-Square ($\chi 2$) value of 39.954 with p-value of 0.001 was observed in the relationship between feel fatigued with the job and provides basic benefits implying a statistically significant relationship between the two variables. The Chi-Square ($\chi 2$) of 26.335 with p-value of 0.049 was found between variables Respectable nature of this job and Feel fatigued with the job a statistically significant relationship between the two variables (Table 4.6).

Table 4.6: Relationship between variables on encouraging and hindering factors for nurses' retention (N=83)

	Perceived the hospital as the best place to work		Plan to make the hospital own career		Feel fatigued with the job		Looking for a better job	
	(χ^2) value	*p*-value	(χ^2) value	*p*-value	(χ^2) value	*p*-value	(χ^2) value	*p*-value
Age	9.752	.638	11.177	.025	4.772	.309	1.185	.881
Gender	5.398	.249	9.852	.629	22.095	.036	15.056	.229
Marital status	10.790	.029	7.844	.097	3.114	.536	1.991	.737
Level of education	29.431	.003	14.384	.277	13.974	.301	7.968	.660
Experience	7.783	.455	6.370	.606	3.153	.924	4.442	.815
Training needs are identified	20.479	.199	20.114	.215	43.433	.000	10.356	.847
Personal and professional growth opportunities	5.831	.666	4.868	.772	11.385	.181	5.891	.659
Use of knowledge and behaviors learned	21.938	.145	33.356	.007	24.698	.075	11.350	.787
Provides basic benefits	23.559	.100	24.292	.083	39.954	.001	27.299	.038
Respectable nature of this job	19.397	.249	19.512	.243	26.335	.049	10.017	.866

Pearson's Chi-square Tests was used with Fisher Exact Tests where appropriate. Significance was set at $p<.05$.* 95 CI

4.7 Conclusion

This chapter provided the details about the study findings which included the socio-demographic characteristics of the respondents where the majority were female nurse, and the majority aged between 31 and 40, while the large number of respondents were married and worked over 6 years. On the side of factors encouraging nurses to stay, hospital commitment and loyalty, provision of training and development opportunities were agreed by the majority of respondents as factors affecting nurses to stay and the factors hindering nurses retention were emotional exhaustion and fatigues. Strategies to increase nurse's retention were found to be improving physical conditions, working in transparency and increasing number of working shift.

CHAPTER FIVE: DISCUSSION

5.1. Introduction

This chapter presents the discussion of the findings. The discussion is guided by the objectives of this study, which were (1) determine the nurses' intention to stay as perceived by nurses themselves, (2) identify encouraging and hindering factors for nurses' job retention in a Rwandan District Hospital as perceived by the nurses, and (3) to describe different strategies to improve nurses' retention in a District Hospital as perceived by the nurses.

5.2. Nurses' intensions to stay as perceived by themselves

The study found that nurses working at Gisenyi District Hospital are committed to their profession as well as the hospital for which they are working. It was found that they agreed and strongly agreed that they were committed to hospital success at 66.3% and 22.9% respectively. Also the majority of nurses agreed and strongly agreed to make the hospital their career 59.0% and 18.1% respectively. These findings are similar with the one found in Ethiopia, whereas a high proportion of nurses showed a high continuance and normative commitment were 58.9% and 51.9% respectively Engeda et al., (2014). A study conducted by Jenaro et al., (2010) in Spain found that 33% of nurses had high organizational commitment as a mental state which attach with the employee to the organization, which attachment can cause retention. It was evidenced that such attachment makes employees more likely to stay loyal with the organization for long time compared to persons who are less committed (Archana and Mineko, 2014; Sinha and Sinha, 2012).

On hospital loyalty, 57.8% agreed that they are royal to the hospital, while 33.7% agreed that the hospital is recommendable to others. Loyal employees give extra time, energy and commitment to the company if necessary and since they employee believe in company mission and vision and make them personal goals, and therefore they work collaboratively with their colleagues together for the benefits of the organization (Spencer James Group, 2016; Wolfman, 2017; Robinson et al., 2004 cited in Markos and Sridevi, 2010). Despite that, the majority of the respondents with a rate of 36.1% and 44.6% respectively agreed and strongly agreed that they are thinking on looking for a better job. The results which are not far from Harter and Adkins, (2017) showed that 51% of employee in United States were searching for jobs while they had another one, whereas in Kenya,

Ojakaa et al., (2014) found that the fact that people look for another job while they have other job doesn't comes as surprise since humans always wants more advancements (McLeod, 2016). Amongst motives for employee to look for other job while still having other ones includes better salaries and benefits, career growth opportunities and many more, therefore strategies aiming at improving these motives will results in increased rate of employee retention (Harter and Adkins, 2017).

5.3. Encouraging and hindering factors of nurses' retention

Results from this study, showed that on the hospital commitment side, the majority of the respondents 63.9% and 10.8% respectively agreed and strongly agreed that their values are similar to the hospitals values, while 60.2% and 21.7% respectively agreed and strongly agreed that they were proud of working for Gisenyi Hospital. 36.1% and 32.5% respectively agreed and strongly disagreed that they can decline another to stay working at Gisenyi District Hospital. These stats alone confirms how nurse working at Gisenyi district hospital are committed to stay working for the hospital. This Robinson et al.,(2004 as cited in Markos and Sridevi, 2010) calls it employee engagement.

On the side of emotional drainage, 62.7% of the respondent agreed that they get emotionally drained from daily work. The highest variance in emotional exhaustion and depersonalization were reported respectively 16% and 13% of the nurses by Khamisa et al., (2015) in South Africa. Whereas in Australia, as reported by Barret and Yayes, (2002), 25.3% of the respondents who felt emotionally drained from their work few times in a month. The probable reason of this emotional drainage as reported by nurses themselves is the shortage of nursing personnel at the hospital which cause results in overworking. Ippolito et al., (2010) reported that over-workload results from work requirements which exceeding human capabilities, where an individual have to carry out a tremendous amount of work and complete it in certain period, working it for long time causing the body or the mind being not able to bear the load. The results of overworking are reactions of nervousness, anxiety, frustration, pressing, or annoyance (Ksenia, 2012). It has been reported that increased work demand and job stress of nurses will results in increased level of emotional exhaustion and consequently cause lower nurse retention rate and increased turnover intention (Jourdain and Chênevert, 2010).

The majority of nurses 62.7% confirmed that they can use skills learned in training at work, while 49.4% agreed that the hospital helps them in professional development. The results which are consistent with that of Barrett and Yates, (2002) stating that 52.3% of nurses respondents were satisfied with the adequate training they do whereas 43.4% of respondents were satisfied with the support available in their job. On the other hand, Lam et al., (2015) said that nurses who are given the opportunity to attend training and development are more inspired to execute their profession thus boost retention rate.

On rewards and other incentives, 61.4% of respondents agreed that there are some incentive and promotion at Gisenyi District hospital, while 37.3% strongly agreed that the salary proportional to the work done and education level, 41.0% strongly disagreed that the hospital offers benefits including transport and food aid. These findings are also consistent with that of Ojakaa et al., (2014 p.6) reported that 10% of respondents who reported the fairness of their salary. On the hand, it comes to promotional opportunities whereas 32.15% of respondents said that in government hospital, there promotional opportunity (Ojakaa et al., 2014). It was reported that rewards and compensations are amongst the considerations of nurses to stay employed in their position (Ng et al., 2012; Narang, 2013), therefore there is strong link between Rewards and compensation and nurse retention (Kumar and Santhosh, 2014). Therefore, rewards and compensations are undoubtedly indispensable factor to retain more nurses, it should be considered by managers looking to retain more nurses.

