THE IMPORTANCE OF EMPLOYEE TRAINING AND RETENTION STRATEGIES OF HEALTHCARE PROFESSIONALS FOR EFFECTIVE SERVICE DELIVERY: A CASE STUDY OF MANAMA MISSION HOSPITAL IN ZIMBABWE

by

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ABSTRACT

The overall aim of the study was to investigate the importance of employee training and retention strategies of Health Care Professionals for effective service delivery at Manama Mission Hospital in Zimbabwe. The main problem was the increased rate of Health Care Professionals migration in Zimbabwe due to economic and social issues. This has led to poor service delivery in Health Care Institutions. Against this background, the literature suggests that organisations should offer relevant employee training, as well as retention strategies to ensure that employees remain in the organisation for a longer period, thus improving service delivery. The study was conducted at Manama Mission Hospital in Zimbabwe. This hospital is run by the Evangelical Lutheran Church in Zimbabwe (ELCZ), with the assistance of the Ministry of Health and Child Care. The study adopted a quantitative research design and pre-coded structured closed-ended questionnaires were administered to the target population. The target population for the study was 110 healthcare professionals at Manama Mission Hospital and a survey method was employed. A significant response rate of 89% was obtained using the personal method of data collection. The responses to the questionnaire were captured and analysed using the Statistical Package for Social Sciences (SPSS) version 24.0 for Windows. Several hypotheses were formulated and tested using Pearson's chi-square; Spearman's rank order co-efficient; Pearson's Product-moment Correlation Co-efficient; and Fisher's exact test. The main findings revealed that employee training did contribute to the effectiveness of service delivery at Manama Mission Hospital. The findings also revealed that retention strategies contribute to an improved service delivery at Manama Mission Hospital. The recommendations suggest that the management of Manama Mission Hospital should support the implementation of training programs, offer rewards for good performance, provide adequate resources and offer feedback for the training provided. The TURNITIN program was used to test the entire thesis for plagiarism. The study concludes with suggestions for further research in this field.

DECLARATION

I, Blessing Kanyumba, hereby declare that this dissertation, submitted for the Degree of Masters in Management Sciences specialising in Human Resources Management in the Faculty of Management Sciences at the Durban University of Technology, is my own original work and has not previously been submitted at any institution of higher education. All the sources have been acknowledged, accurately cited and referred to in the bibliography list.

Signed…………………………. Date………………………………

Blessing Kanyumba

ACKNOWLEDGEMENTS

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CHAPTER 1

OVERVIEW OF THE STUDY

1.1   INTRODUCTION

Manama Mission Hospital is situated in Matabeleland South Province in Zimbabwe. The hospital operates under the Evangelical Lutheran Church of Zimbabwe (ELCZ) with the assistance of the Government of Zimbabwe. The ELCZ (2010:1) highlights that Manama Mission Hospital is manned by resident medical doctors, qualified nurses, nurse aides, pharmacy staff, general hands and administrative staff. According to the ELCZ (2010:5), the Zimbabwean government offers grants to the hospital, pays some of the workers, assists in the importation of numerous hospital requirements and provides security for the operation of the hospital.

According to Maredza (2009:1), the health sector in Zimbabwe is facing the challenge of the migration of skilled and professional healthcare workers. Botes (2013:1) states that doctors, radiographers, pharmacists, nurses and midwives are leaving Zimbabwe for neighbouring and overseas countries in search for better living and working conditions. Kingma (2010:15) notes that eighty percent of the health professionals trained in Zimbabwe left the country, leaving only twenty percent, which has been affecting service delivery in hospitals. This study investigates the importance of employee training and retention strategies of Health Care Professionals for effective service delivery.

1.2   THE PROBLEM STATEMENT

According to Chiboiwa, Samuel and Chipunza (2010:3), most organizations are facing a challenge in the formulation of effective employee retention strategies. Sushil (2013:767) argues that effective retention strategies assist in improving the effectiveness of service delivery in the health sector. Parlitza (2013:2) highlights that

Zimbabwe's health sector has a shortage of key healthcare professionals that can provide effective service delivery due to socio-economic challenges. Loewenson, Shamu, Masotya and Mhlanga (2011:3) postulate that over the past decade, skilled health professionals have been emigrating from Zimbabwe in search for better living and working conditions. This led to the creation of a skills gap as less experienced healthcare professionals had to take on higher positions in the hospitals. Crush and Tevera (2010:141) concur that the migration of skilled employees leads to the importance of the formulation of retention strategies in order to ensure that employees remain for longer periods with the organization.

According to Parlitza (2013:1), eight women and 100 children die every day from pregnancy and delivery-related complications in Zimbabwean hospitals. This situation highlights the need for employee training and retention strategies. Parlitza (2013:1) states that most people die of easily preventable causes and illnesses. Zinyemba (2014:29) affirms that employee training and retention strategies would contribute to employee job satisfaction and skills development which would ensure that service delivery is improved. Hence, the study on employee training and retention strategies of Health Care Professionals (HCPs) for effective service delivery is of paramount importance to Manama Mission Hospital in Zimbabwe. Moyo (2014:1) states that Manama Mission Hospital has only two qualified doctors. Most are junior doctors who have inadequate skills to perform their duties effectively. Most consequently patients are referred to other hospitals for certain procedures that could have been perfomed by a qualified doctor. This shows the importance of training healthcare professionals to enhance service delivery at Manama Mission Hospital. In addition, well trained Health Care Professionals HCPs) would be retained so that they remain working for the hospital for a longer period, contributing to an improvement in service delivery at Manama Mission Hospital in Zimbabwe.

1.3   DEFINITION OF KEY TERMS

1.3.1 EMPLOYEE TRAINING

Alpour, Salehi and Shahnavaz (2009:63) define employee training as an organized activity aimed at imparting employees with the necessary knowledge, skills and abilities so that they perform their duties effectively and efficiently.

1.3.2 RETENTION STRATEGIES

According to James and Matthew (2012:80), retention strategies are measures taken by employers to ensure that employees to remain employed by the organization for a longer period of time.

1.3.3 HEALTHCARE PROFESSIONAL

Nkosi (2014:9) defines a healthcare professional as any individual who works in the health sector, providing preventive, curative and promotional healthcare services to people.

1.4   AIM OF THE STUDY

The aim of the study is to investigate the importance of employee training and retention strategies of Health Care Professionals for effective service delivery at Manama Mission Hospital in Zimbabwe.

1.5   OBJECTIVES OF THE STUDY

The objectives of the study are:

- To determine the importance of retention strategies at Manama Hospital;
- To determine the effectiveness of employee training at Manama Hospital;
- To examine whether service delivery is improved if retention strategies are correctly implemented at Manama Mission Hospital;
- To assess the impact of training provided to Health Care Professionals in the improvement of service delivery at Manama Mission Hospital;
- To explore the importance of employee training of Health Care Professionals in the improvement of service delivery at Manama Mission Hospital;
- To identify the importance of retention strategies for Health Care Professionals for effective service delivery at Manama Mission Hospital;
- To identify the training methods that may be used to improve service delivery by Health Care Professionals at Manama Mission Hospital; and
- To identify the reasons for lack of employee training and retention strategies at Manama Mission hospital

1.6   RESEARCH QUESTIONS

The research questions for this study are:

- What is the importance of retention strategies at Manama Mission Hospital?
- What are the benefits of implementing retention strategies for Health Care Professionals at Manama Mission Hospital?
- Does service delivery improve if retention strategies are correctly implemented at Manama Mission Hospital?
- What is the impact of training provided to Health Care Professionals in the improvement of service delivery at Manama Mission Hospital?

- What are the factors that contribute to the improvement of service delivery at Manama Mission Hospital?

- What is the importance of skills training of Health Care Professionals for effective service delivery at Manama Mission Hospital?

- Which training methods may be used to improve service delivery by Health Care Professionals at Manama Mission Hospital?

- What are the reasons for the lack of employee training and retention strategies at Manama Mission hospital?

1.7   SCOPE OF THE STUDY

This study will be conducted at Manama Mission Hospital in Zimbabwe. This hospital is situated in the remote areas of Matabeleland South Province of Zimbabwe. This hospital is run by the Evangelical Lutheran Church in Zimbabwe with the assistance of the Health and Child Care Ministry. This is an in-house study, hence, it will not include other hospitals in Zimbabwe.

1.8   LITERATURE REVIEW

1.8.1 AN OVERVIEW OF EMPLOYEE TRAINING

According to Khair (2013:61), companies spend millions of dollars on the training of their employees. This highlights the importance of training in every organization. Anis, Rehman, Nasir and Safwan (2011:2680) argue that in this era where technology is changing at a faster pace, training remains a prerequisite for companies and health institutions to remain competitive. Ganesh (2012:3) posits that training programs should be linked to the work situation because any training which is not related to the work situation is only a waste of training effort and training is also not taken seriously by the participants. Diab and Ajlouni (2015:118) highlight that there are five key categories for training, namely, knowledge, skill, techniques, attitudes and experience.

These areas can be accomplished through good training programmes which are goal related to these areas.

1.8.2 IMPACT OF RETENTION STRATEGIES ON SERVICE DELIVERY

Shanghvi (2012:3) highlights that organizations must implement retention strategies to encourage employees to stay within the organization for a longer time. Sinha and Sinha (2012:145) attest that the more time an employee stays in an organization, the more experienced the employee becomes and is more valuable to the organization. James and Mathew (2012:79) state that employee turnover is a major challenge faced by organizations globally, particularly health institutions. In addition, Balakrishnan and Vijayalakshmi (2014:70) highlight retention strategies that might assist hospitals to retain the most productive and talented healthcare professionals. According to Goma, Murphy, Mackenzie, Libetwa, Nzala, Muleya, Rigby and Gough (2014:5), retention strategies for HCPs include financial incentives, career opportunities, conducive working conditions and a market-related salary. These retention strategies improve employee morale and services will be delivered effectively. In addition, Veloso, Silva, Dutra, Fischer and Trevisan (2014:52) state that in a study conducted in two of Brazil's top electrical and pharmaceutical companies, retention strategies which include offering of incentives; norms and values; enforcing coercion; recruitment of new professionals and knowledge management techniques were used. In their study, a retention strategy based on offering incentives was considered effective, followed by the strategy based on norms and values. Moreover, Chang and Huang (2010:636) highlight that effectively implemented retention strategies assist in the improvement of service delivery.

1.8.3 THE BENEFITS OF EMPLOYEE TRAINING

According to Kuamar (2014:286), the effectiveness of a hospital depends on the competence of its HCPs. Niazi (2011:43) highlights that in order for Health Care

Professionals to be competent, they need to be equipped with the right kind of skills, knowledge and abilities acquired through training. Kuamar (2014:294) argues that the benefits of training are intangible and both the hospital and HCPs benefit for a long time. The benefit of training is that HCPs would better understand their jobs, thus reducing accidents and errors. Wankhede and Rajashree (2014:6) argue that training enhances employee skills. Therefore, it helps to reduce the costs incurred through errors. Sahindis and Bouris (2008:65) affirm that employee training is of paramount importance to a hospital because HCPs will be viewed as an asset for the future. Hence, employee training will act as a retention strategy as well because a well-trained employee is motivated to stay much longer in the organization. Additionally, Aguinis and Kraiger (2009:460) highlight that for a hospital to be effective, investment in training is of paramount importance to ensure that healthcare professionals have the right skills and knowledge to perform their duties effectively for the improvement of service delivery.

According to Adani (2012:1), the TJinsite conducted a survey on training methods amongst employees of different companies. The results of their study showed that on- the-job training methods were considered to be effective for hospitals. Wankede and Rajashree (2014:5) state that on- the- job training occurs when an employee acquires skills in the actual working site under the supervision and guidance of a qualified instructor. This type of employee training would assist HCPs to learn while on the job and improving their skills. Moreover, the performance of HCPs would improve, leading to an improved service delivery.

1.8.4 PREVIOUS STUDIES ON SERVICE DELIVERY

According to Lotz (2009:28), service delivery is the provision of public activities, benefits or satisfaction for clients in an organization. It relates to the manner in which clients' needs are met. Goma, Murphy, MacKenzie, Libetwa, Nzala, Muleya, Rigby and Gough (2014:5) argue that no Health Care Institution can deliver services effectively without qualified and competent Health Care Professionals. Osika, Altman,

Ekbladh, Katz, Nguyen, Roosenfield, William and Tapera (2010:4) attest that for the Zimbabwean health sector to improve the effectiveness of service delivery, hospitals must train junior healthcare professionals who are in acting positions for senior HCPs. Chenga (2013:1) further highlights that for service delivery to continue improving, measures to attract former health professionals who emigrated from Zimbabwe needs to be taken into consideration. In a study conducted by Chiremba (2013:3), results revealed that the migration of nurses has led to a reduction in the quality of service delivery offered to patients. This has led to incorrect diagnoses and prescription of treatment as the service is carried out hurriedly due to the lack of qualified HCPs. This affects the delivery of healthcare offered to patients. Furthermore, the decrease in consultation may lead to incorrect diagnosis, which may risk the lives of patients. A study by Maredza (2009:2) affirms that in Zimbabwe, nurses form the strength of the country's health delivery system and run most of the health institutions located in economically disadvantaged areas. This highlights the importance of training and retaining healthcare professionals for the improvement of service delivery in Zimbabwe.

1.8.5 IMPACT OF TRAINING ON SERVICE DELIVERY

Khan, Khan and Khan (2011:64) propose that it is very important for hospitals to provide training to employees in order to improve service delivery. Itika (2011:209) warns that when providing training, delivery styles are crucial to ensure that training is delivered efficiently and effectively in order to achieve the expected results. Kerina, Babil and Muller (2013:6) state that the Zimbabwean government has been providing training to 8 000 Health Care workers to fight HIV/AIDS. Furthermore, Robertson (2014:6) states that the government of Zimbabwe has been initiating training for the Infection and Control Programme for all the health workers in the rural areas in an attempt to improve service delivery. According to Olaniyan and Ojo (2008:328), for hospitals to improve their service delivery, training methods need to be taken into consideration. The training methods that can improve service delivery include on-the-job and off-the-job training methods. Adani (2012:1) affirms that the on-the job training method comprises job rotation, coaching, apprenticeship, internship, and mentoring

and job instruction techniques. Anike and Ekwe (2014:62) further highlight that off-the-job training methods comprise classroom lectures, vestibule training, case studies, role playing, audio-visual and sensitivity training. The on-the-job training method is considered the most effective for the skills development of Health Care Professionals for effective service delivery. Wankhede and Rajashree (2014:5) concur that training improves the determination, quality of work and creativity of employees, which assists employees to be more dedicated to accomplishing the objectives and goals of the organization and improving service delivery.

1.8.6 EMPLOYEE RETENTION STRATEGIES

James and Matthew (2012:79) argue that employees leave the organization for various reasons. Effective retention strategies minimize the rate of labour turnover. Balakrishman and Vijayalakshmi (2014:77) highlight that organizations should implement effective retention strategies that will encourage employees to stay with the organization for a long time. According to Fatima (2011:29), there are four types of retention strategies that organizations can implement to encourage employees to stay longer. These strategies include offering rewards, career development opportunities; supervisor support; and a conducive working environment. Moreover, Sinha and Sinha (2012:150) attest that organizations must effectively implement employee retention strategies inorder to improve service delivery.

According to Soundarapandiyan and Ganesh (2015:1), the great demand for skilled employees in organizations has led to huge turnover rate, which directly and indirectly affects the employer and eventually the productivity and profitability of the company. James and Mathew (2012:82) define employee retention as a voluntary process by any organization to promote employment conditions which motivates people to remain with the organization for a long period of time. Bussin and Smit (2013:38) note that organizations can use a myriad of strategies to retain their employees, including compensation; work-life balance; opportunities for training and development; and career advancement opportunities.

- **COMPENSATION**

Wilton (2013:148) postulates that employees must be given monetary rewards that are reasonable. For instance, where pay is the reason for discontent, it would be likely to be in respect of internal comparison with other employees in the organization or external comparison with wider labour market equity. Therefore, Wilton (2013:148) argues that in order to retain talented staff, organizations must ensure that they are paying them at a suitable market level.

- **OPPORTUNITIES FOR TRAINING AND DEVELOPMENT**

Kraimer, Seibert, Wayner, Liden and Bravo (2011:490) note that opportunities for training and development in an organization aim to offer opportunities for skills advancement. This gives employees a sense of self-confidence and increases their affective commitment. A study by João (2010:112) has shown that training and development are important aspects for retaining employees who are professionally qualified.

- **CAREER OPPORTUNITIES**

Research by Morrow (2011:20) has revealed that career growth is of paramount importance in increasing employee commitment to organizations and for minimizing their intentions to leave the company. According to Kraimer, Seibert, Wayner, Liden and Bravo (2011:490), perceived career opportunities predict employee job performance and turnover in an organization. Kraimer, *et al.* (2011:491) further highlight that when employees recognize that there are more career opportunities in their organizations, it could lead to better job performance and reduce their intentions to leave.

- **WORK-LIFE BALANCE**

Machuca, Mirabert and Alegne (2016:3) describe work-life balance as the capability of employees to meet their work and family commitments as well as other non-work responsibilities. This ensures that there is an equal balance between the work and the personal life.

1.8.7 EMPLOYEE RETENTION STRATEGIES TAXANOMIES

Ortilieb and Sieben (2012:1688) developed a taxonomy of five organizational employee retention strategies that are suitable for securing the inflow and stock of professional skills and knowledge. These retention strategies include the following:

- **RETENTION THROUGH INCENTIVES**

For Health Care Professionals, retention may be based on economic motivations and effected through incentives such as career prospects and retirement funds (Ortlieb and Sieben, 2012:1693).

- **RETENTION THROUGH INTIMIDATION**

This retention strategy is aimed at ensuring that individuals stay in an organization for a longer period. According to Trevisan, Veloso, da Silva, Dutra and Fischer (2014:52), this strategy involves sanctions and employment contract regulations such as penalties in the case of early job leaving, restraints on competition after quitting and secrecy obligations.

- **RETENTION THROUGH NORMS AND VALUES**

Ortilieb and Sieben (2012:1693) highlight that retention through norms and values can be implemented through intensive communication and feedback, through seminars that encourage identification with the organization's aims, and social events that reinforce organizational culture.

1.8.8 FACTORS AFFECTING THE DELIVERY OF EFFECTIVE HEALTHCARE

Restricted resources and poor governance are major factors affecting the delivery of effective healthcare in most countries. In a study conducted by Arifeen, Christou, Reichenbach, Osman, Azad, Islam, Ahmed, Perry and Peters (2013:2012) in Bangladesh, poor service delivery in the healthcare sector was due to restricted resources of which HCPs were unable to perform their duties effectively and efficiently, especially in public hospitals. According to Akacho (2014:14), many countries in sub-Saharan Africa are unable to provide well-equipped wards and deliver an adequate quality of healthcare services due to economic factors and scarce resources.

Employees' capacity is another factor affecting the delivery of effective healthcare. Wanjau, Muiruri and Ayodo (2012:117) postulate that highly skilled HCPs are critical to producing high-quality service delivery, hence hospital growth and satisfied clients. Wanjau, *et al* (2012:117) further highlight that there is need for cautious hiring of qualified staff, who in turn would work effectively to up the standards of service delivery.

Patil and Patil (2014:269) argue that the availability of the latest technology in the hospital can be a factor influencing the effective delivery of services. Geisler (2008:13) further notes that the availability of the latest technology can help reduce errors in medications. Geisler (2008:13) states that the benefits of using the latest technology

include the improved quality of healthcare service delivery and cost reduction improvements in diagnosis and treatment. In a study conducted by Arifeen, Christou, Reichenbach, Osman, Azad, Islam, Ahmed, Perry and Peters (2013:2012, the results revealed that doctors and patients had access to the latest technology, hence the delivery of services was made easier as information was readily accessible.