On working environment part, a fraction of 39.8% of the respondents disagreed that the hospital cares about prevention of accidents at workplace whereas 26.5% agreed that facilities at the hospital are comfortable. While Ojakaa et al., (2014) reported that 43.4% of the respondents did not have necessary equipment available for them. The working environment which is not conducive will affect the productivity of the nurses (Mabuza and Proches, 2014). Thus, they are not motivated and may leave the organizations. Gisenyi district hospital Physical facilities were not highly rated by the nurses was amongst the highly rated to be improved in opinions to be taken into considerations in shaping strategies to retain more nurses. Supportive facilities were reportedly said to be the nurse stimulus to continue working for the organization (Harvey, 2010; Lam et al., 2015) therefore, Gisenyi District Hospital physical facilities should be improved. Since it was tipped that positive changes in the working environment result in an increased employee retention rate, which leads to

better teamwork, increased continuity of patient care, and eventually improvements in patient outcomes (Lambrou et al., 2014).

Amongst nurse motivators, the majority 71.1% of the nurses agreed that they have job security, results parallel with that of Barrett and Yates ,(2002) in Australia, whereas 58.4% of nurse were satisfied with the job security they had whereas in South Africa, according to Selebi and Minnar, (2007) 61.29% of nurses indicated a lower satisfaction with the job security. Lack of job security, may lead to adverse health problems, including professional burnout this is because employees who are unsure their future about job are unable to activate their higher order need of esteem, making job security an important precondition for employee creativity (van Vegchel et al., 2002) stating that and 60.2% of respondent find motivation in the respectability nature of their nursing profession, whereas 66.3% get motivated by doing challenging work. The results are consistent with Barrett and Yates, (2002) results where 60.9% of the respondents were satisfied with action that they can exercise in their work while 62.4% of the respondents were satisfied with the amount challenges in their job. It is not surprise that people are motivated by challenging works or tasks, it was argued that some employees seek new challenging tasks at work, to keep them busy during working day or they may ask for more responsibilities once they have finished the assigned tasks (Csikszentmihalyi and Nakamura, 1989). It was proposed that workers with active jobs are likely to seek challenging situations that promote the mastery (Karasek and Theorell, 1990).

5.4. Relationship between variables on encouraging and hindering factors for nurses' retention

The perception of hospital as the best place for work is a sign of job satisfaction and consequently it has a significant impact on working organization (Singh, 2015). The result from this study showed a significant relationship between education and workplace and job satisfaction with a chi-square of 29.431 with P value of 0.003. This result aligned with Engeda, (2014) who find a nonlinear relationship between education levels and job satisfaction where nurses with lower level of education reported a higher job satisfaction than nurse with higher degrees. The same result also were reported by Bacha et al., (2015), where in Brazil, education constituted job satisfaction determinant, where more educated nurse held low job satisfaction. The findings indicated there was a strong Correlation between nurses' organizational commitment and job satisfaction (Hussami,

2017). However, this was not examined in this study, therefore more studies are needed to find out factors associated with educational level and job satisfaction.

During this study, it has been found that age has a statistically relationship with chi-square of 11.177 and p value of 0.025 with hospital commitment, where nurses reportedly agreed to make hospital as their own career. This result is aligned with Jones, (2015) where nurses from different generations showed the same level of organization commitment. In United State however, age and other socio demographical characteristics failed to show a significant relationship with organization commitment (Simmons, 2005). Though it has been shown that older employee tend to be more committed than younger ones (Ojaka et al., 2014).

A statistically significant relation was found between hospital commitment and Use of knowledge and behaviors learned in work. The results are echoed by (Scholl, 2003) whereby, his findings confirmed that commitment within the workplace typically results from the interaction and the relationship that an employee has with an organization (Scholl, 2003).

A statistically significant relationship was found between identification of training needs and Emotional Exhaustion with a Chi-Square of 43.433 with a p value of 0.000. This results align with the results reported by Darban et al., (2016) in Iran where he found the positive impact of communication skills training on job burnout among nurses. Skills training was found to be an effective and inexpensive tool for reducing the burnout among nurses, therefore the managers should consider this approach in order to reduce the burnout among nurses, and hence improving the quality of healthcare services they provide (Darban et al., 2016).

5.5. Strategies to increase nurses' retention

The majority of the respondents, 61.4% agreed that the hospital should improve the physical working conditions. These results are supported by the results from Australia, where it has been reported that the nursing working environment was characterized by inappropriate skill-mix and inadequate patient-staff ratios and consequently were highly linked to nurse turnover (Dowson et al., 2014). Therefore the hospital is urged to improve physical working conditions.

Improving transparency was highly shared by nurses whereby the majority strongly agreed 60.2% the statement of working in transparency. Without transparency nurses lose confidence in their leaders. This is aligned with the study findings stating that, authentic leadership had a negative

direct effect on workplace bullying, which in turn had a direct positive effect on emotional exhaustion. Authentic leadership, maltreating workplace and emotional exhaustion all had significant direct effects on job satisfaction, which in turn, was related to lower turnover intentions (Laschinger ,2012).

Conclusion

This chapter provided the discussion of study findings, which was guided by the specific objectives of the study, the conceptual framework and previous study findings. During this study it was shown that nurses working at Gisenyi District Hospital are committed to their profession as well as the hospital for which they are working. This evidences that such attachment makes nurses more likely to stay working for the organization for long time compared to those who are less committed. It was reveled in this study a larger number of nurses are royal to the hospital and some feel that it is recommendable to others, this loyalty results in outstanding performance of employee and mostly are likely to stay longer. However some nurses themselves reported that they are thinking on looking for a better job possibly due to better salaries and benefits, career growth opportunities and many more, therefore strategies aiming at improving these motives will results in increased rate of employee retention. Factors such as hospital commitment and proudness, use of skills learned in training at work rewards and compensations, and conducive working environment have found to play a significant role in nurse retention whereas emotional drainage negatively impacts nurse retention. Gisenyi district hospital Physical facilities were not highly rated by the nurses and therefore the hospital should pay attention to this while shaping strategies to increase nurse retention. Amongst those strategies, it was opinioned by nurses that should include the increasing of number of working shifts.

CHAPTER SIX:

SUMMARY, CONCLUSIONS AND RECOMMENDATIONS

6.1. Introduction

This chapter gives the summary of the study findings, the conclusion and recommendations to different stakeholders of nurses management and their retention in their working settings.

6.2. Summary

The aim of this study was to identify the factors which affect job retention among nurses in a Rwandan District Hospital. The specific objectives were to determine the nurses' intention to stay as perceived by nurses themselves, to identify encouraging and hindering factors for nurses' job retention in a Rwandan District Hospital as perceived by the nurses, and to describe different strategies to improve nurses' retention in a District Hospital as perceived by the nurses.

In this study, a questionnaire were administered to 83 nurses who were working at Gisenyi District Hospital at the time the study were being carried out. Data collected were treated and analyzed with the SPSS package Version 20.0. The findings are presented as frequencies and percentages in the tables. For analytical statistics, the Pearson's Chi-square Tests was used with Fisher Exact Tests where appropriate. The level of significance was set at $p<0.05$.* 95 CI.

The findings of the study showed that the majority of respondents, 79.5% were female and male respondents were 20.5%. The majority of respondents were aged between 31 and 40. Most of the respondents, 88.0% were married. For the educational background of the respondents, the majority, 78.3% had A1 Advanced Diploma.