Effective communication can also influence the delivery of services in the Health Sector. Akacho (2014:23) notes that inadequate medical treatment, preventable errors; excess pain; and even death are mostly caused by communication problems between patients and Health Care Professionals. In addition, Akacho (2014:24) highlights that good medical care relies on effective communication between patients and Health Care Professionals. Improper diagnoses and delayed or improper medical treatment is a result of ineffective communication (Akacho, 2014:25). Geisler (2008:12) notes that effective communication with patients who have limited English proficiency; deaf or hard-of-hearing, often requires interpreters or other services to ensure that there is effective communication.

Lack of patient co-operation can be a factor affecting the delivery of effective health Care. Mosadeghrad and Ferdosi (2013:124) highlight that patient participation and co-operation is required and affects the quality of healthcare service delivery. If healthcare professionals perform their jobs well but the patient does not follow medical orders, goals would not be achieved.

1.9   RESEARCH METHODOLOGY

1.9.1 PRIMARY DATA

According to Welman and Kruger (2000:23), primary data is the data which is obtained from the field under the control of an investigator. In addition, Saunders, Lewis and Thornhill (2003:3) argue that primary data is usually collected through observation, interviews and questionnaires. For the purposes of this study, the primary data will be gathered through the use of a structured closed-ended questionnaire (Annexure B).

1.9.2 SECONDARY DATA

Cooper and Schindler (2003:152) state that secondary data refers to the data gathered and recorded by someone else prior to and for a purpose different from the current project. Burns and Grove (2016:230) highlight that this data is obtained from journals, textbooks, magazines, newspapers and the internet. Olsen (2012:12) highlights that one of the benefits of using secondary data for research purposes is that it is much cheaper and easily obtainable.

1.9.3 RESEARCH DESIGN

Welman and Kruger (2000:46) highlight that research design is the plan by which research respondents are identified and information is collected from them. O'Leary (2014:211) postulates that there are three options to be chosen for research design, namely qualitative, quantitative and mixed methods research designs. For the purposes of this study, a quantitative research design will be used. Maree (2007:145) states that quantitative research is a systematic and objective process of utilizing numerical data from a certain population. Moreover, Henn, Weinstein and Foard (2006:54) postulate that the major advantage of using a quantitative approach is that it is quick to gather the data and it is cost effective.

1.9.4 TARGET POPULATION

Burns and Grove (2016:236) state that the target population is the whole collection of respondents that meet the chosen set of criteria. The target population for this study would be Manama Mission Hospital's healthcare professionals, both permanent and those on contract. Manama Mission Hospital employs a total of 153 employees and 43 of whom are general workers. Therefore, the final total target population for this study is equated to 110 Health Care Professionals which excluded the 43 general workers. The source list for the target population was obtained from the human resources department of Manama Mission Hospital in Zimbabwe.

1.9.5 SURVEY METHOD

According to Mugo (2002:1), sampling refers to the technique of selecting a representative portion of a population so that the characteristics of the entire population are identified. Denscombe (2010:54) proposes that sampling can be categorized into two major categories, namely probability and non-probability sampling techniques. Olsen (2012:62) defines probability sampling as a process of randomly selecting samples from a population where each individual of the population has an equal chance of being selected. In addition, Maree (2007:123) highlights that in a non-probability sampling design, the elements in the population do not have an equal chance of being selected. Floyd and Fowler (2009:33) state that a survey method involves the study of the entire target population. The survey method is suitable when the size of the target population is small hence there will be no need to select a sample. Therefore, the survey method will be used for the purposes of this study. The target population for this study will be the 110 HCPs who are all included for the survey at Manama Mission Hospital in Zimbabwe. O'Leary (2014:13) highlights that the survey method produces data that will be an accurate reality of what it describes.

1.9.6 MEASURING INSTRUMENT

For the purposes of this study, the structured questionnaires (Annexure B) will be used for data collection purposes. Olsen (2012:3) notes that there are two types of questions used for research purposes, namely open-ended or closed-ended questions. For the questionnaire design, closed-ended questions will be used. The 5 point Likert Scale will be used for the questionnaire. Blunch (2008:30) states that this allows the respondent to indicate the extent to which they strongly agree or strongly disagree with the provided statement. Cooper and Schindler (2003:213) warn that a Likert Scale is most appropriate for measuring respondents' attitude. The questionnaires will be collected personally from the respondents. The covering letter (Annexure A) with basic instructions on the completion of the questionnaire will be attached to the questionnaire. The questionnaire for this study will be divided into two

sections. Section A consists of biographical information such as gender, age, length of service and level of education. Section B comprises statements that covers employee training, section C focuses on retention strategies and section D covers service delivery.

1.9.7 PILOT STUDY

According to Davies (2006:111), the pilot study involves the testing of the measuring instrument in conditions as similar as possible to the research. This is done to check for glitches in the wording of questions, lack of clarity of instructions and any ambiguity. For the purposes of this study, the pilot study will be conducted by randomly selecting 10 respondents who will not form part of the actual study. However, Sapsford and Jupp (2006:103) state that for a pilot study to work effectively, the pilot sample must be representative of the variety of individuals which the main target population is intended to cover. These respondents will be selected to test the questionnaire to ensure that necessary revisions can be made before the final questionnaire is administered to the selected target respondents.

1.9.8 VALIDITY AND RELIABILITY CONSTRUCTS

According to Saunders, Lewis and Thornhill (2009:372), validity refers to the extent to which the research findings accurately represent what is really happening in the situation. Sapsford and Jupp (2006:121) argue that reliability refers to the stability of a measure, or the extent to which results do not change over a relatively short time. Litwin (1995:6) states that reliability relates to the precision and accuracy of the instrument to avoid ambiguity. In addition, accurate and careful phrasing of each question or statement would be done. Leedy and Ormrod (2001:41) state that reliability takes different forms in different settings, namely interpreter reliability; internal reliability; equivalent forms reliability; and test-retest reliability. Gaur and Gaur (2009:32) highlight that there are four aspect of questionnaire validity, namely construct validity, face validity, content validity, as well as criterion validity. Moreover,

Neuman (2011:205) highlights that the validity and reliability of a measuring instrument can be assessed through pilot testing.

1.9.9 DATA COLLECTION METHODS

For the purposes of this study, the personal method of data collection method will be used. Walliman (2006:89) highlights that personal data collection method is the most effective way of collecting data compared to other methods.   Therefore, the questionnaires will be personally hand-delivered to the respondents in Manama Mission Hospital. In addition, the questionnaires will be collected within two weeks from the target respondents, after completion.

1.10 ANALYSIS OF DATA

Denscombe (2010:235) attests that the purpose of data analysis is to gain a better understanding of the information provided. The returned questionnaires will be precoded and captured to form a dataset. The latest version of the Statistical Package for Social Sciences (SPSS) version 24 for Windows will be used to analyze the data. Wagner (2010:15) proposes that the SPSS software works with several kinds of computers and is an effective software for data analysis.

1.11 ETHICAL CONSIDERATIONS

According to May (2011:61), ethics are referred to as a code of behavior considered correct or truthful.   It is essential that all researchers are fully aware of research ethics. Brink and Wood (2008:200) highlight that the researcher's conduct must conform to accepted values and norms. Denscombe (2010:329) states that the consent letter is

a legal requirement before one can conduct a study.   A letter of consent (Annexure D) was obtained from Manama Mission Hospital.

1.11.1 CONFIDENTIALITY AND ANONYMITY

Confidentiality and anonymity needs to be ensured when a research study is being conducted.   Henn, Weinstein and Foard (2006:94) postulate that confidentiality refers to an attempt to remove personal features of the respondents from the research records and anonymity means that the respondents remain unnamed and unidentified. Rees (2007:71) affirms that to ensure anonymity, steps are taken to protect the identity of the individual by not giving their names.   For the purposes of this study, confidentiality and anonymity will be ensured by not putting the respondents' names on the questionnaires. Respondents will be free to answer the questionnaire and there will be no coercion from the researcher. This will be addressed in the covering letter (Annexure A) attached to the questionnaire (Annexure B).

1.12   STRUCTURE OF THE CHAPTERS

CHAPTER 1: This chapter addresses the Introduction, background to the study, problem statement, research objectives, research questions and a brief discussion of the literature in review.

CHAPTER 2: The literature is reviewed using various sources of secondary data in this chapter.

CHAPTER 3: In this chapter, the research methodology and design is discussed in detail.

CHAPTER 4: This chapter focuses on the data analysis, data presentation and a detailed discussion of the findings.

CHAPTER 5: This chapter presents the conclusion and recommendations of the study.

1.13   LIMITATIONS TO THE STUDY

The Manama mission Hospital has been in the Zimbabwean main newspapers for poor service delivery. Hence, the hospital has been under scrutiny by the government. Therefore, the respondents might view this research as a way of good publicity for them, leading to biased responses. The strengths to the study is that this is the first study to be conducted at Manama Mission Hospital on employee training and retention strategies hence the recommendations would positively improve the hospital's service delivery.

1.14   CONCLUSION

In conclusion, employee skills training and retention strategies are of paramount importance in the improvement of service delivery. For a health institution like Manama Mission Hospital, employee skills training is essential to ensure that HCPs are equipped with the right skills to perform their duties effectively. In addition, retention strategies are important to ensure that employees stay longer in the Hospital. Ganesh (2012:3) affirms that employees who stay longer in the organization are in a better position to perform effectively without the need of constant supervision. Hence, this is important for Manama Mission Hospital to deliver services effectively. This study is significant for Manama Mission Hospital as the importance of employee training on service delivery is investigated. The importance of retention strategies on service delivery is also discussed which will ensure that talented healthcare professionals remain working for the hospital for a long period of time, while improving the delivery of services.

CHAPTER 2

LITERATURE REVIEW

2.1   INTRODUCTION

The research problem addresses two main variables, namely employee training and retention strategies for healthcare professionals. In this chapter, the literature review provides an in-depth explanation on the importance of employee training and retention strategies of Health Care Professionals for effective service delivery at Manama Mission Hospital in Zimbabwe. According to Major and Savin-Baden (2010:180), the literature review can be defined as a critical overview of the theory in order to identify the current state of knowledge of a given topic. In addition, Jennex (2015:141) highlights that from previous studies conducted, the literature review can be seen as a review of secondary sources documented in text that considers the critical points of existing knowledge, including substantive findings, and the theoretical and methodological contributions to a particular topic. Therefore, this chapter explains the importance of employee training as well as retention strategies for HCPs at a rural-based hospital of Manama Mission in Zimbabwe.

2.2   AN OVERVIEW OF EMPLOYEE TRAINING

Noe (2010:128) argues that employees in an organization form its crucial resource and must be appreciated, supported and retained   Anis, *et al.* (2011:2681) note that with the absence of human capital in a company, even the most advanced equipment with the latest technology would not be fully utilized. Ganesh (2012:3) states that employees should be committed to their organization by improving their performance. Furthermore, employers must invest resources and time in employee training so that they become essential resources in the future. Employees need to be developed and equipped to face the challenging situations in the organization (Hamilton, 2013:169).

Noe (2010:55) argues that employee training is a combined initiative of the employee and the employer to advance the current skills and knowledge of an individual. It is of paramount importance for employees to keep abreast with the current developments in the industry in order to remain competitive (Anis, *et al.*, 2011:2680. Jeeva and Devaneshan (2014:1) argue that employee training assists in developing and promoting employees for them to become dependable resources and ultimately benefit the organization. Noe (2010:66) further states that employees also experience a sense of attachment towards the organization as a result of employee training.

Yan Cheung and Chan (2012:144) highlight that knowing an employee's current and desired stage assists organizations to find the gaps in fields in which the employee needs to be trained. Employees start taking their work as a difficulty only when an organization does not offer any added benefits or advantages which would help in their personal growth (Jeeva and Devaneshan, 2014:2). Hamilton (2013:169) argues that organizations must invest in the training of employees in the organization so that employee loyalty is enhanced. According to Shaheen, Syed, Naqvi and Khan (2013:490), employees also must also take skill development activities seriously so that the benefits of employee training are fully visible in the organization.

2.3 IMPORTANCE OF EMPLOYEE TRAINING NEEDS ANALYSIS

Blanchard and Thacker (2010:96) postulate that training needs analysis is an efficient method used by companies to determine the causes performance deficiency. In addition, Hamilton (2013:169) notes that the main aim of training needs assessment is to identify the gaps between what an employee needs to know in order to accomplish their role in the company and their current performance. Therefore, for HCPs, a training needs analysis is crucial so that service delivery is improved in the Health Care Institutions. According to Bashir, Memon and Rizvi (2011:128), it is imperative for organizations to conduct training needs analysis because it helps to determine whether training can rectify the problem caused by poor performance in the

organization. The other reason for the importance of conducting a training needs analysis before any training program is to ensure that accurate employee training is provided to the right people at the right time (Blanchard and Thacker, 2010:97). Furthermore, Blanchard and Thacker (2010:100) argue that with inadequate budgets and the need for cost-effective solutions, all organizations need to ensure that the resources invested in employee training are targeted at areas where employee training is required and a positive return on the investment is guaranteed.

Dallinger (2013:751) notes that assessing what the training needs are is an important requirement for any effective employee training programme. Therefore, conducting training for employees without analyzing the need for the training may omit important needs, or cover areas that are not required. In addition, Hunter (2012:58) highlights that training needs analysis assists organizations to offer essential resources in the areas where they will add the most to employee development, therefore increasing morale and organizational performance. Training needs assessment is a natural function of appraisal systems and is essential before conducting any training in the organization (Gufli, 2014:14).

Pennington (2011:32) argues that the analysis of employee training needs is not to be conducted by specialists alone, but by every stakeholder in the organization. Hunter (2012:60) highlights that effective training needs assessments comprise of systematic planning, analysis and co-ordination across the entire organization, in order to ensure that main organizational concerns are taken into consideration and that duplication of effort is avoided. Hamilton (2013:173) highlights that all employees should be included in the training needs analysis, rather than relying on the sole subjective evaluation of managers in the organization.

2.4 THE ROLE OF EMPLOYEE TRAINING IN ORGANIZATIONS

Roper and Davies (2010:571) argue that the role of training in an organization can be to reduce the feeling of job insecurity. When organizations invest in employee training,

employees will have a feeling of belonging and it would be clear to them that the management would like to keep them for a long time. The role of training is to increase employee productivity and ensure a long-term relationship with employees (Scheele, Ricotta and Mohr, 2014:3). Hunter (2012:253) highlights that the organization's image is very important for the effectiveness of the organization. Therefore, training plays a pivotal role in ensuring that the image of the organization is preserved and protected.

Frost (2016:1) states that the role of training in an organization is to ensure that there is consistency. An organized training program warrants that employees have a consistent experience and background knowledge. Rehman (2010:1) notes that all employees need to be aware of the prospects, policies and procedures within the company. This includes health and safety, discrimination policies and administrative tasks. Addressing weaknesses is another role of training in an organization. Vinesh (2014:218) argues that an effective training program permits employees to reinforce those skills that each employee requires to improve upon.

Improved employee performance is also a role of training in an organization. Rehman (2010:1) postulates that employees who receive the necessary training are better able to perform tasks assigned to them effectively. Vinesh (2014:217) further highlights that training may also build employees' self-confidence due to a clear understanding of the industry and the responsibilities of the job. Costen and Salaza (2011:175) state that employees who are competent and abreast of changing industry standards assist the organization to be a leader and strong competitor within the industry.

2.5   BENEFITS OF TRAINING TO AN EMPLOYEE

Elnaga and Imran (2013:140) note that employee training assists in developing the abilities of the employee, as well as sharpening their thinking ability and creativity in order to make better decisions timeously and in a more productive manner. Costen and Salaza (2011:175) state that employee training is a planned intervention aimed at enhancing individuals' job performance. Employee training programs may also assist

employees to minimize anxiety or frustration emanating from work or on the job (Svenja, 2007:2). Employees will tend to improve performance in order to reciprocate the favour when employers invest in employee training. Elnaga and Imran (2013:141) assert that effective work performance leads to more returns in terms of production or even profit margins. Trained personnel will also ask for less assistance, thereby, improving their own efficiency further. Erasmus, Leodolff, Mda and Nel (2010:3) note that individuals benefit from training in the following ways:

- Motivational variables of recognition, growth, achievement and responsibility are adopted and operationalized;
- Employees are capable of effectively handling stress, tension and conflict in the organization; and
- Employees are authorized to make their own decisions and resolve problems more effectively.

2.5.1 BENEFITS OF EMPLOYEE TRAINING TO AN ORGANIZATION

A survey conducted by Shenge (2014:58) revealed that 40% of employees who did not receive proper job training left their jobs within the first year. Employees highlighted that the lack of skills training and development was the principal reason for leaving organizations. Obisi (2011:82) further notes that a well-trained employee would make use of resources economically which would go a long way to minimize wastage in the organization. Costen and Salaza (2011:276) further highlight that organizations that invest more in employee training have higher levels of organizational performance as measured by the quality of the product or service offered; new product development; ability to attract and retain essential employees; and customer satisfaction. Enhanced employee satisfaction is also a major benefit of training to an organization. Companies which provide necessary employee training programs are able to achieve a high level of employee satisfaction and low employee turnover (Shenge, 2014:58). Agnuis and Kraiger (2009:452) affirm that training enhances employee job satisfaction and the more engaged and involved they are in working for organizational success, the better the delivery of services.

According to Svenja (2007:2), employee training enhances self-efficacy and leads to improved performance on the job. Ganesh (2012:12) affirms that if employee training if offered in the healthcare sector, the number of preventable deaths would be minimized as well. In a study conducted by Aguinis and Kraiger (2009:454), results reveal that young workers want more than monetary remuneration and they seek employment which allows them to learn new skills. According to Jahenzeb and Bashir (2013:245), employee training acts as a retention tool, enforcing loyalty and commitment from good employees.

According to Agnuinis and Kraiger (2009:455), training is crucial for knowledge and skill transfer in the organization. It is of paramount importance to share knowledge and skills amongst the employees in order to improve performance. Ganesh (2012:10) notes that if only a single employee has special skills, the organization will find it difficult to recoup their knowledge if they leave. Therefore, there will be need a to offer employee training to most of the employees in the organization.

Silberman (2014:1) states that the benefits of employee training to an organization is that it helps organizations comply with regulations and rules. Regulations are constantly changing; hence organizations should ensure that they are always compliant to avoid penalties which are costly to the organization. The results of a study by Arifeen, Christou, Reichenbach, Osman, Azad, Islam, Ahmed, Perry and Peters (2013:2012) highlight that ongoing training for employees ensures that an organization complies with the rules and regulations of the country.

Silberman (2014:1) notes that employee training assists in boosting human resource management practices. Lorentz (2015:78) argues that employee training assists organizations to acquire qualified individuals for promotions. Consequently, human resource departments would save time in the recruitment and selection process when there is a vacancy. Agnuis and Kraiger (2009:450) further highlight that this is a

significant advantage for the organization because it lowers recruitment and hiring expenditure.

2.6 TYPES OF EMPLOYEE TRAINING METHODS

Table 2.1   Types of employee training methods

On-the job training methods	Off the job training methods
Job rotation	Lecture
Job enlargement	facilitation
Job enrichment	Conference/ discussion
Coaching	Vestibule or simulation
Mentoring	Technology-based systems
Committee assignments	Case study
	Role playing
	Management games
	In-basket exercise
	Assessment Centre
	Membership of professional organizations.
	Adventure training
	Behavior modelling
	Sensitivity training

Source: Warnich, Carrel, Elbert, and Hatfield (2015:353). Adapted.

Obisi (2011:83) argues that there are two main types of employee training methods, namely on-the-job training and off-the-job training.   Warnich, *et al.* (2015:354) postulate that on-the-job training is normally handled by work associates, supervisors, managers and advisors to assist employees adjust to their job and to equip them with the required skills. Jacobs and Bu-Rahmah (2012:77) note that on the job training is

conducted in the workplace. According to Warnich, Carrell, Elbert and Hatfield (2015:352), the off-the-job training method refers to any form of training that is offered away from the employee's working environment.

2.6.1 ON-THE-JOB TRAINING METHODS

Healey and Marchese (2012:187) state that Health Care Professionals are typically required to engage in various forms of on-the-job training in the course of completing their education and certification. Warnich, *et al.* (2015:350) note that there are several types of on-the-job training. These include:

2.6.1.1 JOB ROTATION

Coetzee, Botha, Kiley and Truman (2009:175) state that in job rotation, employees are given the opportunity to perform several different jobs in an organization. Nel, Werner, Poisat, Sono, Du plessis and Ngalo (2011:379) highlight that each company should create clear procedures with each internal team so that employees will be aware of the best practices for job rotation. The rotation will not function properly if employees are not fully aware of what is expected from them due to a lack of proper guidance. It is of paramount importance for an organization to have a purpose, a plan and a way to measure if the rotation is successful (Coy, 2013:1). Job rotation can be used as an important retention strategy to keep employees within the organization.

- **ADVANTAGES OF USING JOB ROTATION IN AN ORGANIZATION**

Cheraskin and Campion (2010:1) argue that job rotation can be used as a training and development tool as it improves employees' skills and knowledge. Coy (2013:1) contends that job rotation improves the three major skills categories required in industrial employee training, namely technical, business and administrative skills. Saleem, Shaheem and Saleem (2010:1) highlight that the major benefit of job rotation is increasing employees' contact networks across the organization.

2.6.1.2   JOB ENLARGEMENT

According to Warnich, *et al.* (2015:151), job enlargement refers to a change in the scope of a job so that there is variety in the job performed by the employee. In job enlargement, the job itself does not change. Hurka and Obholzer (2015:1231) affirm that by widening the range of tasks that need to be performed, the employee will experience less repetition and monotony. Saleem, Shaheen and Saleem (2012:145) postulate that offering job enlargement is a lengthy process as employees would need to be retrained in new fields.

2.6.1.3   JOB ENRICHMENT

Job enrichment is a way of improving the task perfomed by an employee by adding more duties to make the work more rewarding and satisfying (Warnich *et al*, 2015:151). Venkantesh (2015:1) notes that a job is enriched when the nature of the job is made more creative and challenging or gives the employee more decision making, planning and controlling powers. According to Singh (2011:40), job enrichment is a motivational practice which emphasizes the need for challenging and interesting work.

Berdicchia, *et al.* (2016:320) affirm that job enrichment is a crucial practice in ensuring that the needs of employees are met in an organization. A study by   Singh (2011:40) highlights that job enrichment ensures that employees improve their performance due to job satisfaction. Therefore, it is important for healthcare institutions to offer job enrichment to healthcare professionals so that their jobs do not become monotonous.

2.6.1.4   COACHING

According to Garvey, Stokes, and Megginson (2009:22), the concept of coaching is used to describe the relationship between a superior and a subordinate, with the aim of developing and improving employees on job performance. Alipour, Salehi and Shahnvaz (2009:65) argue that coaching is aimed at assisting with performance deficiencies. It is also used as a motivational tool for employees who perform well.

Stredwick (2014:333) further highlights that performance coaching is an important way of improving skills performance in an organisation. Both the manager and employee may agree on how to improve and identify the opportunities to demonstrate these skills in their own jobs. Werner and DeSimone (2009:326) note that feedback is a vital part of coaching, as is goal setting. Warnich, *et al.* (2015:355) further highlight that trust, co-operation and mutual respect are vital for coaching and that if coaching is properly done, then there would be a strong employee-supervisor relationship.

2.6.1.5   MENTORING

Mentoring refers to a relationship where a senior, experienced individual provides support, advice and friendship to a younger, less experienced member of staff (Coetzee, *et al*, 2009:64). Butler and Rose (2011:122) highlight that in mentoring, the agenda is set by the mentee, with the mentor providing support and guidance to prepare the mentee for any future role that would arise in the organization.

- **ADVANTAGES AND DISADVANTAGES OF MENTORING**

Warnich, *et al.* (2015:355) state that the possible benefits of mentoring to both the employer and the protégé is that the mentor may develop the career of the employee by nomination for promotion or sponsorship. Vilney and McKimm (2010:107) note that if the relationship between mentor and protégé is weak and they can be unproductive in an organization. If reliance is placed on the wisdom and abilities of the mentor, there may be limited scope for employee development (Stredwick, 2014:332).

2.6.2 OFF THE JOB TRAINING METHODS

Warnich, *et al.* (2015:320) highlight that off-the-job training methods include the following:

2.6.2.1   LECTURES

According to Muchinsky, Kreik and Schreuder (2005:186), with this training method, large numbers of people can be taught at the same time. Furthermore, it is cost effective. However, this method is not suitable for HCPs because there is little chance for dialogue, questions or discussions for individual problems and special interests (Anis, Rehman, Nasir and Safwan, 2011:2680).

2.6.2.2   PROGRAMMED INSTRUCTION

In programmed instruction, Landy and Conte (2010:333) note that learners are provided with instructional materials in written / computer-based formats that support them positively as they study through the material. This method effectively works most if it provides instant feedback and reinforcement concerning accurate and inaccurate responses.

2.6.2.3   VIRTUAL LEARNING

According to Whitewood (2015:1), virtual learning allows employees to learn about new changes being implemented in their own time. Companies benefit from this method since it is less expensive.

2.6.2.4   SIMULATION

Coetzee, Botha, Kiley and Truman (2009:156) argue that simulation involves producing a conducive atmosphere which is the same as the original work environment. This method assists in training a manager in stress handling, immediate decision-making and effective handling of pressure on the job. The advantages of simulation are that it creates interest amongst trainees and motivates them. This type of employee training method is very beneficial in avoiding any costly errors or the destruction of valuable resources (Hunter, 2012:56).

2.6.2.5   THE CASE STUDY

According to Noe (2010:321), cases are prepared based on real business situations that occur in numerous organizations. The role of trainees would be identifying the obvious and hidden problems in organizations and suggesting possible solutions.

2.6.2.7   ROLE PLAYING

Warnich, *et al.* (2015:2010) highlight that in role playing, a problem situation is highlighted by asking trainees to assume the role of a particular person in the situation. The participant interacts with other participants assuming different roles. A mental set up of the role is discussed but no dialogue is provided.

2.6.2.8   CONFERENCES

Noe (2010:320) states that a conference is a meeting of different people to discuss a subject of common interest in order to develop the industry. The contribution from members can be expected as each one builds upon the ideas of other participants. Hunter (2012:60) notes that this method is best suited when a problem has to be analyzed and examined from different viewpoints. It helps members to develop their ability to modify their attitudes.

2.6.2.9   BEHAVIOUR MODELLING

Martin, Kolomitro and Iam (2014:20) state that behavior modelling assists in determining how a model would act in different situations. Behavior modelling makes use of the natural tendency for people to assess how to do new things. Behavior modeling differs from both role plays and simulations by first providing the trainee with an understanding of what the desired skill level looks like (Blanchard and Thacker, 2010:329).

2.7   EFFECTIVENESS OF EMPLOYEE TRAINING PROGRAMMES

According to Wei-Tao (2006:54), the effectiveness of training refers to the extent to which the training objectives are achieved. For training to be successful, Devins, Johnson and Sutherland (2010:450) highlight that a training program must have clearly stated and realistic goals. Atan, Raghavan and Mahmood (2015:41) state that these goals will guide the training program's content and determine the criteria by which its effectiveness will be judged. In addition, the effectiveness of employee training programs is thoroughly evaluated to determine their effect on behavior or job performance.

Atan, *et al.* (2015:41) note that there are two factors influencing the effectiveness of a training program, namely, the training environment and the work environment. The training environment includes site layout, training facilities, sound, lighting, classroom climate and student involvement in the soft environment. According to Burke and Huthchings (2008:112), work environment includes such factors as management support, peer support, sufficient resources, and opportunities for career developments.

2.8   THE BARRIERS TO EFFECTIVE EMPLOYEE TRAINING

Effective training delivery can be hindered by a myriad of challenges. Panagiotakopoulos (2011:58) states that the barriers to effective training include a lack of time for training and learning activities. Susomrith and Coetzer (2015:570) postulate that many organizations tend to focus on their core business. Hence, there is no time for them to focus on the training of employees. Limited financial resources for training provision and vacancies for trained professionals can be a barrier to effective training. O'Brien and Gostin (2009:7) state that the availability of jobs for Health Care Professionals depend on money being available to pay their salaries and other

benefits. If the government is not financially stable to pay health workers, this might lead to the freezing of healthcare posts. Shava (2015:1) notes that the Zimbabwean government froze vacancies for nurses and midwives since July 2012 due to limited financial resources.

Lack of a qualified trainer is also a barrier to effective training.   According to Ghosh, Satyawadi, Josh and Ranjan (2012:198), the trainer is one of the most important elements in any training programme. The key attribute of a trainer must be the knowledge he/she possesses on the subject of the programme. A lack of employee desire for training and learning can be a barrier to effective training. For instance, a study conducted by Crofts, Mukuli, Murove, Ngwenya, Mhlanga, Dube, Sengurayi, Winter, Jordan, Barnfield, Wilcox, Merriel, Ndlovu, Sibanda, Moyo, Ndebele, Draycott and Sibanda (2015:1) the results revealed that the training for obstetric emergencies which was provided to HCPs suffered major resistance as employees demanded payment for attending the training.   Poorly done training needs analysis can also be a barrier to effective training in an organization. Blanchard and Thacker (2010:103) argue that good training needs analysis ensures that only those who need the training attend and provides the data to show trainees why training will be useful to them.

Another barrier to effective training is the lack of resources. Manyukwe (2008:1) notes that there has been a shortage of hospital equipment and machinery which has made it difficult for training to be provided to HCPs in Zimbabwe. The lack of management support can also be a barrier to effective training. According to Silberman (2013:1), if the organization's management does not support the training of employees, the training process is bound to fail. For employees to feel motivated to attend training, management support would be essential. To minimize training transfer barriers, the trainee, trainer and manager should take the following responsibilities as illustrated in Table 2.2 below:

Table 2.2.   Strategies for trainers, trainees and managers, for effectively managing the training transfer before the actual training is conducted

Responsibility	Before training exposure
Trainee	• Provide input into programme planning • Actively explore training options • Participate in advance activities
Trainer	• Align training programme with the organisation's strategic plan. • Involve managers and trainees. • Systematically design instruction. • Provide practice opportunities. • Develop trainee readiness. • Design a peer coaching component for the programme and its follow - up activities.
Managers	• To involve supervisors and trainees in needs analysis procedure. • To involve trainees in programme planning. • Brief trainees on the importance of the course and course objectives. • Provide time to complete pre-course assignments. • Offer rewards and promotional preference to trainees who • demonstrate new behaviours.

Source: Kline and Saunders (2002:121). Adapted.

Table 2.2 above provides the guidelines to be followed before commencing with employee training to ensure that there is effective training implementation hence the barriers to effective employee training would be minimized.

2.9 EMPLOYEE TRAINING MODELS FOR HEALTH CARE PROFESSIONALS

For the purposes of this study two training models are discussed. These models could be adopted by any healthcare institution when presenting training in order to ensure that employees have acquired the necessary skills and knowledge essential for them to carry on their duties. These models include Nadler's Critical Events model and the High Impact Model. Erasmus, Leodolff, Mda and Nel (2013:155) argue that the advantages of using models are that they provide focus and direction in the process, as well as preventing the analyst from being sidetracked. Models provide a framework within which to work and for reporting results to management.

2.9.1 NADLER'S CRITICAL EVENTS MODEL

Figure 2.1   Nadler's Critical Events Model
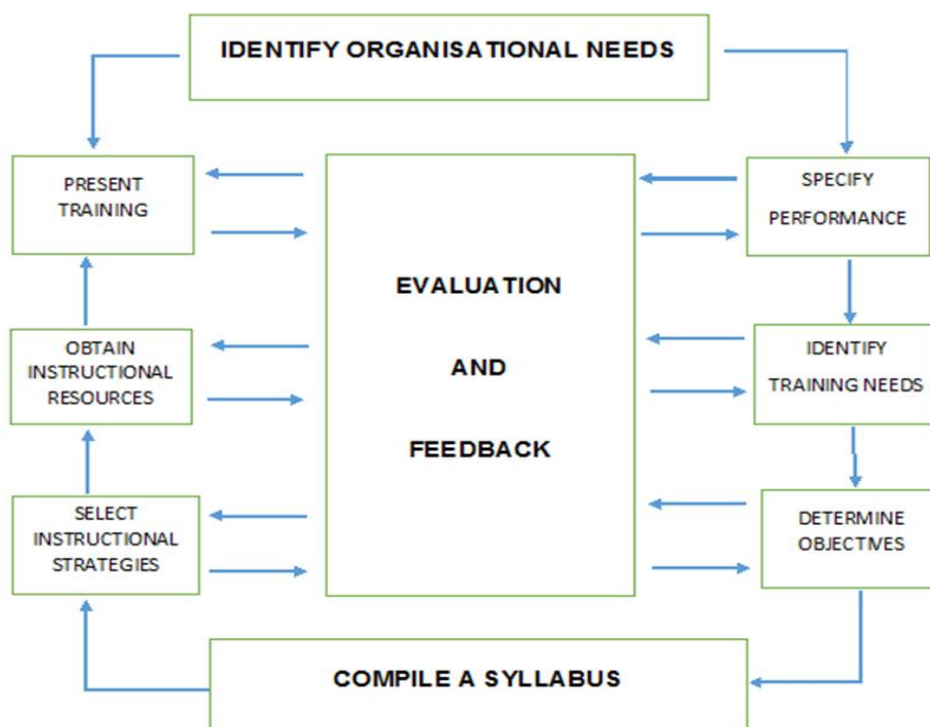
Source: Erasmus, Loedolff, Mda, and Nel. (2010:156). Adapted.

According to Erasmus, *et al.* (2013:11), Nadler's critical events model contains nine steps, namely:

Step1: Identifying the needs of the organization

The needs of the organization tend to constantly change. For instance, in the health sector, the equipment and materials used might change due to technological changes. Therefore, organizations need to change their needs to pave the way for training.

Step 2: Evaluation and feedback

For training to be executed effectively and efficiently, evaluation and feedback needs to be done continuously to ensure the accurate execution of each step.

Step 3: Specifying performance

Erasmus, Leodolff, Mda and Nel (2010:12) highlight that during this step, an employee's job is analyzed to decide the content. The information on the work being investigated can be obtained from senior employees or supervisors and the employees themselves.

Step 4: Identifying training needs

Hunter (2012:275) defines a training need as the difference between the knowledge, skills, attitudes and values required to perform a job and the actual knowledge, skills, attitudes and values of the employee. Erasmus, *et al.* (2010:13) postulate that the formula that can be used to calculate training needs is P-KD=N, where P is the expected performance, KD is what the employee already knows and N is for the needs.

Erasmus, *et al.* (2010:13) note that the overall success of the training programme is largely dependent on the accuracy of this step.

Step 5: Formulating training objectives

Hunter (2012:279) highlights that after identifying the training needs, training objectives should be set in order to close the performance gap and to improve the employee's performance to the required level.

Step 6: Compiling a syllabus

Employee training should be conducted according to the planned syllabus. The emphasis is on what must be learned and the order in which it must be learned. The compiled syllabus should be in line with the expected objectives of employee training. This would assist the HCPs to have the correct training for any skills gap.

Step 7: Selecting Instructional strategies

Instructional strategies cover a wide variety of techniques, methods and media to choose from. It is essential that the strategies selected should suit the content and the aim of the training programme.

Step 8: Acquiring instructional resources

This step requires that a variety of resources be considered to ensure the successful presentation of a training programme. There are three categories of resources namely:

- Physical resources that include equipment, materials and facilities;
- Financial resources; and
- Manpower resources.

Step 9: Presentation of training

The last step in the training model is the presentation stage. All the preparations mentioned above are combined. The success of this phase ensures the success of the training program as a whole.

2.9.1.1   ANALYSIS OF NADLER'S CRITICAL EVENTS MODEL

Frederick (2012:23) highlights that Nadler's Critical Events Model (Figure 2.1) is a model whereby training and development for employees can be conceived in order to address the training challenges facing the organization. Barge (2008:100) states that Nadler's model (Figure 2.1) is presented in nine different steps or stages that quality training and development has to go through, whereby each step or stage has to be evaluated so that feedback can be obtained. The feedback acquired assists in taking corrective measures so that the intended training and development objectives can be achieved. According to Nadler (1982:14), the Critical Events model is a training and development model that views the training and development process holistically in the context of a systems approach. Barge (2008:101) further notes that a systems approach critically looks at all the factors both from the internal and the external environment affecting the organization as a system. As a result, the training design should be properly chosen so that training programmes can become effective. The relevance of Nadler's Critical Events model in the study is essential because the model is responsive to the needs of training for Health Care Professionals, an approach which, if correctly applied, is good in the planning process (Padi, Mokoe and Mukucha, 2009:182).

Erasmus, *et al.* (2010:155) note that the model (Figure 2.1) further proposes that evaluation and feedback could be done at any stage during the process without first waiting for the implementation of the training programme. For example, when the trainees' needs have been identified, evaluation could be done so that informed feedback is given on whether all the trainees' needs have been correctly addressed

to their satisfaction, and in such a way that they are competent in discharging their tasks. Although Nadler's Critical Events model takes a holistic systems approach, the model does not first prioritise the objectives of the organization before trainees' needs (Erasmus, *et al.* 2006:15). Manzini and Shumba (2014:5) further highlight that the needs of the organization as illustrated by the model (Figure 2.1) should have been followed by the set organizational objectives, after which the identified trainees' needs should be in line with the achievement of organizational objectives.

2.9.2 THE HIGH IMPACT TRAINING MODEL FOR HEALTH CARE PROFESSIONALS

Figure 2.2   THE HIGH IMPACT MODEL
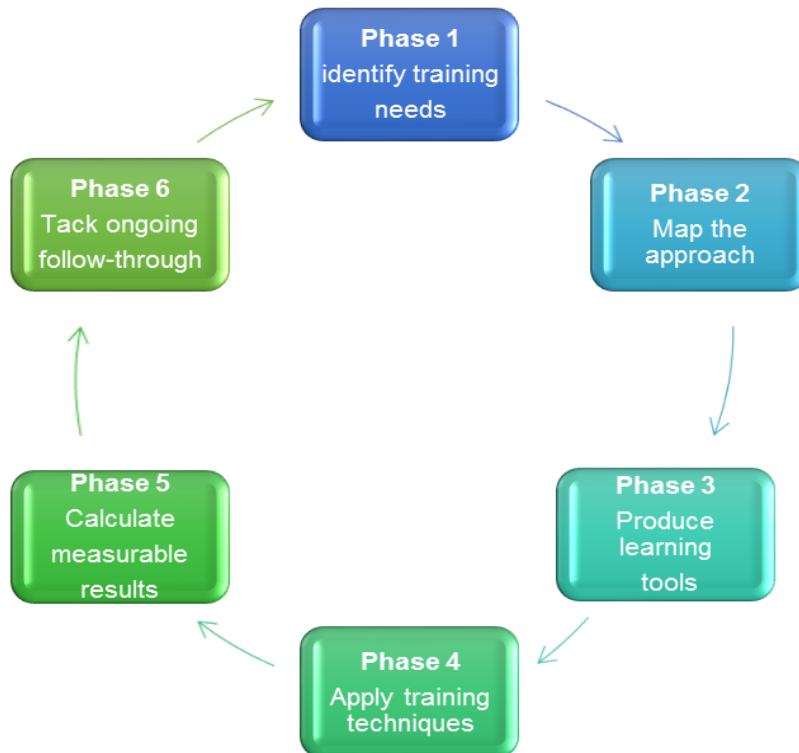
Source: Erasmus, Loedolff, Mda, and Nel. (2013:33). Adapted.

According to Erasmus, *et al.* (2010:15), the High-Impact Training Model consists of six steps which provide effective, efficient and targeted training to employees in an organization. The phases include the following:

Phase 1: Identifying training needs

The first phase of the model is to identify and specify the employee training required to enhance job performance. The rationale for conducting the training is identified and the needed training has to be developed to ensure that the required standards are met.

Phase 2: Mapping the training approach

During phase two, once the training needs have been identified, there is need to set the measurable objectives and map out the training design. The training objectives are used to direct the trainers to develop the design plan. This is to ensure that the correct training approach is adopted.