The majority of nurses agreed and strongly agreed that they were committed to hospital success 66.3% and 22.9% respectively while on the side of hospital loyalty, 57.8% agreed that they are

royal to the hospital, and 33.7% agreed that the hospital is recommendable to others. Stats confirming that nurses are prepared to serve longer the hospital. About the factors encouraging and hindering for nurses' job retention majority of nurses agreed and strongly agreed that they were committed to hospital success 66.3% and 22.9% respectively. On hospital loyalty, 57.8% agreed that they are royal to the hospital, while 33.7% agreed that they would recommend the hospital to others. On hospital commitment side, the majority of the respondents 63.9% and 10.8% respectively agreed and strongly agreed that their values are similar to the hospitals values. The majority of nurses 62.7% confirmed that they can use skills learned in training at work, while 49.4% agreed that the hospital helps them in professional development. On rewards and other incentives, 61.4% of respondents agreed that there are some incentive and promotion at Gisenyi District hospital. On working environment part, a fraction of 39.8% of the respondents disagreed that the hospital cares about prevention of accidents at workplace job security was rated by 71.1% of the nurses, and 60.2% of respondent find motivation.

In Strategies to increase nurses' retention, The majority of the respondents, 61.4% agreed that the hospital should improve the physical whereas improving transparency together with offer of opportunities for professional advancement were strongly agreed respectively by 60.2% and 66.3% of the respondents.

6.3. Conclusion

The study had for the objectives explore the factors which affect job retention among nurses in a Rwandan District Hospital. It was found that nurse working at Gisenyi district hospital are committed to stay working for the hospital. While the factors affecting nurse intensions to stay were found to be organization commitment, identification of training needs, rewards and compensation, personal feeling of loyalty to the hospital, training and professional development opportunities, use of knowledge and behaviors learned, Hospital helps in nurse skills development, salary proportional to education level, the comfortableness of physical facilities, and assurance of job security. The strategies to retain more nurses working at Gisenyi District Hospital were found to be improving physical working conditions, Improving Human resource management, working in transparency, offering nurses opportunities for professional development, improving living conditions.

6.4. Recommendations

Based on the findings of this study and nurses opinions the following are recommended:

1. ***To Gisenyi District hospital:***
   It was observed that physical facilities affect nurses feelings therefore an improvements is encouraged. Also the shortage of nurse personnel was found to be one of negative motivators, it was suggested that working in in more than two usual shifts would allow nurses to get time to rest and do other duties relating to personal development.
2. **Policy makers**
   In order to meet the challenge of retaining more nurses the opinions provided in this study should be taken into consideration while making strategies to encourage nurse to retain their positions
3. **Nursing practice:** the study explored the opinions among nurse practitioners, and therefore from this study their concerns for sure were exposed to respective decision makers and consequently they will be taken into considerations. However they are encouraged to be more resilient.
4. **Nursing research:**

   Due to limited time this research covered only one district hospital. In future further studies in other areas of the country is encouraged.

   Due to the shortage of nurses observed it was suggested working in shifts would be a temporal solution to this problem. Therefore much more studies are needed to verify (working in shift) its feasibility.

   An investigation to understand the effect of gender difference on hospital commitment is necessary to confirm it as factor affecting nurse retention rate.

5. **Nursing education:**

   Based on this study findings, training including language, and any other training is needed, and the nurse should be given the opportunities to use the knowledge and behaviors learned therefore nurse educators are welcome to carry out these duty. The existing nursing curriculum should be modified and should incorporate topics on management especially human resources management in health organizations.

BIBLIOGRAPHY

Aguenza, B., and Mat Som, A. (2012). Motivational Factors of Employee Retention and Engagement in Organizations. *International Journal of Advances in Management and Economics*, 1(6), pp. 88-95.

Arindam Bhattacharjee and Bishal Hetampuris. (04 June 2013). Employee Retention in The BPO Sector. Available online at http://www.mbaskool.com/business-articles/human-resource/7581-employee-retention-in-the-bpo-sector.html [Accessed on december 9, 2016].

Bjørka Ida Torunn, Gro Beate Samdalb, Britt Sætre Hansenc, Solveig Tørstadd, and Glenys A. Hamilton. (2006). Job satisfaction in a Norwegian population of nurses: A questionnaire survey. *International Journal of Nursing Studies*. 44, pp. 747–757

Candice Manahan Roberge. (2009). Who stays in rural nursing practice? An international review of the literature on factors influencing rural nurse retention. *Online Journal of Rural Nursing and Health Care.* 9,(1), pp. 82-93

Fukofuka, S. (2014). Factors That Predict Employee Retention in Profit and Not- For-Profit Organization. *Global Journal of Human Resource Management*. 2(4), 1-8.

Gul, A., Akbar, S., and Jan , Z. (2012). Role of Capacity Development, Employee Empowerment and Promotion on Employee Retention in the Banking Sector of Pakistan. *International Journal of Academic Research in Business and Social Sciences, 2*(9), pp. 284-300.

Habagusenga Jean d'Amour, Helen Schneider, and Etienne Rugigan. (2012). Job Satisfaction of Health Professionals in Kigali University Teaching Hospital. Master's degree in Public Health. University of the Western Cape. South Africa

Hackman, J. R. and Oldham, G. R. (1975). Development of job diagnostic survey. *Journal of Applied Psychology*, 60, 159-170

Hill, K.S. (2011). Work satisfaction, intent to stay, desires of nurses, and financial knowledge among bedside and advanced practice nurses. *Journal of Nursing Administration*, 41 (5), 211–217.

Hwang J.-I., Lou F., Han S.S., Cao F., Kim W.O. and Li P. (2009). Professionalism: the major factor influencing job satisfaction among Korean and Chinese nurses. *International Nursing Review*, 56, 313–318

Ingersoll, G. Olsan, T., Drew-Cates, J. DeVinney, B., and Davies, J. (2002). Nurses' job satisfaction, organizational commitment, and career intent. *Journal of Nursing Administration*, 32(5), pp. 250-263.

Jones, C., Gates, M. (2007). "The Costs and Benefits of Nurse Turnover: A Business Case for Nurse Retention" *The Online Journal of Issues in Nursing*. Vol 12 No 3,(4). http://www.nursingworld.org/MainMenuCategories/ANAMarketplace/ANAPeriodicals/OJIN/TableofContents/Volume122007/No3Sept07/NurseRetention.html [accessed on October 30, 2016]

Kamanzi J. and Nkosi Z..Z. (2011). Motivation levels among aurses working at Butare University Teaching Hospital, Rwanda. *Africa Journal of Nursing and Midwifery*, 13(2), pp.119-132

Kothari C.R. (2004). *Research Methodology: Methods and Techniques*. 2nd edition. New Delhi: New Age International Publishers.

Laureen J. Hayesa, Linda O'Brien-Pallasa, Christine Duffieldb, Judith Shamianc, James Buchand, Frances Hughese, Heather K. Spence Laschingerg, Nicola Northf, and Patricia W. Stone. (2006). Nurse turnover: A literature review, *International Journal of Nursing Studies*. 43, pp. 237–263

Lee How and Greta G. Cummings. (2008). Factors influencing job satisfaction of front line nurse managers: a systematic review. *Journal of Nursing Management*. 16, pp.768–783

Lu, H., Whill, A.E. and Barriball, K.L. (2008). Role perceptions and reported actual role content of hospital nurses in Mainland China. *Journal of Clinical Nursing*. 17, pp. 1011–1022.

Marinucci Francesco, Mtebe Majigo, Matthew Wattleworth, Antonio Damiano Paterniti, Mian Bazle Hossain and Robert Redfield. (2013). Factors affecting job satisfaction and retention of medical laboratory professionals in seven countries of Sub-Saharan Africa. *Human Resources for Health*, 2013 11:38.