Phase 3: Producing effective learning tools

According to Erasmus, Loedolff, Mda and Nel (2013:33), the development of the training approach was done in the previous step. During phase 3, the actual training materials are formulated. The training materials or tools include the manuals which support employee training offerings.

Phase 4: Applying successful training techniques

During Phase 4, the training is administered to the target group. The training tools or materials chosen in Phase 3 will determine the approach to be used during this phase.

Determining the most effective techniques will depend on the training topic, the trainer and the employees who will be receiving the training.

Phase 5: Calculating measurable results

During this phase, the trainer must determine whether the stated objectives were achieved and whether the training that was applied in Phase 4 has contributed to job improvement.

Phase 6: Tracking on-going follow through

This phase ensures a continuous improvement of training programs, which allows the trainers and program developers to establish which course objectives the employees have and have not fulfilled.

2.9.2.1   ANALYSIS OF THE HIGH IMPACT MODEL

According to Opperman and Meyer (2008:56), the designing, developing and delivering of training using the High Impact training model requires taking on the challenge of identifying the real problem and facilitating training in the face of participant resistance. Moskowitz (2008:107) highlights that ending the process of training by continuously following the training assists organizations to ensure that the training provided to the employees is the required and the organization will benefit. Thus, making this model (Figure 2.2) more relevant to being implemented in organizations that would be offering training to employees.

2.10   EMPLOYEE RETENTION

According to Soundarapandiyan and Ganesh (2015:1), recent huge turnover rates in organizations are caused by the great demand for highly skilled employees, which has

affected the productivity of the organizations directly and indirectly. James and Mathew (2012:82) define the concept of employee retention as a process by which an organization creates a conducive environment which promotes and motivates employees to remain with the organization for a long period of time.

2.11 EMPLOYEE RETENTION STRATEGIES

Figure 2.3 TYPES OF RETENTION STRATEGIES

RETENTION STRATEGIES

BOTTOM LEVEL

- Performance appraisal by appreciating and recognizing a well done job
- Recognizing professional as well as personal important significant events.
- Providing compensatory monetary benefits
- Providing perks
- Providing workplace conveniences
- Recreation and fun at work occasional stress relievers
- Employer support in tough time or personal crisis

MIDDLE LEVEL

- Performance appraisal by appreciating and recognizing a well done job
- Benefit program for family and support.
- Providing workplace conveniences and safety measures.
- Providing training and development for personal growth opportunities
- Recognition plays an important role in this level

HIGH LEVEL

- Promoting work/life effectiveness
- Understanding employees esteem needs
- Encouraging professional training and development for personal growth opportunities
- Provide an environment of trust
- Hire the right people for the right job in a right place at the right time from the beginning

Source: Sandya and Kumar (2011:782). Adapted.

Bussin and Smit (2013:38) highlight that organizations can use a myriad of strategies to retain their employees as illustrated in Figure 2.3 above. These strategies can include compensation; opportunities for training and development; advancing in career opportunities; and work-life balance, as reviewed below:

- **COMPENSATION**

Gupta and Shaw (2014:2) state that compensation refers to all types of rewards given to an employee for their performance. Gupta and Shaw (2014:3) further note that compensation can be divided into three types, namely direct financial rewards, indirect financial compensation and non-financial compensation. Wilton (2013:148) postulates that employees must be given monetary rewards that are reasonable. For instance, where pay is a cause for dissatisfaction it would be likely to be in respect of internal comparison with others in the organization or external comparison with wider labour market equity. Therefore, Wilton (2013:148) argues that for organizations to retain their competitive employees they must ensure that they provide them with market-related salaries and benefits.

- **OPPORTUNITIES FOR TRAINING AND DEVELOPMENT**

Opportunities for training and development as well as educational investments aim to offer opportunities for advancement. Employees might perceive that their organizations value them. This gives employees a sense of self-worth and increases their affective commitment. Research by João (2010:112) has shown that training and development are important factors for retaining professionally qualified employees.

- **CAREER DEVELOPMENT OPPORTUNITIES**

Research by Morrow (2011:20) revealed that career growth is important for increasing employees' affective commitment to their organizations and for reducing their intentions to leave. According to Kraimer, Seibert, Wayner, Liden and Bravo (2011:490), perceived career opportunities significantly predict job performance and turnover. When employees perceive that there are many career opportunities in their organizations, it could result in better job performance and reduce their intentions to leave.

- **RETENTION THROUGH OFFERING WORK-LIFE BALANCE**

Table 2.3 above illustrates work-life balance as a high level retention strategy. Machuca, Mirabent and Alegre (2016:3) describe work-life balance as the ability of employees to balance their work and family commitments, as well as other non-work responsibilities and activities. Moore (2007:385) concurs that work-life balance is about effectively managing the balance between paid work and other activities that are important to employees. For instance, including spending time with family; taking part in sport and recreation, volunteering or undertaking further study. Research conducted by Moore (2007:390) suggests that improving the balance between employees' working lives and lives outside work can bring real benefits for employers and employees. It can help build strong communities and productive businesses. Ortilieb and Sieben (2012:1688) developed a taxonomy of five organizational employee retention strategies that are appropriate to secure the inflow and stock of professional skills and knowledge. These retention strategies include the following:

- **RETENTION THROUGH OFFERING MONETARY AND NON-MONETARY INCENTIVES**

For Health Care Professionals, retention may be based on economic motivations and effected through incentives such as retirement funds and career prospects (Ortlieb and Sieben, 2012:1693).

- **RETENTION THROUGH COERCION**

This strategy aims at ensuring that individuals stay in an organization. It encompasses sanctions and employment contract regulations such as penalties in the case of early job leaving, secrecy obligations and restraints on competition after quitting.

- **RETENTION THROUGH NORMS AND VALUES**

Retention through norms and values can be effectuated through intensive feedback communication, through seminars that encourage identification with organization's objectives, and through social events that strengthen organizational culture.

- **RECRUITMENT OF NEW PROFESSIONALS AND SPECIALISTS**

A certain degree of mobility and turnover is inevitable, particularly in the case of highly skilled professionals (Sparrow, Scullion and Farndale, 2011:42). To lessen the threat of competence losses, the company needs complimentary strategies to accrue and retain critical resources. Efforts to recruit new professionals and managers are a way to reduce dependence on specific employees.

- **KNOWLEDGE MANAGEMENT**

Burke and Hutchins (2008:107) state that knowledge management refers to systems that are intended to store company-specific knowledge or professional knowledge of markets and technologies which are also appropriate to retain critical resources directly. Sandya and Kumar (2011:1782) note that employee retention strategies can be implemented according to organizational levels, as shown in Table 2.3 above.

2.12 THE BENEFITS AND IMPORTANCE OF IMPLEMENTING EMPLOYEE RETENTION STRATEGIES

Improved job satisfaction is one of the important benefits of implementing employee retention strategies. According to Bontis, Richards and Serenko (2011:242), job satisfaction refers to an attitudinal construct reflecting one's evaluation of his or her

job. Employee satisfaction increases enthusiasm and engagement in customer service encounters, which in turn improves customer satisfaction. Employees who are satisfied in their jobs also tend to have more positive perceptions about the organization's products and services, and therefore deliver a better service.

According to Scott (2016:1), there are many benefits to implementing employee retention strategies. These benefits include, inter alia, managing employee turnover. Employers implement retention strategies to manage employee turnover and attract quality employees into the organization. Retention programs focus on the relationship between management and their workers. Ratna and Chawla (2012:37) state that cost-effectiveness is one of the benefits of implementing employee retention strategies in a company. The organization can significantly benefit from employee retention strategies because of a direct effect on an employer's bottom line. High turnover can be very expensive. According to Al-Emadi, Schwabenland and Wei (2015:15), employee replacement costs can reach as high as 50 to 60 percent of an employee's annual salary. Employee retention strategies enhances recruitment in an organization. Padi, Mokoe and Mukucha (2009:12) assert that effective retention strategies often begin during the employee recruitment process. Employees are more inclined to remain with a company that fulfills the promises made when their employment offer was extended.

By implementing employee retention strategies in the organization, there is increased morale. Employees that enjoy what they do and the atmosphere in which they work are more likely to remain employed with their company (Scott, 2016:1). Padi, Mokoe and Mukucha (2009:11) state that retention strategies are important because they help create a positive work environment and strengthen an employee's commitment to the organization. Ratna and Chawla (2012:38) affirm that maintaining performance is another benefit of implementing employee retention strategies as employee retention practices help support an organization's productivity. Pohl (2014:10) further highlights that an unfilled position means work is not getting done. Even if a position is filled, there is still a learning curve most employees must overcome before their work becomes profitable.

Employee turnover is costly to organizations, especially in healthcare institutions. Hill (2011:211) highlights that medical professionals have strong tendencies to leave their organizations and countries. In addition, Ratna and Chawla (2012:36) state that the process of employee retention will benefit an organization in minimizing the costs associated with the recruitment and training practices of new employees. Ratna and Chawla (2012:36) postulate that when employees leave the organization, they take with them valuable skills and knowledge from the organization. Therefore, this creates a skills gap which in turn affects service delivery. In order to avoid these problems organizations, especially healthcare institutions, must implement effective retention strategies.

2.13 BEST PRACTICES TO BE CONSIDERED WHILE IMPLEMENTING EMPLOYEE RETENTION STRATEGIES

According to Balakrishnan and Vijayalakshmi (2014:70), the basic practices in employee retention strategies include the following:

- **Hiring the right people in the first place at the right time.**

According to Oracle (2012:4), companies should employ the correct and talented candidates to ensure that they fit the requirements of the job. This ensures that the employee is able to perform their duties effectively and they will be satisfied with their job.

- **Empowering the employees by giving them the authority to make decisions.**

Balakrishnan and Vijayalakshmi (2014:71) note that empowered employees are easily retained by organizations as they feel valuable in the company. Therefore, Health Care Professionals should be empowered to make decisions, as this would improve their performance, leading to improved service delivery.

- **Making employees realize that they are the most valuable asset of the organization**.

Ratna and Chawla (2012:32) state that it is the role of management to ensure that employees know that they are a valuable asset in the organization. This can be done by appreciating employees whenever their performance is improved.

- **Having faith, trust and respect for employees.**

An employment relationship without trust and respect is bound to fail. Consequently, organizations are encouraged to trust, respect and have faith in their employees, which would lead to more job satisfaction and improved performance.

- **Keep providing employees with feedback on their performance.**

Atan, Raghavan and Mahmood (2015:41) highlight that offering feedback on employee performance is important in ensuring that they are aware of their current performance. If employees are provided with feedback on their performance, they will improve on performance if there is still a performance gap.

- **Creating an environment where the employees want to work and have fun.**

Balakrishnan and Vijayalakshmi (2014:71) state that it is of paramount importance for organizations to create a conducive environment for employees to work in. For instance, if the environment is not conducive for HCPs this could lead to more errors thus risking patients' lives.

2.14   THE IMPACT OF EFFECTIVE SERVICE DELIVERY

According to Wilson, Zeithaml, Bitner and Gremler (2008:6), a service refers to a performance offered by one party to another at a particular time. Akacho (2014:12) further states that healthcare service delivery defines the quality and availability of its healthcare and describes how and when it is delivered to the intended persons in need

of healthcare both at the hospitals and at home. Mosadeghrad (2014:78) notes that an effective healthcare service delivery means providing patients with suitable services in a competent manner; with good communications, cultural sensitivity and shared decision making. In a study conducted by Alagbonsi, Afolabi, Bamidele, and Aliyu (2013:127) in Nigeria, the results revealed that a well-functioning Health Care system requires a well-trained and adequately-paid workforce; a strong financing mechanism; reliable information on which to base decisions and policies; and well maintained facilities and logistics to deliver quality medicines and technologies. Present day healthcare delivery is defined by the idea that networks of healthcare professionals, rather than individual healthcare professionals, provide patient care, and that the success or failure of healthcare delivery is ultimately determined by the ability of those healthcare professionals to co-ordinate their activities.

2.15   FACTORS INFLUENCING THE DELIVERY OF SERVICES

Restricted resources and poor governance are major factors affecting the delivery of effective healthcare in most countries. In a study conducted by Arifeen, Christou, Reichenbach, Osman, Azad, Islam, Ahmed, Perry and Peters (2013:2012) in Bangladesh, the poor service delivery in the healthcare sector was due to restricted resources. Healthcare professionals were unable to perform their duties effectively and efficiently, especially in public hospitals. According to Akacho (2014:14), many countries in sub-Saharan Africa are unable to provide well-equipped wards and provision of adequate quality and coverage of health services due to economic challenges and scarce resources.

Employees' capacity is another factor affecting the delivery of effective healthcare. Wanjau, Muiruri and Ayodo (2012:117) postulate that highly skilled physicians, nurses, administrators and ancillary staff are critical to producing high-quality service delivery, hospital growth and satisfied clients. Wanjau, *et al.* (2012:117) further highlight that there is need for the selective hiring of qualified staff who in turn would work effectively to improve the standards of service delivery. Mohammadi and Shoghli (2008:90) note that the availability of latest technology in the hospital can be a factor influencing the

effective delivery of services. Patil and Patil (2014:269) state that many patients, as well as HCPs have easy access to the information available on the internet and that there is a huge opportunity for the healthcare sector for promoting information about health and disease to the targeted population using the latest technology and digital media.

2.16 CHALLENGES FACING THE ZIMBABWEAN HEALTH SECTOR WITH SERVICE DELIVERY

Mambo and Dumbreni (2014:1) state that the major challenge facing the health sector in Zimbabwe is a lack of resources, which include financial, human and material resources. According to Munyuki and Jasi (2009:15), the Zimbabwean government's investment in the health sector has been inadequate and the country has generally depended on donor support and direct budget support to run public health institutions.

Poor economic conditions are another great challenge facing the Zimbabwean Health Sector. MacKinnon and MacLaren (2012:9) state that Zimbabwe's Ministry of Health and Child Care is facing a challenge in attracting and retaining qualified health personnel due to the poor economic environment currently facing the country. The effects of the increased burden of disease and the high demand for services, as well as low staff motivation, have worsened the situation. Without a well-trained and motivated health workforce, it will be difficult to provide healthcare services to the required standards.

The migration of skilled health workers is another challenge facing the Health Sector in Zimbabwe. Rusvingo (2014:21) states that the lack of health professionals with appropriate technical skills due to migration affects not only the quality and coverage of health services, but also the evaluation and planning processes which could otherwise help alleviate the crisis in the health sector. In a study conducted by Kapp (2007:1988), a lack of equipment and machinery is another challenge facing the Zimbabwean health sector as doctors in Zimbabwe experienced a huge shortage of equipment since 2005. For instance, some doctors were frequently forced to use

several small syringes for a large dose medicine because they lacked large syringes. Meldrum (2008:1060) further highlights that hospitals in the country are unable to undertake the most basic operations because of shortages of anaesthetics, sutures and other essential supplies.

2.17   THE ROLE OF HUMAN RESOURCE PRACTICES IN THE IMPROVEMENT OF SERVICE DELIVERY AT MANAMA MISSION HOSPITAL IN ZIMBABWE

Figure 2.4 HUMAN RESOURCE PRACTICES AND SERVICE DELIVERY

HRM PRACTICES		SERVICE QUALITY
Recruitment and selection		Tangibility
Manpower planning		Reliability
Job design		Responsiveness
Training and Development		Assurance
Quality Circle		Empathy
Pay System		

CUSTOMER SATISFACTION
Degree of satisfaction
Customer's feelings of service
Percieved degree of method of service

ORGANISATIONAL PERFOMANCE
Sales growth
Markert Share within unit
Profitability within unit
Profitability within industry
Sales volume
ROI
Overall Assessment
Market share within industry

Source: Chand (2010:556). Adapted

According to Tan and Nasurdin (2011:157), human resource practices are conceptualized as a system that develops, attracts, motivates and retains employees to ensure that the organization effectively implements its goals and objectives.

Guchait and Cho (2010:1233) argue that it is very important to attract, retain, and keep employees who are motivated and efficient to ensure the delivery of good service to customers. This can be done through effective human resource practices. According to Chand (2010:557), all human resource practices if effectively implemented, will improve service delivery in any sector. These practices can be used as a retention strategy as well. Figure 2.4 above illustrates that human resource practices include recruitment and selection; training and development; and manpower planning.

Tan and Narsudin (2011:158) highlight that human resource practices contribute to the improvement of service delivery in the organization because of the following: training helps employees master knowledge; skill and ability which would contribute to improved performance. Manpower planning is another human resource practice and it refers to the process by which a department ensures that it has the right number and kind of people at the right place, and at the right time, capable of effectively and efficiently completing tasks that will help the department to achieve its objectives (Aswathappa and Dash, 2008:56).

Akacho (2014:18) states that highly skilled HCPs are critical to producing high-quality outcomes and effective quality improvement and hence the improvement of service delivery. There is need for selective hiring of qualified staff. Successful recruitment and retention of staff is tied to the empowerment of staff that must be treated as full partners in the hospital operation and given opportunities for advancement. The hospitals need to place greater emphasis on recruiting and retaining top-level Health Care Professionals, accompanied by an effort to encourage these professionals to form working teams to promote quality.

Figure 2.4 above, presented by Chand (2010:556), highlights that human resource practices play a pivotal role in the improvement of service delivery in organizations. Chand (2010:557) notes that effectively implemented human resource practices contribute to quality service delivery and customer satisfaction, as well as improved organizational performance.

2.18   THE IMPACT OF EMPLOYEE TRAINING ON SERVICE

In a study conducted by (Mabuye, 2013:68) at the Department of Public works, roads and Transport in South Africa, results revealed that employee training plays a pivotal role in the improvement of service delivery in public entities. Atan, Raghavan and Mahmood (2015:45) further highlight that the return on investment for employee training is evidenced by improved performance, minimized errors and increased job satisfaction, which in turn would improve the delivery of services. The results from a study conducted by Mabuye (2013:67) further illustrated that for service delivery to improve due to employee training, the attitude of the employees should be positive. If the employees have a negative attitude toward the training that is provided, they would be likely to offer poor services consequently, the objectives of the training would not be achieved.

2.19   CONCLUSION

The purpose of this chapter was to present literature relevant to the importance of employee training and the retention strategies of healthcare professionals for effective service delivery. The literature confirms that employee training is important for the improvement of service delivery in the health sector. The literature also highlights that effectively implemented retention strategies ensure that employees stay with the organization for a longer period, which will improve employees' performance leading to improved service delivery. The following chapter provides a detailed description and explanation of the overall research design used in this study.

CHAPTER 3

RESEARCH METHODOLOGY AND DESIGN

3.1   INTRODUCTION

The preceding chapter dealt with the literature review on the importance of employee training as well as the retention strategies of Health Care Professionals for effective service delivery at Manama Mission Hospital in Zimbabwe. This chapter discusses the research design, the data collection procedures; the population under investigation, and the research instrument used for the research. According to Mouton (2011: 56), methodology focuses on the research procedures, process and tools that are applied to the research study. De Vos, Strydom, Fouché and Delport (2009:252) further highlight that the research methodology describes the research design, participants, sampling plan, data collection procedure and measuring instruments. This chapter describes the methods and computer software, the Statistical Package for the Social Sciences (SPSS) version 24 for Windows, that were used to analyze the data.

3.2   RESEARCH DESIGN

According to Khan (2008:69), a research design is an action plan that is aimed at achieving the objectives of the study and providing the information required to solve the research problem. Phelps, Fisher and Ellis (2007:80) state that research design refers to a planned outline of how information is to be gathered for evaluation or assessment and includes identifying the data gathering methods, as well as the research instruments to be utilised.   Krishnaswamy, Mathirajen and Sivakumar (2006:21) concur that research is a multi-dimensional plan that can be used to identify the type of research; methods of measurement; methods of sampling; data collection methods; and analysis thereof. According to Cooper and Schindler (2006:146), the following are the pre-requisites of a research design:

- The design guides the selection of sources and types of information;

- The design is a framework for specifying the relationship among the study's variables;

- The design sets out the procedures for every research activity;

- The design is an activity and a time-based plan; and

- The design is always based on the research questions.

Wisker (2009:20) affirms that the choice of research design is based on the researcher's assumption, research skills and research practices that influence the way in which data is collected. Creswell, Plano and Clark (2011:53) postulate that the research design is very useful because it guides the methods that the researcher must undertake in the study, as well as the logic by which the researcher makes interpretations when the study is complete.

3.3   TYPES OF RESEARCH DESIGN

Cresswell (2009:3) states that there are three commonly recognized methods for a research design, namely; mixed methods, qualitative and quantitative research designs. The three types of research design are described below.

3.3.1 QUALITATIVE RESEARCH DESIGN

Cresswell (2012:4) postulates that the qualitative research design involves exploring meaning through interviews, observations or analysis of documents and results in non-numerical data. Dane (2011:46) states that the main aim of qualitative research is to

offer a comprehensive and detailed description of the research topic and is more exploratory in nature.

3.3.2 QUANTITATIVE RESEARCH DESIGN

According to Fox and Bayat (2007:7), quantitative research focuses on the investigation of a problem by means of using statistical, mathematical or numerical data or computation techniques. Quantitative research design is conclusive in its purpose. It attempts to quantify the problem and understand how prevalent it is by looking for projectable results to a larger population. O'Leary (2014:123) further notes that conclusive research is specific and involves verifying facts and selecting a proper course of action. For the purposes of this study, the quantitative research design was used. Creswell (2009:175) postulates that when using the quantitative approach, a researcher should focus on the quantitative data or facts related to the problem and develop mathematical expressions that describe the objectives, constraints and other relationships. The reason for not choosing the qualitative research design is due to its lack of statistical representation. It is a perspective-based method of research only, which means the responses given will not measured

3.3.3 MIXED METHODS RESEARCH DESIGNS

Creswell (2012:3) purports that the mixed methods research design is a procedure for collecting, analyzing and combining both quantitative and qualitative research methods in a single study in order to understand a research problem. O'Leary (2014:122) emphasizes that the mixed method research design draws on both the qualitative and quantitative research methods after noting the advantages and disadvantages associated with these two methods.

3.4   PRIMARY DATA COLLECTION

Sekaran and Bougie (2010:180) define primary data as first-hand information obtained by the researcher on variables of interest for the specific purpose of the study. In this study the researcher undertook to conduct a survey by utilizing the personal method to administer structured closed-ended questionnaires to collect primary data (Annexure B). It was envisaged that a high response rate would be achieved by using the personal method to administer the questionnaire to all ninety target respondents.

3.5   SECONDARY DATA COLLECTION

Sekaran and Bougie (2010:184) define secondary data as information gathered by someone other than the researcher conducting the study. Such data can be internal or external to the organization and accessed through the internet or through perusal of recorded or published information. Hussey and Collins (2007:198) concur that secondary data analysis saves time that would otherwise be spent collecting data. There are several sources of secondary data used in this study, including the following:

- Text Books;
- Journal articles;
- Periodicals;
- Government publications;
- Statistical abstracts and Internet sources; and
- Unpublished dissertations related to the topical theme.

According to Hussey and Collis (2007:198), secondary data, is data collected by the researcher in the field of study. Hussey and Collis (2007:199), describe the advantages of secondary data as follows:

- It is time saving;
- It helps to make primary data collection more specific and is in line with the secondary data;
- It assists to improve the understanding of the problem;

- It provides a basis for comparison of the data that is collected by the researcher;

- It is economical; and

- It saves effort and or expenses.

3.6   TARGET POPULATION

According to Wellman and Kruger (2003:119), the target population is the number of possible respondents that could be included in the research study. In addition, Creswell (2005:145) concurs that a group population is any group of individuals with some common defining characteristic that a researcher can identify and study. For the purpose of this study, the target population comprised of Manama Mission Hospital's healthcare professionals, both permanent and those on contract. The list of the target population was obtained from the Manama Mission Hospital's Human Resource Department. Manama Mission Hospital employs a total of 120 employees, and 20 of whom are general workers. Therefore, the final total target population for this study equated to 90 healthcare professionals, which excluded the 20 general workers and the 10 used for the pilot study.

3.7   SAMPLING TECHNIQUES

According to Sapsford (2007:51), sampling is the process of choosing the right individuals or objects from the sampling frame, which is representative of the entire population. Cohen, Manion and Morrison (2007:100) further affirm that the eminence of a research study succeeds not only by the appropriateness of the methodology and instrumentation but also by the appropriateness of the sampling strategy that has been chosen. Neuman (2011:241) notes that sampling methods can be divided into two major categories, namely probability and non-probability sampling techniques.

3.7.1 PROBABILITY SAMPLING

Neuman (2011:241) defines probability sampling as a process of randomly selecting samples from a population where each member of the population has an equal chance of being selected. Saunders, Lewis and Thonhill (2003:159) highlight that there are five main techniques that can be used to select a probability sample, namely:

- Stratified random sampling;
- Cluster sampling;
- Simple random sampling;
- Systematic sampling; and
- Multi-stage sampling.

According to Neuman (2011:242), probability sampling is very efficient as it saves a lot of time, costs and it is also accurate. Saunders, *et al.* (2003:160) state that in probability sampling method people are selected randomly from the population so that each individual in the population has a known probability of being selected.

3.7.2 NON-PROBABILITY SAMPLING

According to Fox and Bayat (2007:58), the elements in the population in a non-probability sampling design do not have an equal chance of being selected. Saunders, *et al.* (2003:160) highlight the following non-probability sampling techniques, namely:

- Purposive sampling;
- Snowball sampling;
- Convenience sampling; and
- Quota sampling.

Cooper and Schindler (2003:198) note that non-probability sampling techniques produce a selection that may be biased and non-representative of the target population. Neuman (2011:243) portrays that non-probability sampling is appropriate

for a small number of investigative preliminary researches and qualitative research studies. The need for sampling in this study was eliminated as the researcher chose to make use of the survey method due to the population being relatively small it totalled 90 respondents.

3.8   JUSTIFICATION FOR USING THE SURVEY METHOD

According to Denscombe (2010:7), surveys have emerged in recent times as one of the most popular approaches in social science research. Bayat and Fox (2007:87) purport that a survey is the procedure of systematically acquiring and recording information about the members of a given population. Dane (2011:218) suggests that survey methods are the oldest method used by the researchers and they are the methods for a small scale study with which the general public is most familiar. This method involves obtaining information directly from the target population identified. For this study, there was no need to use any sampling techniques as the target population was too small and only equated to 90 respondents. According to Brannick and Roche (2007:11), the survey method is systematic as it uses information that is gathered from respondents via a questionnaire. Dane (2011:220) affirms that there are three types of information that may be obtained from the survey method. These include the following:

- Behavior which refers to an action completed by a respondent;
- An opinion which is an expression of a respondent's preference, feeling or behavioral intention; and
- A fact which is a phenomenon or characteristic available to anyone who knows how to observe it.

3.9   QUESTIONNAIRE CONSTRUCTION

According to Drew, Hardman and Hosp (2008:35), questionnaire construction is of paramount importance to the success of the research study. Appropriate questionnaire construction allows the researcher to solve problems prior to

questionnaire administration. According to Frazer and Lawley (2000:19), there are five processes to be followed when designing a questionnaire and these processes include the following, as illustrated in Figure 3.1 below.

FIGURE 3.1 QUESTIONNAIRE DESIGN PROCESSES

STEP 1
Determine the required information and from whom it should be sought

STEP 2
Determine the interview method and length of the questionnaire

STEP 3
Prepare the draft questionnaire

STEP 4
Pre-test and revise the questionnairre

STEP 5
Assess the reliability and validity of the questionnaire
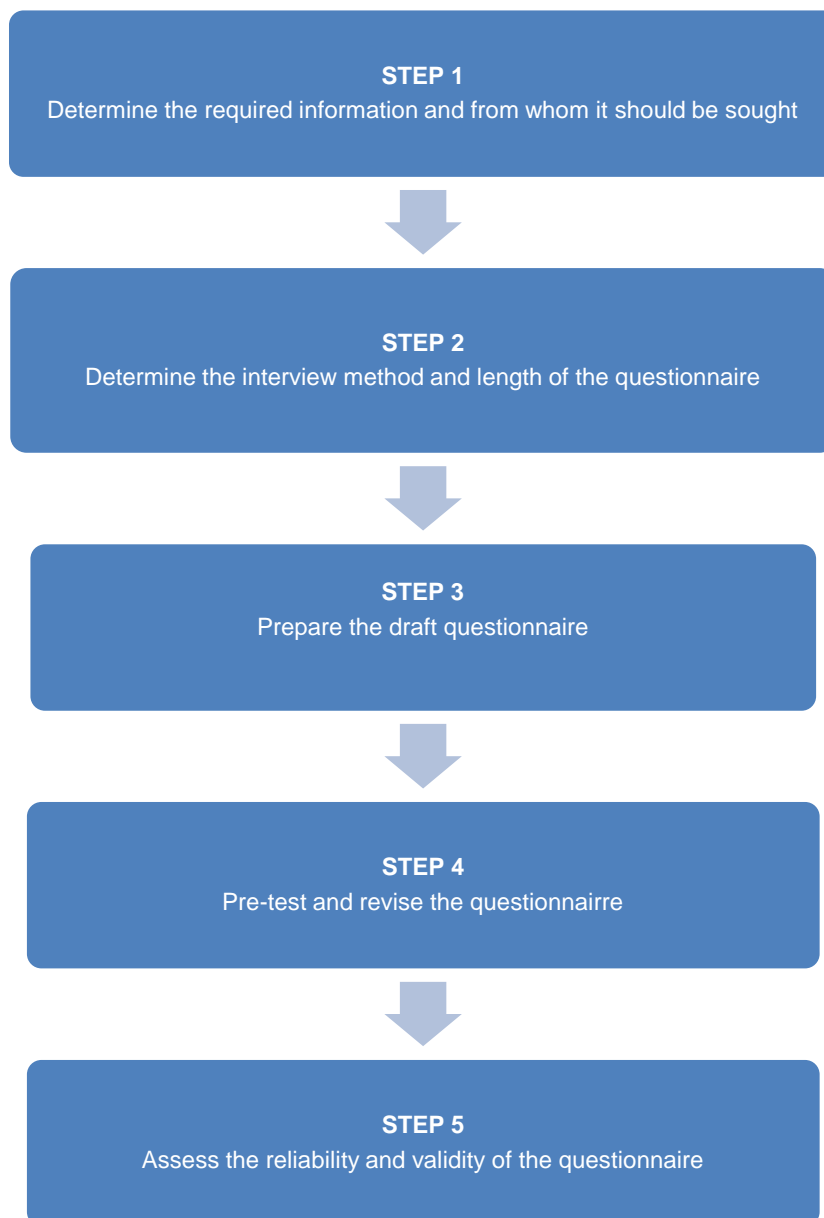
Source: Frazer and Lawley. (2000:19). Adapted.

The questionnaire was constructed mainly to elicit responses to questions based on employee training, retention strategies and service delivery. It was aligned to the problem statement, key objectives, research questions and the literature review. Sections B, C and D of the questionnaire used in this study were measured on a 5-point Likert scale, with scale responses varying between strongly agree, agree, neutral, disagree and strongly disagree. Maree (2007:167) notes that the Likert scale is convenient when the researcher wants to measure a construct. Willemse (2009:16) further attests that the Likert scale should have an odd number of response categories for all questions for a neutral reply, and should be used intermittently to prevent central tendency bias from distorting data.

3.9.1 CHARACTERISTICS OF A GOOD QUESTIONNAIRE

According to Willemse (2009:15), a good questionnaire has two parts, namely: a classification part and a subject matter of inquiry part. For the purpose of this study, the questionnaire was developed to cater for the classification part and the inquiry part. According to Cano (2009:3), the questionnaire should be uncluttered and spread out. A clear format must be chosen for the respondent to record their responses. According to Wiid and Diggines (2009:171), a questionnaire is designed to generate the data necessary to accomplish a research project's objective. The authors further elaborate that the questionnaire has three specific objectives crucial for an effective questionnaire construction, namely:

- The questionnaire must translate the information needed into a set of specific questions that the respondents can answer;
- Secondly, a questionnaire must uplift, motivate and encourage the respondent to become involved, to co-operate and to complete the questionnaire; and
- Lastly, a questionnaire should minimize response error.

3.9.2 ADMINISTRATION OF THE FINAL QUESTIONNAIRE

A covering letter (Annexure A) explained the purpose and importance of the study. Respondents were also assured that their identity would remain anonymous and responses treated with confidentiality. The questionnaire was divided into four sections, namely:

- Section A: consisted of biographic information;

- Section B: comprised employees' response in relation to employee skills training;

- Section C, comprised employees' response in relation to retention strategies; and

- Section D, comprised employees' response in relation to service delivery.

3.9.3 ADVANTAGES OF A QUESTIONNAIRE

According to Sekaran and Bougie (2010:212) structured closed-ended questionnaires have the following advantages:

- Anonymity is guaranteed;
- Respondents can take more time to respond at their own convenience;
- A wide geographic region can be reached; and
- Questionnaires are economical. Questionnaires can provide a substantial amount of research data for a comparatively low cost in terms of materials, money and time.

3.9.4 PILOT STUDY

According to Saunders, *et al.* (2009:212), the pilot test is used to improve the questions on the questionnaire in order to ensure that there is no ambiguity or bias so that the measuring instrument is good for data collection. For the purpose of this study, ten respondents participated in the pilot study. They were randomly selected to test the questionnaire so that the necessary revisions were made before administration of the final questionnaire to the target respondents. Welman and Kruger (2003:191) concur with Sanders, *et al.* (2009:212) that a pilot study is essentially carried out to refine the questions so that there will be no problems in the interpretation of the questions during the actual empirical research undertaken. According to Welman and Kruger (2003:143), the purposes of pilot studies are:

- To allow researchers to note non-verbal behavior that may signify discomfort about the way questions were worded;
- To ascertain how long, the questions take to complete;
- To seek clarity of questions and layout; and
- To detect flaws in the measurement procedure.

The reliability of the questionnaire for this study was tested after conducting the pilot study, using Cronbach's Alpha Score. According to Muijs (2011:217), the reliability of a measuring instrument refers to the property of a measurement instrument that gives similar results for similar inputs. Reliability is computed by taking several measurements on the same subjects. Loewenthal and Lewis (2015:12) highlight that a reliability co-efficient of 0.70 or higher is considered acceptable. Table 3.1 below reflects the Cronbach's alpha score for all the items that constituted the questionnaire.

Table 3.1 Cronbach's alpha score

	Number of items	Cronbach's Alpha
Skills training	12	0.886
Retention Strategies	10	0.887
Relation to service delivery	11	0.844
Overall		0.902

As reflected by Table 3.1, the reliability scores for all sections exceed the recommended Cronbach's alpha value of 0.70. The overall score for Cronbach's alpha is 0.902. This indicates a degree of acceptable, consistent scoring for these sections of the research.

3.9.5   VALIDITY AND RELIABILITY CONSTRUCTS

According to Frazer and Lawley (2000:35), a questionnaire is valid if it measures what it is supposed to measure and is reliable if the responses are consistent and stable.

3.9.5.1   VALIDITY

Khan (2008:126) defines validity as the extent to which a measuring instrument satisfies the purpose for which it was constructed. It also refers to the extent to which it correlates with some criterion external to the instrument itself. Sekaran (2003:68) highlights three different types of validity, which include the following:

- *Content validity*, where the content and cognitive processes included can be measured. Topics, skills and abilities should be prepared and items from each category randomly drawn.

- *Criterion validity,* which refers to the relationship between scores on a measuring instrument and an independent variable (criterion), believed to measure directly the behavior of the characteristics in question. The criterion should be relevant, reliable and free from bias and contamination.

- *Construct validity,* where the extent to which the test measures a specific trait or construct is concerned. For example, intelligence, reasoning ability and attitudes.

O'Leary (2014:201) notes that validity shows whether the instrument reflects the true results, or at least something approximating the truth.

3.9.5.2   RELIABILITY

Burns and Bush (2010:73) note that reliability is a statistical concept and is related to consistency and dependability, that is, consistency in obtaining the same relative answer when measuring occurrences that have not changed. Olsen (2012:96) states that the reliability of an instrument is when the same instrument is used at a different time or administered to different subjects of the same population and the findings generally should be consistent. According to Burns and Bush (2010:74), the types of reliability include the following:

- *Test-retest reliability (coefficient of stability).* Consistency is estimated by comparing two or more repeated questions of the measuring instruments. This gives an indication of the dependability of the result on one occasion, which may then be compared with the results obtained on another occasion.

- *Equivalence reliability.* This type of reliability relates to reliability across indicators and to multiple indicators in the procedures. It determines if the measure in question produce consistent results across indicators.

- *Stability reliability* relates to reliability across time. It determines whether a measure produces dependable results if it is employed at different points in time.

- *Representative reliability.* It determines whether the measure will be dependable if utilised in groups other than the original group of subjects.

3.10   DATA COLLECTION METHODS

According to Sekaran (2003:223), there are a myriad of data collection methods that a researcher can use. The advantages and disadvantages of some data collection methods are shown in Table 3.2 below:

TABLE 3.2   DATA COLLECTION METHODS

MODE OF DATA COLLECTION	ADVANTAGES	DISADVANTAGES
Personal or Face-to-Face Interviews	• Can establish rapport and motivate respondents. • Can clarify the questions, clear doubts, add new questions. • Can use visual aids to clarify points. • Can read non verbal cues.	• Takes personal time. • Costs more when a wide geographic region is covered. • Respondents may be concerned about confidentiality of information given. • Interviewers need to be trained.
Personal method	• Can establish rapport and motivate respondents • Doubts can be clarified. • Less expensive when administered in groups. • Almost 100% response rate ensured.	• Organizations may be reluctant to give up company time for the survey with groups of employees assembled.
Electronic Questionnaires	• Easy to administer. • Can reach globally. • Very inexpensive. • Fast delivery.	• Computer literacy is a must. • Respondents must have access to the facility. • Respondent must be willing to complete the survey.

Source: Sekaran (2003:223). Adapted.

In this study, data was collected using the personal method through survey questionnaires administered to the final target respondents of 90 Health Care Professionals at Manama Mission Hospital in Zimbabwe. A covering letter (Annexure

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A) was used to ensure that respondents were well informed of the intentions and purpose of the research.

3.11   FORMULATION OF HYPOTHESES

Willemse (2009:199) highlights that the hypothesis is used to statistically test for significance between two variables, the dependent variable and the independent variable, to draw conclusions. In this study, the formulated hypotheses were tested and analyzed. The hypotheses will be further explained in the next chapter (Chapter 4).

3.12   ETHICAL CONSIDERATION

Robson (2011: 199) defines ethics as moral principles that were put in place by an individual or a group of people, and were accepted and offered rules and behavioral expectations about correct conduct. Bayat and Fox (2007:148) highlight three basic ethical principles as the basis for research involving human subjects, namely:

- Respect for people;
- Beneficence; and
- Justice.

Respondents were assured of their anonymity, confidentiality and privacy in the covering letter (Annexure A). This encouraged willingness amongst healthcare professionals at Manama Mission Hospital to participate in the study. The completed questionnaires were kept safely and will be discarded after a period of 5 years. The respondents were free to answer the questionnaire and there was no coercion on the part of the researcher. According to Sekaran (2003:94), the following ethical measures must be adhered to when conducting a research study:

- **Right of the participant**

In this study, no effort was made to destroy the respondents deliberately. Those who experience any form of harm, be it through victimization, emotional or otherwise, were informed in advance of their right to withdraw from participating in the study. This was addressed in the covering letter (Annexure A).

- **Informed consent**

In this study, the researcher first requested permission to conduct the research (Annexure C) and a letter of informed consent was obtained from the Ministry of Health Matabeleland South Province in Zimbabwe (Annexure D). A covering letter (Annexure A) ensured that the respondents were aware of the nature, purpose and objectives of the study.