National Center for Research Methods. (2009). *Sample stratification.* http://www.restore.ac.uk/PEAS/sratheory.php [Accessed on October 10, 2010]

Ng, E. C., Lam , Z. H., Kumar, R., Ramendran, C., and Kadiresan, V. (2012). An Effectiveness of Human Resource Management Practices on Employee Retention in Institute of Higher Learning: - A Regression Analysis. *International Journal of Business Research and Management (IJBRM). 3*(2), pp. 60-79.

Nkomeje, A. (2008). *Exploring the factors that contribute to job satisfaction among registered nurses at King Faisal Hospital, Kigali-Rwanda*. Master's Thesis. University of KwaZulu Natal. available online at http://researchspace.ukzn.ac.za/xmlui/handle/10413/911 [accessed on 20 November, 2016]

Rehman , K., Rehman , Z. U., Saif , N., Khan, A. S., Nawaz , A., and Rehman , S. U. (2013). Impacts of Job Satisfaction on Organizational Commitment: A Theoretical Model for Academicians in HEI of Developing Countries like Pakistan. *International Journal of Academic Research in Accounting, Finance and Management Sciences.* 3 (1), pp. 80–89.

Selltiz, Claire: Jahoda, Marie, Deutsch, Morton, and Cook, Stuart W. (1959). *Research Methods in Social Relations*. rev. ed. New York: Holt, Rinehart and Winston, Inc.,

Sharon Ruvimbo Terera and Hlanganipai Ngirande. (2014). The Impact of Rewards on Job Satisfaction and Employee Retention. *Mediterranean Journal of Social Sciences*. 5(1), pp. 481-485

Tourangeau, A.E. et al., 2010. Determinants of hospital nurse intention to remain employed: Broadening our understanding. *Journal of Advanced Nursing*, 66(1), pp.22–32.

Zikmund, W. G., Babin, B. J., Carr, J. C., and Griffin, M. (2010). Business Research Methods (8th ed.). New York: South-Western/Cengage Learning.

Alias N.E., Noor N.M., and Hassan R. (2014). Examining the Mediating Effect of Employee Engagement on the Relationship between Talent Management Practices and Employee Retention in the Information and Technology (IT) Organizations in Malaysia. *Journal of Human Resources Management and Labor Studies*, Vol. 2, No. 2, pp. 227-242.

Markos S. and Sridevi M.S. (2010). Employee Engagement: The Key to Improving Performance *International Journal of Business and Management* Vol. 5, No. 12; December 2010. pp 89-95

Harter J. and Adkins A. (February 24, 2017). Are Your Star Employees Slipping Away? Gallup's State of the Workplace Initiative. Available online at

http://www.gallup.com/businessjournal/204248/star-employees-slipping-away.aspx accessed on May 4, 2017.

Wolfman D. (2017). Loyalty in the Eyes of the Employers and Employees. Workforce Magazine. Available online at http://www.workforce.com/2002/03/07/loyalty-in-the-eyes-of-the-employers-and-employees/ accessed on May 5, 2017.

Ho, L. S. (1997). A model of human nature and personal development (CPPS Working Paper Series No.57). Retrieved from Lingnan University website: http://commons.ln.edu.hk/cppswp/32. on June 11, 2017.

Spencer James Group. (2016). Company Loyalty: A key to employee retention. Available online at http://www.spencerjamesgroup.com/company-loyalty-key-employee-retention/ accessed on May 5,2017.

Shawn M. Carraher, (2011) "Turnover prediction using attitudes towards benefits, pay, and pay satisfaction among employees and entrepreneurs in Estonia, Latvia, and Lithuania", *Baltic Journal of Management*, Vol. 6 Issue: 1, pp.25-52, doi: 10.1108/17465261111100905

Ahmed M. A. (2012). "The Role of Self-esteem and Optimism in Job Satisfaction among Teachers of Private Universities in Bangladesh" *Asian Business Review*, Volume 1, Issue 1. pp. 114-120. September 2012.

Saul McLeod. (2016). Maslow's Hierarchy of Needs. Available online at https://www.simplypsychology.org/maslow.html, retrieved on June 11, 2017.

Laschinger, H.K.S., Wong, C.A. and Grau, A.L., (2012). The influence of authentic leadership on newly graduated nurses' experiences of workplace bullying, burnout and retention outcomes: A cross-sectional study. *International journal of nursing studies*, *49*(10), pp.1266-1276

Huston, C.J. and Marquis, B.L., (1989). *Retention and productivity strategies for nurse managers*. Lippincott Williams & Wilkins.

Barriball, K.L.,(2007). Impact of job satisfaction components on intent to leave and turnover for hospital-based nurses: a review of the research literature. *International journal of nursing studies*, *44*(2), pp.297-314.

McVicar, A., (2003). Workplace stress in nursing: a literature review. *Journal of advanced nursing*, *44*(6), pp.633-642.

Cameron, A. and Masterson, A., (2003). Reconfiguring the clinical workforce. *The future health workforce*, pp.68-86.

Davies, C., (1995). *Gender and the professional predicament in nursing*. McGraw-Hill Education (UK).

Nolan, M. and Dellasega, C.,(1999). 'It's not the same as him being at home': creating caring partnerships following nursing home placement. *Journal of Clinical Nursing*, *8*(6), pp.723-730.

Robson, P.J. and Bennett, R.J., 2000. SME growth: The relationship with business advice and external collaboration. *Small business economics*, *15*(3), pp.193-208.

Donner, G.J. and Wheeler, M., (2001). Career planning and development for nurses: the time has come. *International Nursing Review*, *48*(2), pp.79-85.

Jenaro, C., Flores, N., Orgaz, M.B. and Cruz, M., (2011). Vigour and dedication in nursing professionals: towards a better understanding of work engagement. *Journal of advanced nursing*, *67*(4), pp.865-875.

Engeda, E.H., Birhanu, A.M. and Alene, K.A., (2014). Intent to stay in the nursing profession and associated factors among nurses working in Amhara Regional State Referral Hospitals, Ethiopia. *BMC nursing*, *13*(1), p.24.

Marcos K, S. and Sridevi, M.S., (2010). Employee engagement: The key to improving performance. *International journal of business and management*, *5*(12), p.89.

Ojakaa, D., Olango, S. and Jarvis, J.,(2014). Factors affecting motivation and retention of primary health care workers in three disparate regions in Kenya. *Human resources for health*, *12*(1), p.33.

Khamisa, N., Oldenburg, B., Peltzer, K. and Ilic, D., (2015). Work related stress, burnout, job satisfaction and general health of nurses. *International journal of environmental research and public health*, *12*(1), pp.652-666.

Barrett, L. and Yates, P., (2002). Oncology/haematology nurses: a study of job satisfaction, burnout, and intention to leave the specialty. *Australian Health Review*, *25*(3), pp.109-121.

Jourdain, G. and Chênevert, D., (2010). Job demands–resources, burnout and intention to leave the nursing profession: A questionnaire survey. *International journal of nursing studies*, *47*(6), pp.709-722.

Minnaar A., Selebi C. (2007), Job satisfaction among nurses in a public Gauteng 'it's all about salaries", *curations,*

Lambrou p. Papastavrou E., Middleton N. (2004), Nurse's perception of their professional practice environment in relation to job satisfaction: a review of quantitative study, Health Science Journal, vol. 8 pp. 298-317.

Chipunza C. Samuel M.O. (2009). Employee retention and nurse turnover: Using motivational variables as panacea, *African Journal of Business Management*, vol.8 pp.298-317.