- **Confidentiality and anonymity**

Saunders, *et al.* (2003:94) highlight that confidentiality means that information from respondents was not going to be revealed to the public nor made available to colleagues, subordinates or superiors. In this study, all information about respondents was treated with confidentiality and the participants were anonymous. A covering letter (Annexure A) also assured respondents that all responses would be treated with the utmost confidentiality and anonymity.

3.13   ANALYSIS OF DATA

Sekaran and Bougie (2010:26) describe data analysis as data that is statistically investigated in order to determine whether the generated hypotheses have been supported. In this study, the questionnaires were pre-coded and the responses to the questionnaires were captured to form a data set. Thereafter, the data was analyzed statistically using the latest version of the Statistical Package for Social Sciences

(SPSS) version 24 for Windows. The data captured from the responses to the questionnaires were analyzed with the assistance of a statistician. The Statistical Package for Social Sciences software helped to break down the raw data into simpler quantitative and tabular forms for easy understanding and assimilation.

3.14   CONCLUSION

This chapter provided a description of the methodology used and the justification for its use to conduct the study. A pilot study was conducted with 10 participants to test the reliability and validity of the questionnaires. The final target population comprised 90 Health Care Professionals at Manama Mission Hospital. The survey method was used to administer the questionnaires to the target respondents of 90 employees. The next chapter highlights an analysis of the results and a discussion of the findings.

CHAPTER 4

ANALYSIS OF DATA AND DISCUSSION OF FINDINGS

4.1   INTRODUCTION

The previous chapter focused on the research methodology that was utilised to gather data for this study. This chapter presents the results and discusses the findings obtained from the questionnaires in this study. The questionnaire was the primary tool used to collect data and was distributed to Health Care Professionals at Manama Mission Hospital in Zimbabwe as a case study. The main aim of this study was to investigate the importance of employee training and retention strategies of Health Care Professionals for effective service delivery at Manama Mission Hospital in Zimbabwe. The data collected from the responses was analysed with the Statistical Package for the Social Sciences (SPSS) version 24.0. The results present the descriptive statistics in the form of graphs, cross tabulations and other figures for the quantitative data that was collected. A total of 90 questionnaires were distributed to the target respondents. The number of returned questionnaires totalled 80 which represented a high response rate of 89%.

The employees at Manama Mission Hospital were highly supportive throughout the data collection process. A letter of informed consent was also provided by the Provincial Medical Director of Matabeleland South Province in Zimbabwe. A quantitative design was adopted for this study and the survey method was used due to the relatively small target population. The personal method of data collection was used in this research.

4.2   THE RESEARCH INSTRUMENT

The research instrument comprised 38 items, with a level of measurement at a nominal or an ordinal level. The questionnaire was divided into sections which measured various themes, as shown below:

Section A   Biographical Data

Section B   Retention Strategies

Section C   Skills Training

Section D   Service Delivery

4.3   ANALYSIS OF BIOGRAPHICAL DATA (SECTION A)

This section concentrated on the analysis of the biographical data of the respondents. The section focuses on the age, gender, length of service and the educational level of the respondents. Statistical data are presented in the form of numbered frequency tables, cross tabulation tables and figures.

4.3.1 AGE BREAKDOWN FOR SAMPLE RESPONDENTS

TABLE 4.1   AGE OF RESPONDENTS (N=80)

Age	Respondents	Percentage
Less than 20	0	0%
21 – 30	31	38.8%
31 – 40	35	43.7%
41 - 50	6	7.5%
51 and older	8	10%
Total	**80**	**100%**

Table 4.1 indicates the overall response rate according to the age groups. The data above is also presented in Figure 4.1 below as a pie chart:

FIGURE 4.1   ANALYSIS PER AGE GROUP (N=80)

ANALYSIS PER AGE GROUP

0 0
10%
7.50%
38.80%
43.70%

■ Age   ■ Less than 20   ■ 21-30   ■ 31-40   ■ 41-50   ■ 51 and older
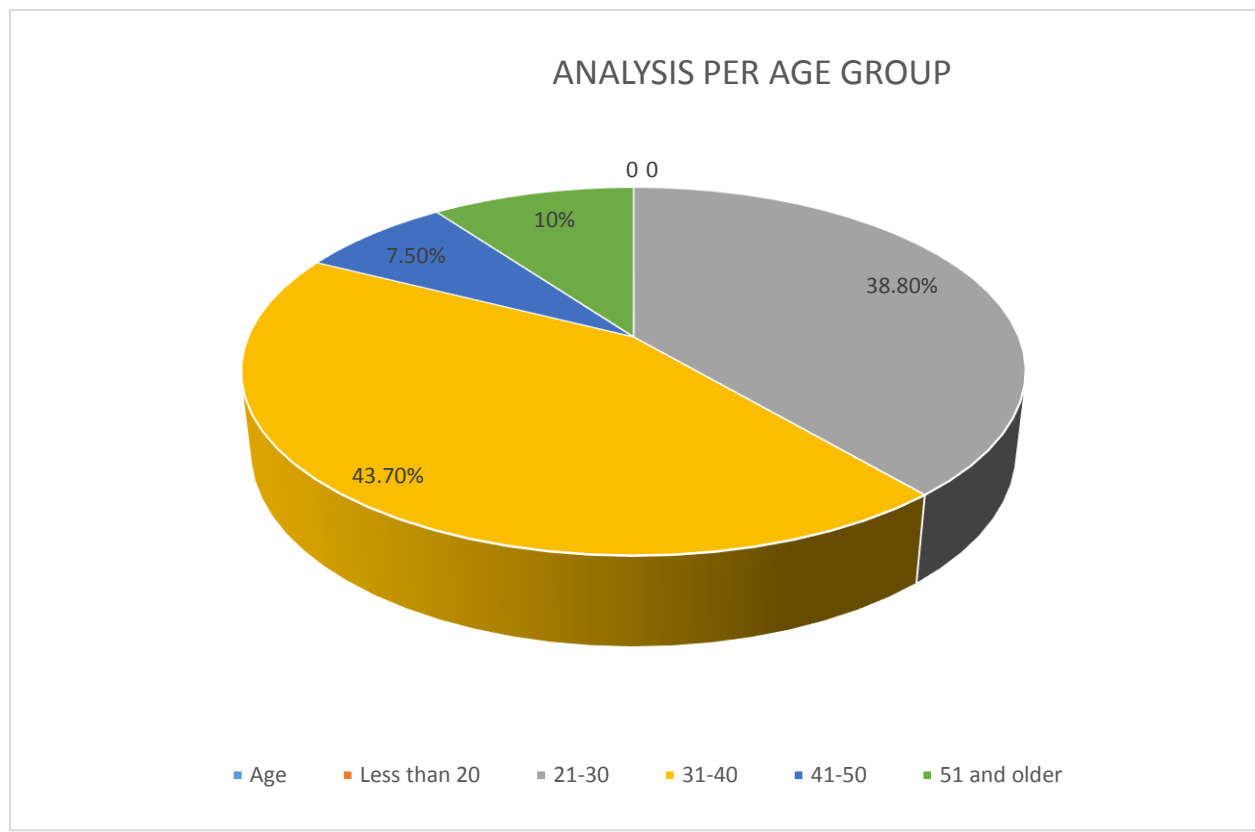
Table 4.1 and Figure 4.1 illustrate the percentage response rate by the sample respondents per age category. The majority of respondents were aged between 31 and 40 years whilst those aged from 20 years and below did not constitute any percentage.   Those of 51 years and above constituted 10% of the respondents. A study conducted by Chung, Park, Cho, Park, Kim, Yang and Yang (2015:155) in the Republic of Korea revealed that as workers age, their physical and mental abilities deteriorate and the occurrence of accidents and diseases within workers escalates as they age.   The majority of Manama Mission Hospital Health Care Professionals (HCPs) were between the ages of 31-40 and were still economically active individuals.

4.3.2   GENDER BREAKDOWN FOR SAMPLE RESPONDENTS

FIGURE 4.2   **ANALYSIS OF GENDER BREAKDOWN (N= 80)**
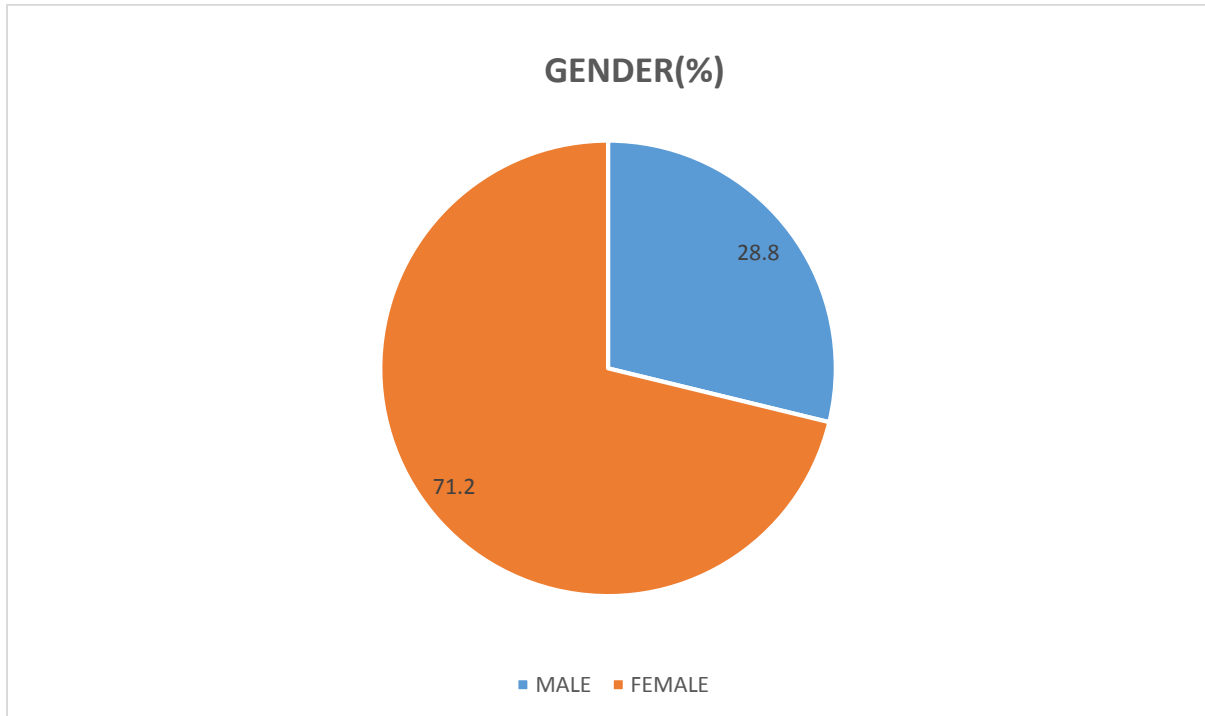
Figure 4.2 depicts the gender breakdown of the respondents of the study. Females dominated males in the study as they constituted 71.2% whilst males constituted 28.8%. In a study conducted by Buzuzi (2016:1) in Zimbabwean rural hospitals, results revealed that the Health Sector was largely dominated by women and they accounted for the majority of healthcare workers, and that there are gender imbalances within the different professions in Zimbabwe. HCPs who took part in the study felt that the imbalance stemmed from the careers men and women tended to pursue and the recruitment processes for training affected their decisions.

4.3.3 AGE AND GENDER CROSS-TABULATION (N=80)

Table 4.2   Gender distribution of the respondents by age group (N = 80)

AGE GROUP		GENDER		TOTAL
		MALE	FEMALE	
Younger than 20 years	Count	0	0	0
	Percentage total	0%	0%	0%
21 to 30 years	Count	13	18	31
	Percentage total	16.3%	22.5%	38.8%
31 to 40 years	Count	5	30	35
	Percentage total	6.3%	37.5%	43.8%
41 to 50 years and older (≥46)	Count	2	4	6
	Percentage total	2.5%	5.0%	7.5%
51 years and older	Count	3	5	8
	Percentage total	3.8%	6.3%	10%
TOTAL	COUNT	23	57	80
	Percentage total	28.8%	71.3%	100%

Table 4.2 illustrates the respondents' ages, which ranged from 18 to older than 51 years of age. The sample constituted 23 (28.8%) male and 57 (71.3%) female respondents. Of the male respondents, 16.3% were in the age group 21 – 30 years and of the female population, 22.5% were in the age group 21 – 30 years. Table 4.1 further indicates that the respondents from 31-40 years constituted a significant portion

of the responses with 43.8%. There were a few respondents in the age group 41-50 years. The male population constituted 2.5% while the female constituted 5%. Therefore, the total respondents for the age group 41-50 years was 7.5%. As illustrated in Table 4.2 above, the male respondents constituted 3.8% while the female respondents constituted 6.3% in the 51 years and older age group. The results further revealed that on all the age and gender categories on the questionnaire, there were more females than males.

4.3.4 EDUCATIONAL QUALIFICATION

Figure 4.3   Distribution of respondents by educational qualification (N=80)
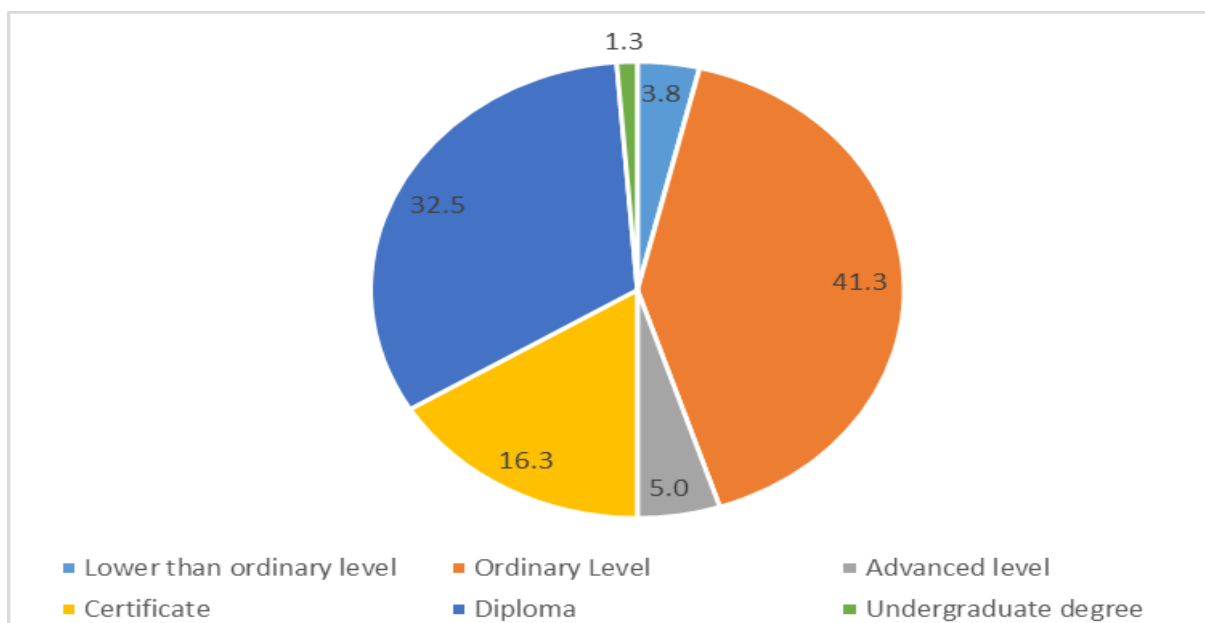
Figure 4.3 illustrates the respondents' educational qualifications. The majority of respondents (41.3%) had Ordinary level as their highest qualification. Figure 4.3 further highlights that nearly 50% of the respondents had a post-school qualification which includes a certificate, diploma and undergraduate degree. 32.5% of the respondents have a diploma, while the highest number of respondents (41.3%) had Ordinary level qualification.   Only 5% of the respondents had an Advanced level

qualification, while 16.3% have certificates. A marginal 1.3% respondents had an undergraduate degree.

4.3.5 LENGTH OF SERVICE

Figure 4.4   Percentage of respondents by length of service (N=80)
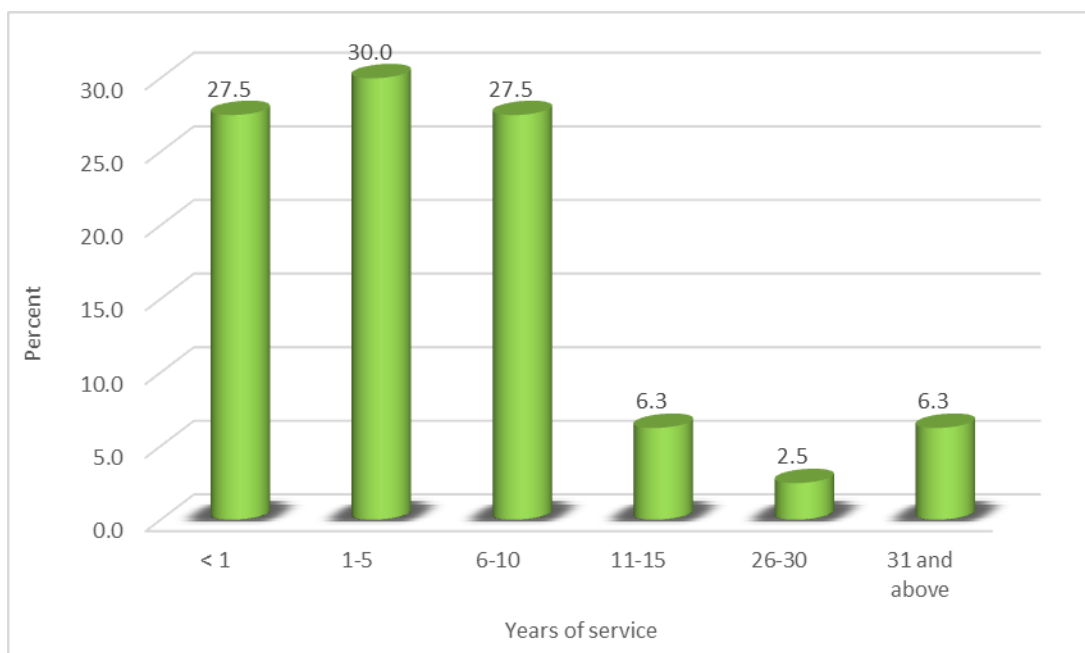
Figure 4.4 illustrates the respondents' length of service with Manama Mission Hospital which ranged from less than 1 year to longer than 31 years. Figure 4.4 revealed that a significant portion of the respondents (42.6%) had more than 6 years' service at Manama Mission Hospital, while 57.5% of the respondents had 5 years and below of service at the hospital. The highest percentage recorded was that of respondents who had worked for a period of 1-5, years which amounts to 30%. The lowest percentage recorded was that of respondents who worked for a period of 26-30 years which amounts to 2.5%. These results highlight that there were HCPs at Manama Mission Hospital who had many years of experience.

4.3.6 Occupation

Figure 4.5   Percentage of respondents by occupation (N=80)
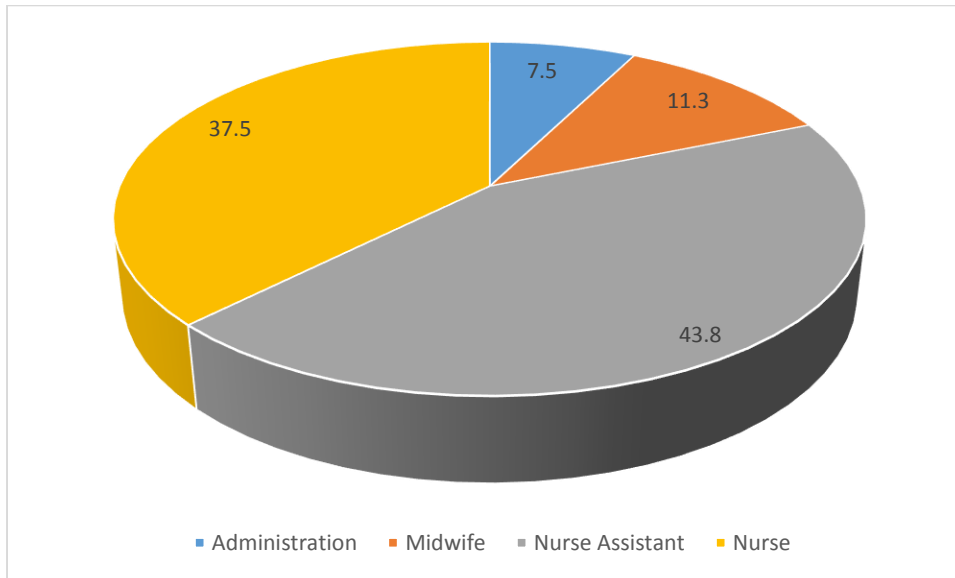
Figure 4.5 above highlights that the highest category of respondents employed by Manama Mission Hospital were assistant nurses (43.8%). Qualified nurses constituted (37.5%) of the respondents. The smaller group of the respondents were those in administration. Manama Mission Hospital employs two qualified medical doctors but they were not available when the questionnaires were distributed.

4.4   DESCRIPTIVE STATISTICS

According to Somekh and Lewin (2005:222), descriptive statistics is defined as the description or summary of the data acquired from a group of individual units of analysis. Treiman (2009:114) notes that presenting descriptive statistics is very useful as it allows the reader to comprehend the most basic characteristics of the data being analysed. Kol (2008:243) further suggests that the researcher can use frequency distribution; one-way tabulation; cross tabulation; central tendency; and measures of dispersion to describe the data. Cross-tabulation can be viewed as one of the simplest

and most frequently used ways of indicating the presence or absence of a relationship between variables (Bryman and Cramer, 2009:199). The descriptive statistics relating to employee skills training, retention strategies and service delivery have been outlined in this section. In this study, the descriptive statistics are presented using frequency tables, graphs and various statistical tests that were performed to analyse the data.

4.4.1 ANALYSIS PERTAINING TO EMPLOYEE SKILLS TRAINING (SECTION B)

4.4.1.1 EMPLOYEE SKILLS TRAINING HELPS TO IMPROVE PERFORMANCE

Figure 4.6 Skills training helps to improve performance (N=80)
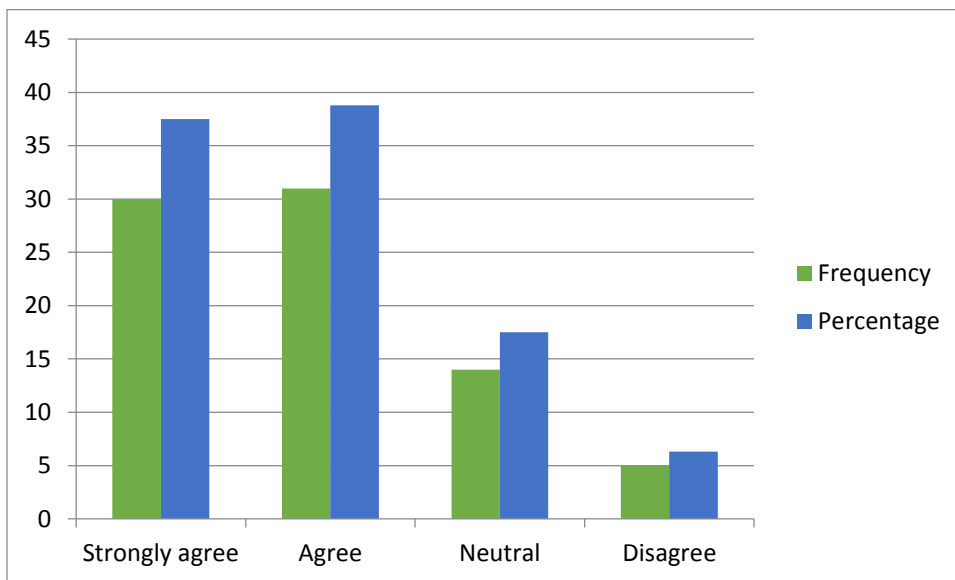
Figure 4.6 above highlights that 37.5% of the respondents strongly agreed that skills training provided by Manama Mission Hospital helped the employees to improve their performance. The majority of the respondents (76.3%) agreed that their performance was improved when they received skills training, 17.5% of respondents were neutral; whilst 6.8% disagreed. According to Shiryan, Shee and Stewart (2012:47), when employees receive skills training their performance is enhanced as is their attitude, aptitude, competency and satisfaction. When employee performance is improved, the

organisation can benefit from improved productivity as well as reduced error rates (Shiryan, *et al.* 2012:47).

4.4.1.2 EMPLOYEE SKILLS TRAINING GIVING EMPLOYEES AN IDEA OF THE PROBLEMS TO BE ENCOUNTERED

Figure 4.7   The skills training provided gives an idea of the problems that will be encountered on the job (N=80)
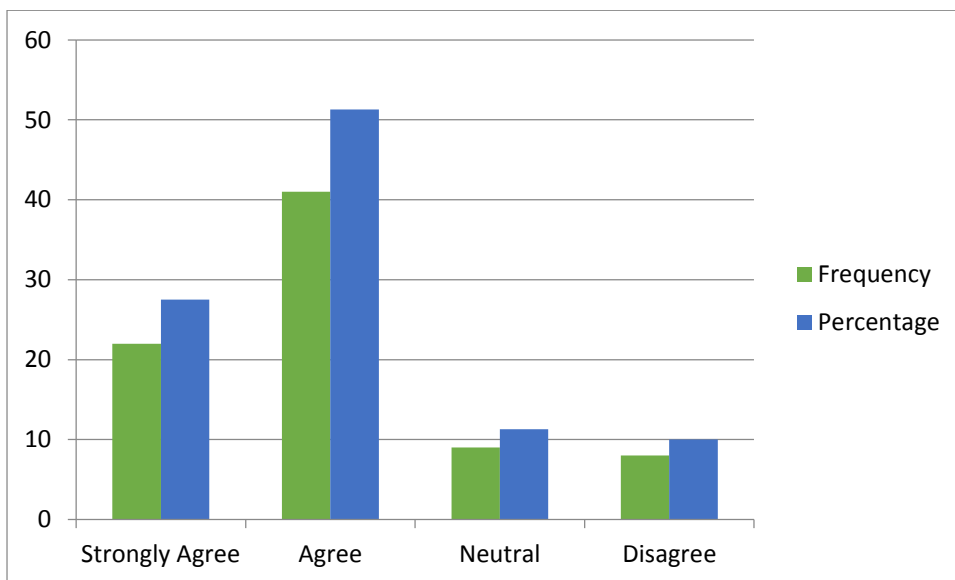
As illustrated by Figure 4.7, 22 respondents (27.5%) strongly agreed that the skills training provided by Manama Mission Hospital gave them an idea of the problems to be encountered on the job, whilst 41 respondents (51.3%) agreed with the statement. Nine respondents (11.3%) remained neutral and 8 respondents (10%) disagreed respectively. The overall result therefore implies that the majority (78.8%) of the respondents believed that the skills training offered by Manama Mission Hospital gave them an idea of the problems they might encounter whilst conducting their duties.

4.4.1.3 TRAINING ASSISTS IN THE DEVELOPMENT OF KNOWLEDGE

Table 4.3   Skills training develops knowledge (N=80)

The skills training provided assist me to develop my knowledge.					
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Strongly Agree	29	36.3%	36.3	36.3
	Agree	36	45.0%	45.0	81.3
	Neutral	11	13.8%	13.8	95.0
	Disagree	4	5.0%	5.0	100.0
	Total	80	100.0%	100.0	100.0

Table 4.3 reveals that 29 respondents (36.3%) strongly agreed that the skills training provided at Manama Mission Hospital enhanced their knowledge, whilst 36 respondents (45%) agreed with the statement. A minority of respondents (5%) disagreed that the skills training offered at Manama Mission Hospital developed their knowledge, whilst 11 (13.8%) remained neutral. Costen and Salaza (2011:276) concur that employees who receive the right training are more knowledgeable than those who do not receive training.

4.4.1.4   RELEVANCE OF SKILLS TRAINING

Figure 4.8   Skills training relevant to the job provided at Manama Mission Hospital (N=80)
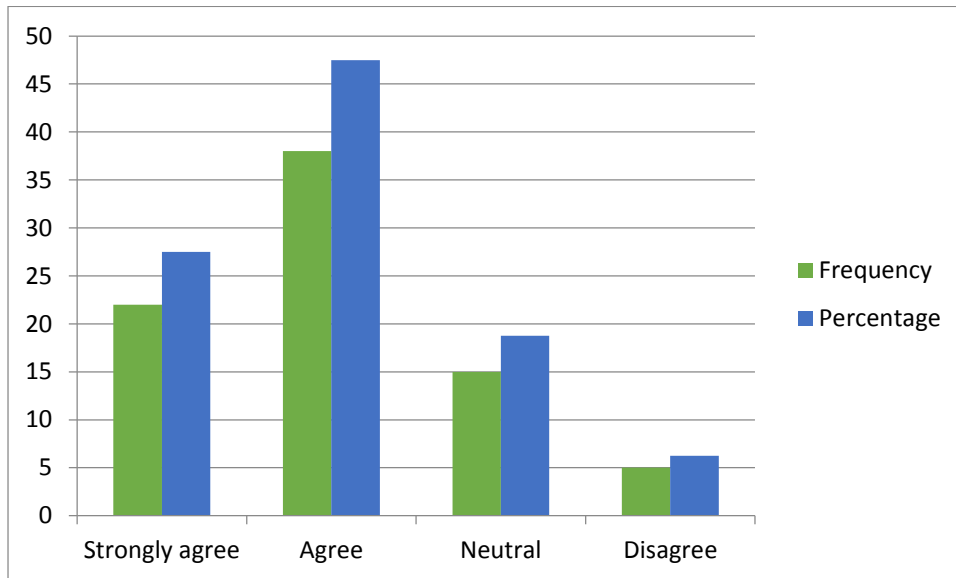
Figure 4.8 above illustrates that 22 respondents (27.5%) strongly agreed that the skills training provided at Manama Mission Hospital was relevant to their job and 38 respondents (47.5%) agreed with the statement. Fifteen respondents (18.8%) were neutral, whilst 5 respondents (6.3%) disagreed, highlighting that they believed that the skills training provided at the hospital is not relevant to the job performed at Manama Mission Hospital. According to Shiryan, Shee and Stewart (2012:47), employers must provide employees with skills training which is relevant to the task performed in order to ensure that employees performance is improved.

4.4.1.5   MANAGEMENT SUPPORT

Table 4.4   Management support for training programs (N=80)

My superiors support the offering of training programs					
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Strongly Agree	20	25.0%	25.0	25.0
	Agree	33	41.3%	41.3	66.3
	Neutral	17	21.3%	21.3	87.5
	Disagree	10	12.5%	12.5	100.0
	Total	80	100.0%	100.0	

Table 4.4 above illustrates that a majority of respondents (41.4%) agreed that superiors at Manama Mission Hospital support the offering of training programs. A small minority of the respondents (12.5%) disagreed that management support the offering of training programs at Manama Mission Hospital. Obisi (2011:82) highlight that management involvement in skills training produces positive results and their commitment yields great achievements.

4.4.1.6   TRAINING EVALUATION

Figure 4.9   Evaluation is done after training (N=80)
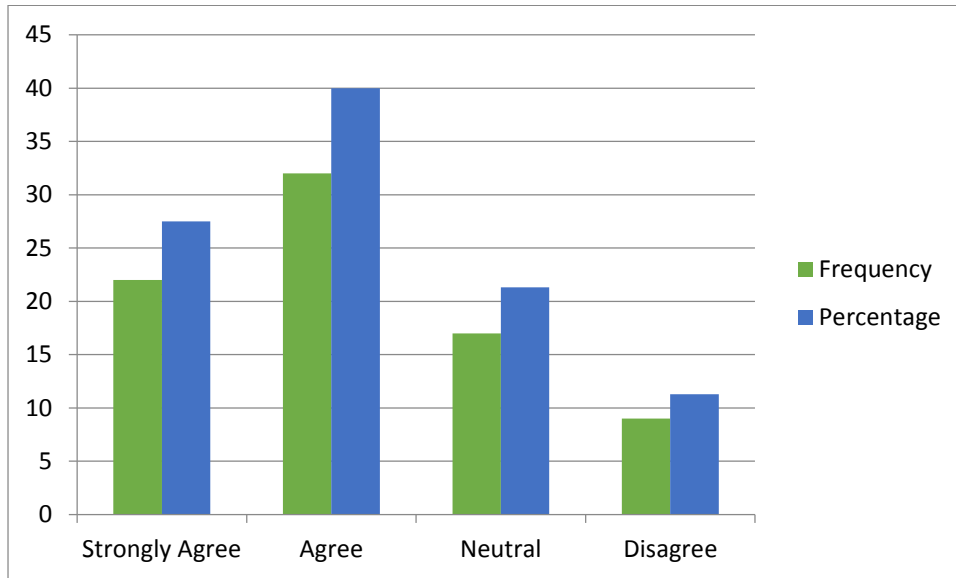
Figure 4.9 highlights that 22 respondents (27.5%) strongly agreed that evaluation is done after each training at Manama Mission Hospital to ensure that the training provided met the targeted goals whilst 32 respondents (40%) agreed with the statement. Moreover, 9 respondents (11.3%) disagreed that evaluation is conducted after training at Manama Mission Hospital. Shenge (2014:57) highlights that evaluation of training is beneficial both to the organisation and to the employee as the results of the training would be assessed and analysed. Saeed and Shabir (2013:1032) state that there is sufficient evidence signifying that a great part of organizations' investment in training does not result in optimal transfer. Hence, organizations are always concerned with evaluating the costs of training in relation to the expected benefits of training.

4.4.1.7   EMPLOYEE TRAINING FEEDBACK

Figure 4.10   Feedback of the outcomes of every training is provided (N=80)
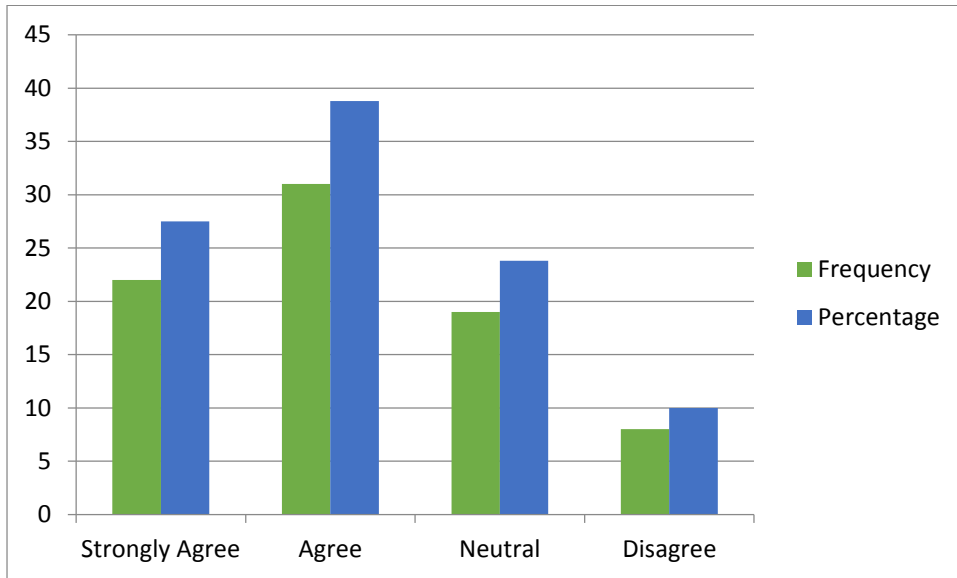
As shown in Figure 4.10, 22 respondents (27.5%) strongly agreed that feedback of the training programs is provided at Manama Mission Hospital and 31 respondents (38.8%) agreed with the statement. Nineteen respondents (23.8%) remained neutral, while 8 respondents (10%) disagreed.   Atan, Raghavan and Mahmood (2015:41) highlight that for training to be effective, feedback must be provided to the employees to ensure that they improve their performance and feel motivated.

4.4.1.8 EMPLOYEE TRAINING METHODS

Table 4.5   On-the-job employee training method (N=80)

		Frequency	Percent	Valid Percent	Cumulative Percent
I prefer training provided inside the working environment					
Valid	Strongly Agree	34	42.5%	42.5	42.5
	Agree	37	46.3%	46.3	88.8
	Neutral	5	6.3%	6.3	95.0
	Disagree	3	3.8%	3.8	98.8
	Strongly disagree	1	1.3%	1.3	100.0
	Total	80	100.0%	100.0	

Table 4.5.1   Off- the-job employee training method (N=80)

		Frequency	Percent	Valid Percent	Cumulative Percent
I prefer training provided outside the working environment					
Valid	Strongly Agree	15	18.8%	18.8	18.8
	Agree	22	27.5%	27.5	46.3
	Neutral	14	17.5%	17.5	63.8
	Disagree	20	25.0%	25.0	88.8
	Strongly disagree	9	11.3%	11.3	100.0
	Total	80	100.0%	100.0	

Figure 4.11 On- the- job training vs Off-the-job training method (N=80)
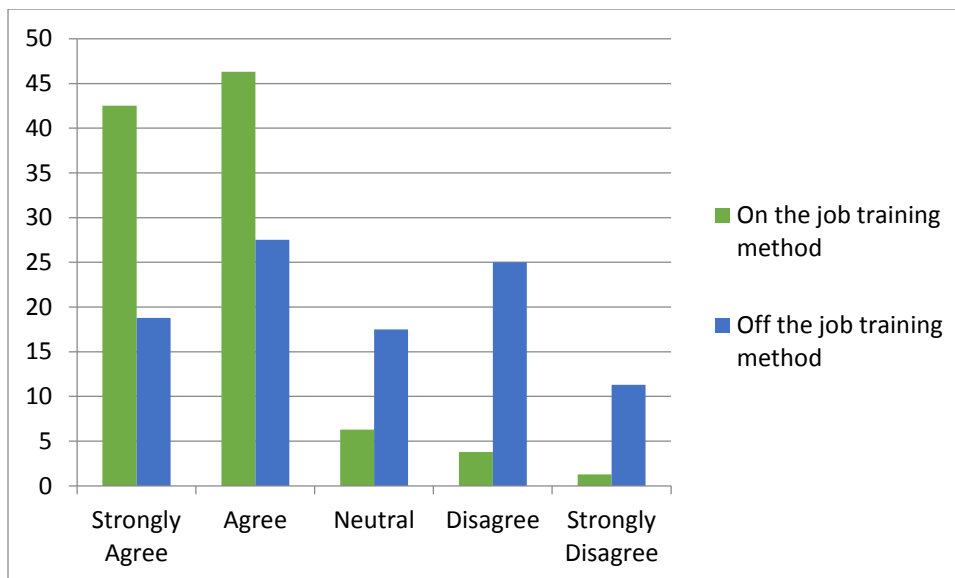
The results in Table 4.5 revealed that respondents preferred training that is provided on the job with 34 respondents (42.5%) strongly agreeing that they preferred on the job training compared to the 15 respondents (18.8%) who strongly agreed that they preferred off the job training programs. As illustrated in Table 4.5 above, 5 (6.3%) respondents remained neutral that they prefer training provided inside the working environment, whilst 14 respondents (17.5%) from Table 4.5.1 chose to remain neutral. Coetzee, Botha, Kiley and Truman (2009:9) assert that there are two major training methods that the organisation can use to improve employees' knowledge. These include on-the-job and off-the-job training methods.

Three respondents (3.8%) disagreed that they preferred training provided while on the job and 1 strongly disagreed that on-the-job training is preferred. Figure 4.11 also highlights that 20 respondents (25%) disagreed that they preferred training provided when outside the working environment. Therefore, the majority of respondents (88.8%) at Manama Mission Hospital agreed that they preferred training that is provided while on the job, that is on-the-job training as highlighted in Table 4.5

compared to the training offered outside the working environment that is (off the job training) as shown in Table 4.5.1.