INFORMED CONSENT FORM TO PARTICIPATE IN A RESEARCH STUDY

(For Nurses working at Gisenyi District Hospital)

AMASEZERANO Y'UBWUMVIKANE KU KUGIRA URUHARE MUBUSHAKASHATSI HAGATI Y'UMUFOROMO UKORA KU BITARO BYA GISENYI N'UKORA UBUSHAKASHATSI.

Title of the study/umutwe w'ubushakatsi**:** *Exploring Factors of Job Retention among Nurses Working in Rwandan District Hospital*

Name of researcher/*izina ry'umushakashatsi*: Ms. INGABIRE Clementine

This consent form should be signed by nurses working at Gisenyi District Hospital before decided to participate in this study aiming at exploration the factors which affect job retention among nurses in a Rwandan District Hospital.

Aya masezerano yo kugira uruhare mubushakashatsi bwiga ku mpamvu zatuma abaforomo bakora mubitaro by'uturere bakunda akazi kabo hirindwa ko bagata bakajya gukorera ahandi agomba gushyirwaho umukono n'abaforomo bakorera ku bitaro bya Gisenyi.

It comprises two parts:

Agizwe n'ibice bibiri :

- The first part consist of detailed information about the research(in order to gain detailed information related to this research for your understanding)
- *Igice cyambere kigizwe n'amakuru agendanye n'ubushakashatsi*

- Second part is the consent form that you will sign if you accept to participate in this study.
- *Naho igice cya kabiri ni amasezerano yo urashyiraho umukono niwemera kugira uruhare muri ubu bushakashatsi,*

PART I:

Introduction/ *Iriburiro*

- You are being requested to participate in a research study of factors that affect nurses' intention to stay longer and committed to their hospitals especially those working in district hospital. The outcomes of this study will help both nurses and policy makers to form a strategies to improve healthcare quality through retaining highly talented nurses to keep working in their hospital.

- [*Urimo gusabwa kugira uruhare muri ubu bushakashatsi bwibanda mu kwiga ku impamvu zatuma abaforomo bakora mubitaro by'uturere bakunda akazi kabo hirindwa ko bagata bakajya ahandi. Ibizava muri ubu bushakashatsi bizafasha abayobozi mu gushyiraho ingamba zatuma abaforomo bakunda umwuga wabo bityo birusheho guteza imbere ubuvuzi mu Rwanda*].

- You were selected as a possible participant because you meet both the inclusion and exclusion criteria which are nurses holding from secondary school certificate up to higher university degree, and who will be working in Gisenyi District Hospital at the time by which the study will be conducted. While the Exclusion criteria is Nurse not working at Gisenyi District Hospital.
- [*watoranijwe mu bagomba kugira uruhare muri ubu bushakashatsi kubera ko wujuje ibisabwa aribyo kuba uri umuforomo kandi ukaba byibuze warize ubuforomo haba mu mashuri yisumbuye, cyangwa kaminuza. Ndetse no kuba uri gukorera mu bitaro by Gisenyi mugihe cy'ubu bushakashatsi*].

- We kindly request that you read this form and ask any questions that you may have before agreeing to be in the study.
- [*Turabasaba rero gusoma iyi nyandiko mbere yuko utwemerera kugira uruhare muri ubu bushakashatsi*]

Purpose of Study *[intego y'ubushakashatsi]*

The purpose of the study is to explore the factors which affect job retention among nurses in a Rwandan District Hospital.

[intego y'ubu bushakashatsi, ni ukwiga ku mpamvu zituma abaforomo bakorera ibitaro by'uturere mu Rwanda badata akazi kabo bakigira mubindi cyangwa se ahandi]

Description of the Study Procedures *[uburyo ubushakashatsi buzakorwamo]*

The researcher will introduce herself to potential participant, explain little bit about the research and request potential participant to take part in the study. Thereafter, the consent form will be signed by both researcher and participant.

[Umushakashatsi azabanza atange imyirondoro ye, n'ikimugenza kubantu bashobora kugira uruhare muri ubu bushakashatsi, nyuma yaho atange amakuru ajyanye n'ubu bushakashatsi, ubundi hagati y'umushakashatsi n'uzagira uruhare muri ubu bushakashatsi, basinyane aya masezerano]

If you agree to be in this study, you will be asked to do the following: you will be provided with a questionnaire onto which you will be requested to answer questions thereafter you will return the questionnaire to the researcher.

[*nimutwemerera kugira uruhare muri ubu bushakashatsi, uruhare rwanyu ruzaba urwo gusubiza ibibazo muzahabwa ku urupapuro, mwarangiza mukarudusubiza*.]

Benefits of being in the Study *[inyungu zo kugira uruhare muri ubu bushakatsi]*

There is no immediate benefits we expect you to gain from this study however your opinions will be valued a lot when shaping strategies to adopt while solving the nurses' turnover problem, and information and results from this study will help researcher to answer study objectives and questions hence provide motivation to advocate for provision quality of health care service.

[*inyungu zo kugira uruhare muri ubu bushakashatsi nuko ibitekerezo byawe uzatanga bizifashihswa mu gushyiraho ingamba zo gufasha abakora umwuga w'ubuforomo mu bitaro by'uturere kurushaho kwitabira umurimo wabo aho kuwanga bakigira ahandi.ibisubizo bizava muri ubu bushakashatsi bizafasha umushakashatsi kureba ko yageze ku ntego ye kandi bizaherwaho mu gushaka icyakongerera imbaraga abaforomo biganisha mu gutanga serivise nziza z'ubuvuzi*]

There is no bonus and wedges or financial allowances to participants in this study

[ariko, nta bihembo cyangwa ubundi bufasha buzatangwa k'umuntu uzagira uruhare muri ubu bushakashatsi]

Risks/Discomforts of being in this Study *[ingaruka/ibyago zo/byo kuba uri muri ubu bushakashatsi]*

There may be unknown risks for anyone who will participate in this research.

[nta kibazo cyangwa ingaruka ku muntu uzagira uruhare muri ubu bushakashatsi]

Confidentiality [*ibanga*]

This study is anonymous. We will not be collecting or retaining any information about your identity.

[ubu bushakashatsi buzakorerwa mu ibanga, nta myirondoro bwite w'abazagira uruhare muri ubu bushakatsi uzakenerwa]

The records of this study will be kept strictly confidential. Research records will be kept in locked and all electronic information will be coded and secured using a password protected file.

[*ibizava muri ubu bushakashatsi cyane cyane ibisubizo by'ababugizemo uruhare, bizabikwa muburyo bukomeye cyane, amakuru azabikwa muri mudasobwa afungishwe umubare w'ibanga.*]

We will not include any information in any report we may publish that would make it possible to identify you.

[*nta makuru na make akwerekeye kuburyo yagaragaza uwo uriwe azashyirwa mu gitabo tuzandika*]

Voluntary participation, Refusal or Withdrawal

[uburenganzira bwo kwemera, kwanga, cyangwa kwikura mu ubushakashatsi]

The decision to participate in this study is entirely up to you in other words your participation is voluntary. You may refuse to take part in the study *at any time* without affecting your relationship with the investigator of this study or University of Rwanda. Your decision will not result in any loss or benefits to which you are otherwise entitled.

[*kwemera cyangwa kwanga kugira uruhare muri ubu bushakashatsi ni uburenganzira busesuye bwawe ntagahato uzahsyirwaho ko kugirango utwemerere kugira uruhare muri ubu bushakashatsi, ushobora kwikura mu ubushakashatsi igihe icyaricyo cyose kandi tugusezeranya ko nta ngaruka byagira kumibanire yawe n'umushakashatsi, cyangwa Kaminuza y'u Rwanda. Icyemezo cyawe ntikizangira ingaruka ku nyungu zawe bwite usanzwe ufite yaba mu kazi cyangwa ahandi.*

You have the right not to answer any single question, as well as to withdraw completely from the study at any point during the process.

[ufite uburenganzira bwo kudasubiza ikibazo na kimwe, ndetse no kwikura mubushalashatsi isaha iyo ariyo yose.]

Data dissemination

Uburyo amakuru avuye mubushakashatsi azatangazwa

Ultimately, this research is carried to fulfil the requirements of the Master's degree in Nursing at University of Rwanda. Therefore results from this research will be submitted to UR/CMHS Nursing department and defended in the front of the panel in the form of thesis. However, this research may be published in an international peer reviewed journals and disseminated via national or international conferences, international scientific journals. The researcher can also present the results of the study to study participants when requested. Confidentiality will be kept at all levels of the study; during presentation of the results participants will not be mentioned.

[Ubu bushakashatsi buri gukorwa mu rwego rwo kurangiza icyiciro cya gatatu cya Kaminuza mu ishami ry' ubuforomo, kubwizompamvu ibizava muri ubu bushakashatsi bizamurikwakuri Kaminuza y'u

Rwanda ishami ry' ubuvuzi n'ubumenyi bw'ubuzima mu bwoko bw'igitabo cyandikwa n'abarangiza kaminuza. Bushobora ariko bushyirwa no binyamakuru mpuzamahanga by'ubushakashatsi, cyangwa bukamurikawa mu nama z'ubushakashatsi ku rwego rw'igihugu cg mpuzamahanga. Nanone umushakashatsi ashobora kubumurikira abagize uruhare muri ubu bushakashatsi. Amakuru y'ibanga azakomeza kugirwa ibanga aho ubu bushakashatsi bwose buzamurikirwa.]

Person to contact and to report concerns *[umuntu wabaza]*

You have the right to ask questions or raise concern about this research study and to have those questions answered by me before, during or after the research. If you have any further questions about the study, at any time feel free to contact me, INGABIRE Clementine, face to face or at email: i.clementine@yahoo.fr or by telephone at phone number 0788220090,0789496901. If you like, a summary of the results of the study will be sent to you.

[Ufite uburenganzira bwo kubaza ikibazo ushaka kijyanye n'ubu bushakashatsi, utasubijwe mu makuru twaguhaye, igihe icyoaricyo cyose haba mu gihe cy'ubushakashatsi cyangwa se nyuma yaho. Ushobora kunyegera tukavugana imbonankubone cyangwa se ukanyandikira kuri email: : i.clementine@yahoo.fr, cyangwa telephone 0788220090 ,0789496901. Nabwo wumva ukeneye amakuru kubyavuye muri ubu bushakashatsi tuzayaguha.]

If you have any other concerns about your rights as a research participant that have not been answered by the investigators, you may contact Chairperson of the UR/CMHS IRB at phone number 0788 490 522 and of the Deputy Chairperson phone number: 0783 340 040

[Ugize ikindi kibazo kigendanye n'uburenganzira bwawe nk'uwagize uruhare muri ubu bushakashatsi, wahamagara ukuriye inteko ishinzwe ubushakashatsi muri Kaminuza y'u Rwanda ishami ry'ubuvuzi n'ubumenyi mu by'ubuzima. Telefoni ni 0788 490 522, cyangwa umwungirije kuri telephone: 0783 340 040.]

PART II *(UMUTWE WA KABIRI):*

Consent form for participation in this study/

Amasezerano yo kugira uruhare muri ubu bushakashatsi

I am invited to participate in this study aiming at exploration the factors which affect job retention among nurses in a Rwandan District Hospital, that will be conducted at Gisenyi District Hospital.

Natumiwe kugira uruhare mubushakashatsi bwibanda ku kwiga ku impamvu zatuma abaforomo bakora mubitaro by'uturere bakunda akazi kabo hirindwa ko bagata bakajya ahanndi. Buzakorerwa ku Bitaro bya Gisenyi

I understood that after accepting to participate in this study, I will allow the researcher to give me a questionnaire, whereby I will answer questions related to her research objectives. I was told that to participate in this study will not bring any harm or consequences to me, I was told that there is no immediate personal benefits I will gain from participation in this study. I understood also that there are no financial allowances I will get for participating in this study or any other bonuses/gift. I got name of research owner, her address as well as that of UR/CMHS IRB so that I can contact him anytime for asking questions related to this study.

Namenye ko nemera kugira uruhare muri ubu bushakashatsi, nzemerera umushakashatsi kumpa urupapuro ruriho ibibazo birebana n'intego z'ubushakashatsi bwe, nkabisubiza ubundi nkamusubiza urwo rupapuro rw'ibibazo. Nabwiwe ko nta zindi nyungu nk'amafranga, cyangwa se impano nzahabwa. Nabonye aho nabariza ibibazo bijyanye n'ubu bushakashatsi yaba umushakashatsi cyangwa Kaminuza y'u Rwanda.

I have got enough time to ask different questions related to this study and I got clear answers. I accept to participate in this study voluntary, I understand that I can withdraw from participating in this study at any time without consequences and it cannot affect my relationships with both the researcher, University of Rwanda and the hospital which I work for.

Nabonye igihe gihagije cyo kubaza ibibazo, ndetse nanyuzwe n'ibisubizo nahawe, ko kugira uruhare muri ubu bushakashatsi ari uburenganzira bwanjye kwubyanga cyangwa se kubyemera, ko igihe cyose nshakiye nakwikura muri ubu bushakashatsi ntibigire ingaruka ku mibanire yanjye cyangwa inyungu bwite zanjye k'umushakashatsi, kaminuza y'u Rwanda cyangwa se ibitaro nkorera.

Signature of study participant: Umukono *w'uzagira uruhare mu ubushakashatsi*:

……

Date /*itariki*……/……/……..

Study participant has got a copy of this consent form/

uzagira uruhare mu bushakashatsi yabonye kopi y'aya masezerano

APPENDICES

RESEARCH TOOL: QUESTIONNAIRE

Dear Respondent,

My name is INGABIRE Clementine, a student from University of Rwanda, College of Medicine and Health Sciences. I am fascinated in finding out the factors affecting job retention amongst nurses working in District Hospitals. Kindly I request your assistance by giving correct information as asked in this questionnaire. The information you provide will be treated confidentially and for academic purpose only.

Thank you so much.

Nshuti ugiye gusubiza ibi bibazo,

Nitwa INGABIRE Clementine, umunyeshuri wiga muri Kaminuza y'u Rwanda, Koleji y'ubuvuzi n'ubumenyi mu by'ubuzima. Ndi gukora ubushakashatsi ngamije kumenya impamvu zatuma abaforomo bakunda akazi kabo hirindwa ko bagata bakigendera ahanndi. None rero ndabasaba mumfashe gusubiza ibibazo biri muri iri bazwa. Ndabizeza ko amakuru mutanga aragirwa ibanga kandi azakoreshwa mubijyanye n'amasomo ndetse n'ubushakashatsi honyine ntahandi azakoreshwa.

Murakoze cyane.

SECTION A: PERSONAL DETAILS

IKICIRO A: IRANGAMIMERERE Y'USUBIZA)

Tick your answer in the appropriate box *Shyira akamenyetso √ mu kazu gafite igisubizo kiri cyo*

1. Gender (*Igitsina)*
   - Male-*Gabo* ☐
   - Female *Gore* ☐
2. Age: *Imyaka*
   - Below 30 years old (*munsi ya 30)* ☐
   - 31-40 years old *(hagati ya 31 na 40)* ☐
   - 41-50 old (*hagati ya 41 na 50)* ☐
   - Above 50 years old *(hejuru ya 50)* ☐
3. Marital status *(Irangamimerere)*
   - Single (*ingargagu)* ☐
   - Married (*yarashyingiwe)* ☐
4. How long have you serviced in the nursing profession? *(umaze igihe kingana iki mu mwuga w'ubuforomo?)*
   - 1-3 1 years *(Imyaka 1-3*) ☐
   - 4-6 years *(Imyaka 4-6)* ☐
   - Over 6 years *(hejuru y'imyaka 6)* ☐
5. What is your educational levels? *Ikiciro cy'amashuri wize?*
   - Secondary school certificate (A2) - *amashuri yisumbuye* ☐
   - University Diploma (A1) – *ikiciro cya mbere cya kaminuza* ☐
   - Bachelor's degree – *ikiciro cya kabiri cya kaminuza* ☐
   - Master's degree — *ikiciro cya gatatu cya kaminuza* ☐
   - Doctorate ----- Dogitora ☐

Please circle the number that best reflects your opinion about the statement using 5 Likert scale which that [(1) = strongly disagree, (2) = disagree, (3) = neutral, (4)= agree and (5) = strongly agree]—*ca akaziga kumubare ufite ikifuzo gihuje nuko ubibona. (1) ivuga ngo: ntabwo mbyemera nagato SD, (2) ntabwo mbyemera D, (3) ndifashe N, (4) ndabyemera A, (5) ndabyemera cyane SA.*

	SECTION B: NURSE'S INTENTIONS TO STAY/ *IKICIRO B: UGUSHAKA KUGUMA KU MIRIMO YABO KW'ABAFOROMO*					
	Statement *interuro*	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
6.	I am prepared to put in a great deal of effort beyond what is normally expected in order to help this hospital to be successful. *Niteguye gutanga ibishoboka byose ngo ibi bitaro bitere imbere.*	1	2	3	4	5
7.	I plan to make this hospital my own career. *Ndiguteganya gukorera umwuga wanjye kuri ibi bitaro*	1	2	3	4	5
8.	I feel a lot of loyalty to this hospital. *Numva nashyigikira bikomeye ibi bitaro*	1	2	3	4	5
9.	This is the best hospital for me to work for. *Ibi bitaro nibyo byiza nkwiriye gukorera*	1	2	3	4	5
10	I would recommend this hospital to a friend if he/she is looking for a job *Narangira incuti iri gushaka akazigukorera hano*	1	2	3	4	5
11	Although I have a job, but I am still looking for a better job *Nubwo mfite akazi, ndacyashakisha akandi keza karuseho*	1	2	3	4	5
	SECTION C: FACTORS AFFECTING NURSES' INTENTIONS TO STAY					
	Organization commitment					
12	I am willing to work harder than I have to in order to help this organization succeed. *Nifuza gukora cyane kugirango mfashe ibi bitaro gutera imbere*	1	2	3	4	5
13	I find that my values and the organization s are very similar. *Njye mona indangagaciro zanjye ntaho zitaniye n'izibitabo*	1	2	3	4	5

14	I am proud to be working for this hospital. *Nterwa ishema no gukorera ibi bitaro*	1	2	3	4	5
15	I would turn down another job for more pay in order to stay with this organization. *nahitamo kureka akandi kazi gahemba neza nkigumira gukora hano*	1	2	3	4	5
	Emotional Exhaustion: umunaniro mububryo bw'imbamutima					
16	I feel emotionally drained from my work. Numva muburyo mbamutima naniwe bitewe n'akazi	1	2	3	4	5
17	I feel fatigued when I get up in the morning and have to face another day on the job. *Njya numva naniwe iyo mbyutse mugitondo cyane iyo nibutse ko ngomba kujya kukazi*	1	2	3	4	5
18	Working with people all day is really astrain for me. *Gukorana n'abantu umunsi wose mubyukuri birandemerera*	1	2	3	4	5
	Training and professional development					
19	I can use knowledge and behaviors learned in training at work	1	2	3	4	5
20	The organization I work for helps me develop the skills I need for the successful accomplishment of my duties (e.g., training, conferences, etc.)	1	2	3	4	5
21	The hospital I work for, invests in my development and education promoting my personal and professional growth in a broad manner	1	2	3	4	5
22	In the organization where I work training needs are identified periodically	1	2	3	4	5
	Rewards and Compensations: ibihemo n'amashimwe					
23	In the organization where I work, I get incentives such as promotions, commissioned functions, awards, bonuses, etc. *mu bitaro nkoramo batanga agashimwe mu buryo bwo kuzamurwa mu ntera, amakomisiyo, Ibihembo m'ibindi*	1	2	3	4	5
24	In the organization where I work, my salary is influenced by my results. *Uburyo nkora bugira uruhare mu mushahara wanjye*	1	2	3	4	5

25	The organization I work for offers me a salary that is compatible with my skills, training, and education. *Umushara wanjye ukwiranye n'amashuri nize ndetse n'ubumenyi mfite*	1	2	3	4	5
26	The organization I work for remunerates me according to the remuneration offered at either the public or private market place levels. *Ibitaro nkorera bimpemba bigendeye ku mishahara yo mu bigo byigenga cyangwa ibya Leta.*	1	2	3	4	5
27	The organization I work for considers the expectations and suggestions of its employees when designing a system of employee rewards. *Kubijyanye no kugena uko amashimwe atangwa, ibi bitaro byita cyane kubyifuzo by'abakozi*	1	2	3	4	5
	Working environment					
28	The organization I work for provides basic benefits (e.g., health care, transportation assistance, food aid, etc.). *ibi bitaro biha abakozi babo ibyibanze nk'ibiribwa, gutwara abakozi n'ibindi.*	1	2	3	4	5
29	The organization I work for has programs or processes that help employees cope with incidents and prevent workplace accidents. *Ibi bitaro bifite porogaramu zifasha abakozi mu gihe cy'impanuka*	1	2	3	4	5
30	The organization I work for is concerned with the safety of their employees by having access control of people who enter the company building/facilities. *Ibi bitaro bishishikajwe cyane n'ubwirinzi ndetse n'umutekano w'abakozi ndetse nundi muntu wese uje abigana*	1	2	3	4	5
31	The hospital I work for provides additional benefits (e.g., membership in gyms, and other establishments, etc.). *ibitaro nkorera bitanga izindi nyungu nko kwishyurira abakozi siporo muri gym, cyangwa ibindi*	1	2	3	4	5
32	The facilities and physical condition (lighting, ventilation, noise and temperature) of the organization I work for are ergonomic, comfortable, and appropriate. *Urumuri, ubushyuhe, ndetse n'amahumbezi by' aho nkorera bintera kugubwa neza*	1	2	3	4	5
	Motivation					
33	I have Job security *Ntabwoba bwo kubura akazi mfite*.	1	2	3	4	5
34.	Respectable Nature of this job, motivates me *Kuba uyu mwuga wubashywe binyongerera imbaraga*	1	2	3	4	5

35.	I am doing Challenging / interesting work *Nkora akazi gakomeye kandi kifuzwa*	1	2	3	4	5
36.	There are Suitable insurance / Medical facilities *Hari ibyibanze nk' ubwishingizi bw'indwara*	1	2	3	4	5
	SECTION D: OPTIONS TO INCREASE NURSES' RETENTION RATE/ *IKICIRO D: IBITEKEREZO KU BYAKORWA KUGIRANGO ABAFOROMO BAREKE KUVA MU*					
37	Improving physical conditions *Kongera ibikorwaremezo by'aho dukorera*	1	2	3	4	5
38	Improving human resource management and team *Gushyira imbaraga mu miyoborere*	1	2	3	4	5
39	Improving transparency *Kurushaho gukorera mu mucyo*	1	2	3	4	5
40	Offering opportunity for professional advancement *Gutanga amahirwe yo gutera imbere mu mwuga*	1	2	3	4	5
41	Provision of support through peer, such as nursing mentorship program *gutanga ubufasha biciye muri bagenzi bacu*	1	2	3	4	5
42	Improving living conditions *Kuvugurura imibereho yacu*	1	2	3	4	5

Feedback: please utilize the space below to give us some recommendations and feedback about these question as well as your views.

Koresha utubwira uko ubibona uduhe n'ibitekerezo kucya korwa twaba tutavuze muri ibi bibazo

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Thanks a lot for your collaboration

Tubashimiye ubufatenye mutugaragarije, Murakoze cyane.

Archiver Déplacer Supprimer Spam Plus

Fwd: request of research questionaire (2)

Personnes

From: **EMMANUEL UGWA** <zoputaclinic74@gmail.com>
Date: Fri, December 2, 2016 at 11:00 AM
Subject: Re: request of research questionaire
To: Clementine Ingabire <iclementine15@gmail.com>

Permission granted!
On December 2, 2016 at 6:38 AM, "Clementine Ingabire" <iclementine15@gmail.com> wrote:

> Good morning
> My name is Clementine INGABIRE , I'm a Masters student in University of Rwanda,college of Medecine and Health Sciences, Education Leadership and Management in Nursing. I'm doing my research dissertation on topic " Exploring Factors of Job retention among Nurses" So, I request you to give me the permission to adapt your questionnaire of nurses satisfaction survey to my research dissertation.
> Thank you.
> I'm waiting your response.

Répondre Répondre à tous Transférer Plus

UNIVERSITY OF RWANDA

COLLEGE OF MEDICINE AND HEALTH SCIENCES

CMHS INSTITUTIONAL REVIEW BOARD (IRB)

Kigali, 09/01/2017
Ref: CMHS/IRB/021/2017

INGABIRE Clementine
School of Nursing and Midwifery, CMHS, UR

Dear INGABIRE Clementine,

RE: ETHICAL CLEARANCE

Reference is made to your application for ethical clearance of the revised protocol of the study entitled ***"Exploring Factors Of Job Retention Among Nurses Working In Rwandan District Hospital".***

Having reviewed your protocol and found it satisfying the ethical requirements, your study is hereby granted ethical clearance. The ethical clearance is valid for one year starting from the date it is issued and shall be renewed on request. You will be required to submit the progress report and any major changes made in the proposal during the implementation stage. In addition, at the end, the IRB shall need to be given the final report of your study.

We wish you success in this important study.

Professor Kato J. NJUNWA
Chairperson Institutional Review Board,
College of Medicine and Health Sciences, UR

IRB Vice-Cha

Cc:
- Principal College of Medicine and Health Sciences, UR
- University Director of Research and Postgraduate studies, UR

UNIVERSITY OF RWANDA

COLLEGE OF MEDICINE AND HEALTH SCIENCES

SCHOOL OF NURSING AND MIDWIFERY

Kigali, on 30 / 01 /2017

Ref. No: 20./ UR-CMHS/SoNM/17

TO WHOM IT MAY CONCERN

Dear Sir/Madam,

Re: Request to collect data

Referring to the above subject, I am requesting for permission for **Clementine** INGABIRE, a final year student in the Masters of Science in Nursing at the University of Rwanda/College of Medicine and Health Science to collect data for her research dissertation entitled *"Exploring Factors of Job Retention Among Nurses Working in Rwandan District Hospital."*

This exercise that is going to take a period of 2 months starting from 13th February 2017 to 12th April 2017 will be done at Gisenyi District Hospital.

We are looking forward for your usual cooperation.

Sincerely,

Dr. Donatilla MUKAMANA, RN, PhD

Dean, School of Nursing and Midwifery

College of Medicine and Health Sciences

Certificate of Completion

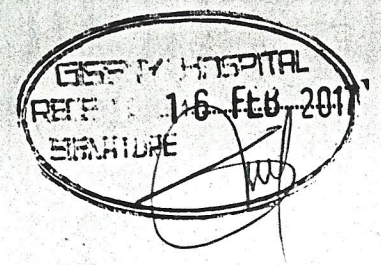
The National Institutes of Health (NIH) Office of Extramural Research certifies that **clementine ingabire** successfully completed the NIH Web-based training course "Protecting Human Research Participants".

Date of completion: 10/25/2016.

Certification Number: 2208637.

ABIRE Clementine
VERSITY OF RWANDA/CMHS
OOL OF NURSING AND MIDWIFERY
il: iclementine15@gmail.com
+250 788220090

: 16th February 2017



The Director of Gisenyi District Hospital

Requesting the permission to conduct research at Gisenyi District Hospital.

ected Sir,

with much pleasure that I submit this letter to request the permission to conduct a research specifically data ction at Gisenyi District Hospital.

ct Sir, I am a registered nurse with Bachelors' degree in nursing sciences and currently, I am doing Master of nce in Nursing Education, Leadership, and Management at the University of Rwanda.So, to fill the degree irement, I have to write a research dissertation. It is for that purpose that I am conducting the research entitled *'Exploring Factors of Job Retention among Nurses Working in Rwandan District Hospital'*. Which I ld like to conduct at Gisenyi District Hospital if my request meets your consideration.

primary drive of the study is to explore the factors which affect job retention among nurses in a Rwandan rict Hospital. What will be done if permission is granted is data collection, whereby it will concern nurses king at Gisenyi District Hospital. Data collection will involve the distribution of questionnaires which will be rned back upon completion. The participation will be voluntary upon signing the consent form whereas data cted and any sensitive information will confidentially be handled. The Study findings will be very important he researcher, to the nurses, and to the health institutions to improve the quality of healthcare delivery and n request will be shared with the hospital management. The Attached to this letter, are the questionnaire, cal clearance and letter of request to collect data from UR-CMHS.

nk you for considering my request, I look forward to hearing you soon.

rs faithfully,

ABIRE Clementine.

ABIRE Clementine
VERSITY OF RWANDA/CMHS
IOOL OF NURSING AND MIDWIFERY
ail: iclementine15@gmail.com
+250 788220090

Allowed under supervision of chef de staff & Nursing.
17/02/17.

: 16th February 2017

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faithfully,

BIRE Clementine.

REPUBLIC OF RWANDA

Rubavu 17/02/2017.
N°068/HOPGISENYI /017

WESTERN PROVINCE
RUBAVU DISTRICT
GISENYI HOSPITAL

TO: CLEMENTINE NGABIRE , ELM STUDENT/UR-CMHS

RE: RESEARCH AUTHORIZATION

Dear Clementine,

We acknowledge the receipt of your letter dated 16th February 2017, requesting the permission to carry out a research "*Exploring Factors of Job Retention among Nurses Working in Rwandan District Hospital*" at Gisenyi District Hospital.

We are pleased to inform you that your request was granted, and now you are allowed to carry out your research. Please note that you will be under the supervision of clinical director and director of Nursing. Therefore you are requested to present yourself to the said supervisor before embarking on the study to facilitate your access to the site.

Wishing you all the best.

Major Dr. KANYANKORE William
Gisenyi District Hospital Director