4.4.2 ANALYSIS PERTAINING TO RETENTION STRATEGIES (SECTION C)

4.4.2.1   EMPLOYEE JOB SATISFACTION

Table 4.6   Satisfaction with the current job (N=80)

I am satisfied with the current job		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Strongly Agree	40	50.0%	50.0	50.0
	Agree	31	38.8%	38.8	88.8
	Neutral	3	3.8%	3.8	92.5
	Disagree	6	7.5%	7.5	100.0
	Total	80	100.0%	100.0	

Table 4.6 above shows that 40 respondents (50%) strongly agreed that they were currently satisfied with their job, while 3.8% of the respondents were neutral. A total of 7.5% of the respondents disagreed with the statement which showed that they were not satisfied with their jobs. According to Friedrich (2016:1), a survey conducted by Gallup in 2012 showed that job satisfaction generally increased with age, and seniors reported the highest level at 94.8%. The study further highlighted that Gallup's research linked higher income levels to higher satisfaction levels and pay was not the only major factor that led to job satisfaction.

4.4.2.2   EMPLOYEES REWARDED FOR GOOD PERFORMANCE

Table 4.7   Reward for employee performance (N=80)

I get rewarded for my good performance.					
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Strongly Agree	33	41.3%	41.3	41.3
	Agree	23	28.8%	28.8	70.0
	Neutral	18	22.5%	22.5	92.5
	Disagree	6	7.5%	7.5	100.0
	Total	80	100.0%	100.0	

Table 4.7 shows that a majority of respondents (41.3%) strongly agreed that they were rewarded for their good performance at Manama Mission Hospital, while a small minority (7.5%) disagreed with this statement. Ratna and Chawla (2012:38) postulate that rewarding employees for their good performance increases job satisfaction, hence employees would be motivated to perform better. As indicated by Table 4.7, 23 of the respondents (28.8%) agreed that their good performance was rewarded, while 22.5% remained neutral. This highlighted that employees at Manama Mission Hospital were rewarded for good performance.

4.4.2.3   EMPLOYEES APPRECIATED FOR ACHIEVEMENTS

Table 4.8   Appreciation for achievements (N=80)

I get appreciated for my achievements					
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Strongly Agree	30	37.5%	37.5	37.5
	Agree	22	27.5%	27.5	65.0
	Neutral	20	25.0%	25.0	90.0
	Disagree	8	10.0%	10.0	100.0
	Total	80	100.0%	100.0	

Table 4.8 above revealed that 10% of respondents did not feel that the work they did was appreciated, while 37.5% strongly agreed that the work they did was appreciated. In addition, 60% of the respondents, as illustrated in Table 4.8, indicated that when they did a good job they got appreciated, whilst 25% respondents remained neutral. Quick and Nelson (2009:155) note that modern management practices like employee recognition programs increased employee motivation, job satisfaction and organizational performance.

4.4.2.4 SATISFACTION WITH THE EQUIPMENT PROVIDED

FIGURE 4.12   Employees satisfied with the equipment provided (N=80)
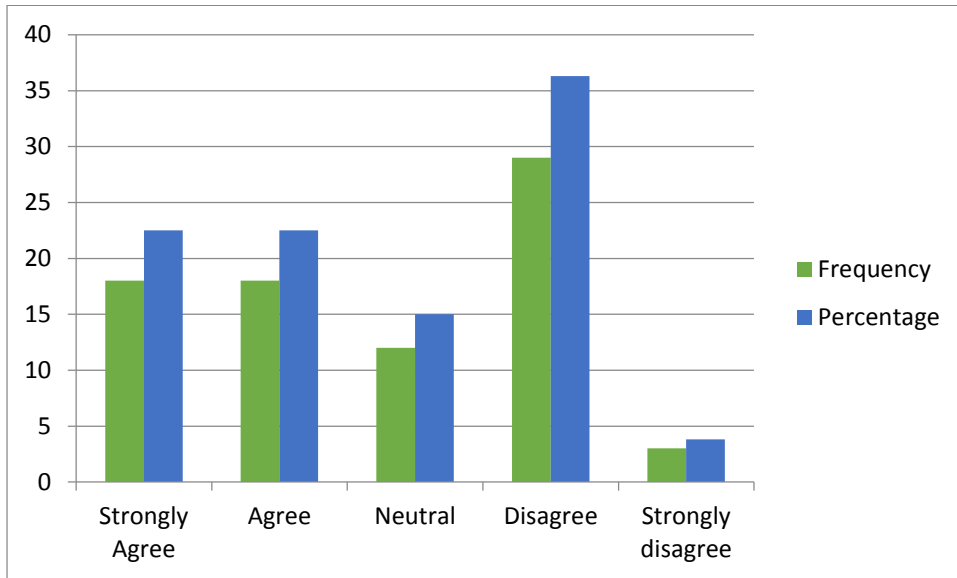
The results in Figure 4.12 revealed that the majority of respondents (36.3%) were dissatisfied with the equipment provided at Manama Mission Hospital. Figure 4.12 shows that 22.5% of respondents strongly agreed that they were satisfied with the equipment provided at the hospital while 15% remained neutral. Mosadeghrad (2014:78) highlights that hospital equipment is essential for HCPs to perform their duties effectively. Without proper equipment, service delivery would be poor.

4.4.2.5 EMPLOYEES PROVIDED WITH OPPORTUNITIES FOR SKILLS GROWTH

Table 4.9   Opportunities for skills growth (N=80)

I am provided with the opportunities for growth in terms of skills					
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Strongly Agree	29	36.3%	36.3	36.3
	Agree	29	36.3%	36.3	72.5
	Neutral	15	18.8%	18.8	91.3
	Disagree	7	8.8%	8.8	100.0
	Total	80	100.0%	100.0	

Table 4.9 above illustrates that 36.6% of respondents felt that they were provided with opportunities for growth in terms of their skills at Manama Mission Hospital while a few respondents (8.8%) disagreed with this statement and 18.8% chose to remain neutral to this statement.   In a study conducted by Van Rooyen, Du Toit, Botha and Rothmann (2010:2), results reveal that a lack of opportunity for skills growth leads to a negative feeling of job satisfaction as frustration can escalate intense feelings of job dissatisfaction.   Greenberg and Baron (2008:564) concur that a positive work environment and prospects to grow intellectually and to broaden the employee skills base has for many employees become more essential than promotion opportunities.

4.4.2.6 RETENTION STRATEGIES

Table 4.10 Scoring patterns relating to retention strategies (N=80)

STATEMENT		RESPONSES	RESPONSE OPTIONS			TOTAL
			AGREE	NEUTRAL	DISAGREE	
B6.4	I get compliments from my supervisors	COUNT	60	12	8	80
		PERCENTAGE	75.0%	15.0%	10%	100%
B6.5	I am satisfied with the current infrastructure at Manama Mission Hospital	COUNT	41	11	28	80
		PERCENTAGE	51.3%	13.8%	35.0%	100%
B6.6	I am satisfied with the equipment provided	COUNT	36	12	32	80
		PERCENTAGE	45%	15.0%	40.0%	100%
B6.7	I am provided with the opportunities for growth in terms of skills	COUNT	58	15	7	80
		PERCENTAGE	72.5%	18.8%	8.8%	100%
B6.8	There is flexibility in my work schedule	COUNT	62	14	4	80
		PERCENTAGE	77.5%	17.5%	5.0%	100%
B6.9	Diversity is promoted at the hospital	COUNT	53	18	9	80
		PERCENTAGE	66.3%	22.5%	11.3%	100%
B6.10	Open communication is encouraged	COUNT	60	17	3	80
		PERCENTAGE	75.0%	21.3%	3.8%	100%

Figure 4.13 Summary of the scoring patterns relating to retention strategies (N=80)
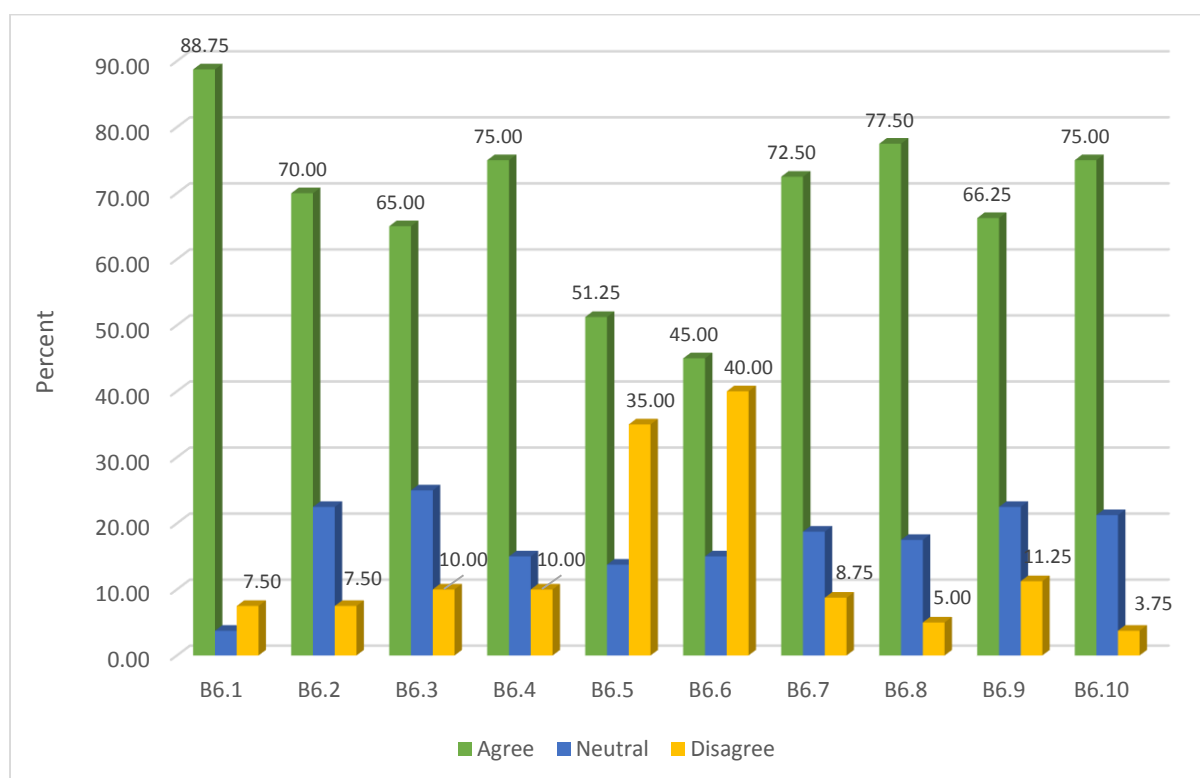
Table 4.10 and Figure 4.13 respectively show the summary of the scoring patterns pertaining to retention strategies. As illustrated in Figure 4.13, for statement B6.4 (I get compliments from my supervisor), 60% of the respondents felt that they get compliments from their superiors for a job well done, whilst 10% of the respondents perceived that they did not. The Statement B6.4 shows that 15% of the respondents chose to remain neutral. According to Chetty (2012:59), an employee who gets complimented after a good performance would feel that the organization has contributed to satisfying his\her need for relatedness and thus perceive that the organization cared about his\her wellbeing**.**

In Figure 4.13, statement B6.5 (I am satisfied with the current infrastructure at Manama Mission Hospital) indicates that 51.3% of the respondents were satisfied with the

current infrastructure at Manama Mission Hospital. According to Willis-Shattuck, Bidwell, Thomas, Wyness, Blaavw and Ditlopo (2008:247), hospital infrastructure refers to the physical condition of the health facility, it is often described as work environment. Poor infrastructure does not encourage confidence from the healthcare professionals working there, nor from patients (Willis-Shattuck, 2008:247). A notable 35% of the respondents disagreed that the current infrastructure at Manama Mission Hospital is pleasant to them, whilst 13.8% chose to remain neutral.

Table 4.10 indicates results for statement B6.8 in relation to flexibility of the work schedule and highlights that 62 respondents (77.5%) agreed that there was flexibility in their work schedule, whilst 5% disagreed with the statement. Fourteen respondents (17.5%) chose to remain neutral. As illustrated by Figure 4.13, the majority of the respondents were content with their work schedules. According to Veloso, da Silva, Dutran, Fischer and Trevisan (2014:52), flexibility in the working schedule can be used as a retention strategy as it influences the way employees feel about their jobs and determines whether they stay or to leave the organisation.

Table 4.10 indicates results for statement B6.9 in relation to the promotion of diversity and illustrates that a majority of the respondents agreed that diversity is promoted at Manama Mission Hospital. Figure 4.10 highlights that 66.3% of the respondents agreed that diversity was promoted, whilst 3.8% of the respondents disagreed and 22.5% chose to remain neutral. According to Dutta (2016:1), diversity within an organization is considered beneficial to the retention of staff, as well as their productivity.

Thomas, Zolin and Hartman (2009:287) state that communication allows employees to build respect and trust, resolve differences and foster environments where problem solving, affection, caring and creative ideas can succeed. Table 4.10 above indicates that a majority of the respondents (75%) agreed that open communication is encouraged at Manama Mission Hospital; 3.8% disagreed with this statement, whilst 21.3% of the respondents remained neutral.

4.4.3 ANALYSIS PERTAINING TO SERVICE DELIVERY (SECTION D)

Table 4.11   Respondents' percentage scoring based on service delivery questions (N=80)

STATEMENT		RESPONSES	RESPONSE OPTIONS			TOTAL
			AGREE	NEUTRAL	DISAGREE	
B8.1	I treat patients with respect	COUNT	79	0	1	80
		PERCENTAGE	98.8%	0.0%	1.2%	100%
B8.2	I listen to the patients carefully all the time	COUNT	78	1	1	80
		PERCENTAGE	97.5%	1.3%	1.3%	100%
B8.3	I explain everything to the patients in a way they could understand	COUNT	79	1	0	80
		PERCENTAGE	98.8%	1.2%	0.0%	100%
B8.4	I am always available when the patients need me	COUNT	77	3	0	80
		PERCENTAGE	96.2%	3.8%	0.0%	100%
B8.5	I understand the specific needs of the patients all the time	COUNT	75	5	0	80
		PERCENTAGE	93.8%	6.2%	0.0%	100%
B8.6	The equipment I have helps me to perform my duties effectively	COUNT	36	24	20	80
		PERCENTAGE	45.0%	30.0%	25.0%	100%
B8.7	I am always willing to work extra shifts when there is a shortage of staff	COUNT	68	12	0	80
		PERCENTAGE	85.0%	15.0%	0.0%	100%
B8.8	I treat all the patients equally	COUNT	76	3	1	80
		PERCENTAGE	95.0%	3.8%	1.2%	100%
B8.9	Customer complaints are taken seriously at Manama Mission Hospital	COUNT	64	8	8	80
		PERCENTAGE	80.0%	10.0%	10%	100%
B8.10	I am currently satisfied with the way I deliver my services	COUNT	77	3	0	80
		PERCENTAGE	96.2%	3.8%	0.0%	100%
B8.11	Patients do not stand in the que for a long time while waiting for my services	COUNT	70	9	1	
		PERCENTAGE	87.5%	11.3%	1.2%	100

Figure 4.14   Summary of the scoring pattern relating to service delivery (N=80)
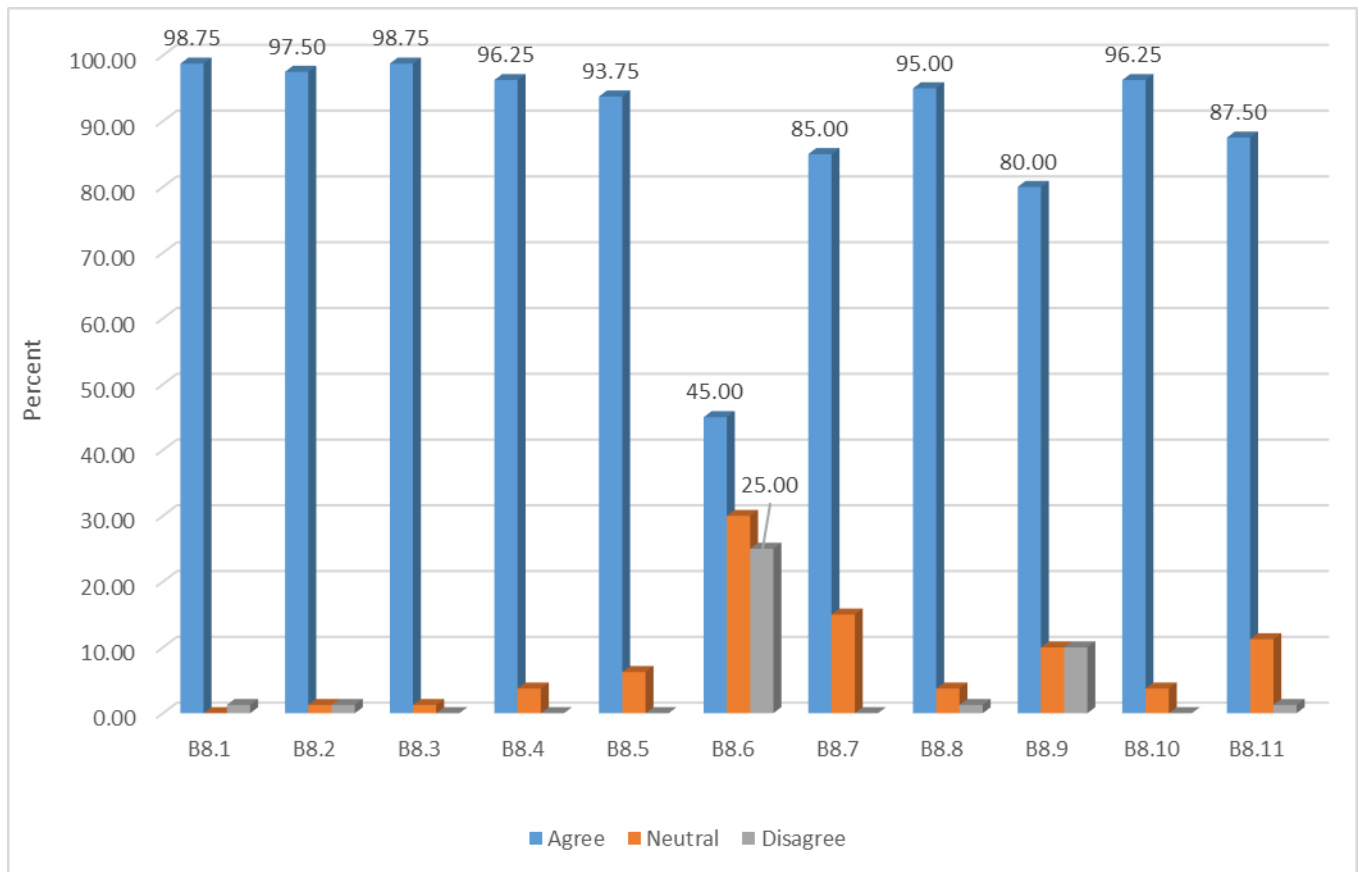
Table 4.11 reveals that the Health Care Professionals at Manama Mission Hospital considered delivering better services as their main goal. According to Akacho (2014:15), for employees to perform diligently they must be motivated and the correct equipment must be provided to ensure that clients received better services. Table 4.11 highlights that employees at Manama Mission Hospital were content with the way services were delivered. Chand (2010:557) postulates that valuing Health Care Professionals so that they are retained within national health systems is beneficial for enhanced service delivery. This includes revising and implementing policies on non-monetary incentives for HCPs. For example, career development, housing, working conditions, communication and management systems.

In Table 4.11, statement B8.1 in relation to treating patients with respect shows that a majority of the respondents (98.8%) treated patients with respect. However, only 1 respondent (1.2%) felt that he/ she did not treat patients with respect. This highlights that patients at Manama Mission Hospital were treated with respect by the employees.

As illustrated in Figure 4.14, a significant 97.5% of respondents reported that they listened to patients all the time, whilst 1.2% of respondents disagreed with the statement and 1 respondent remained neutral.   Thomas, Zolin and Hartman (2009:287) note that communication plays a vital role in developing trust and influencing job satisfaction within an organization. Therefore, good listening skills are important for Patient-Health Care Professional relationships.

As shown in Figure 4.14, results for statement B8.3 in relation to explaining everything to the patients in a way they could understand indicate that over 98.8% of respondents agreed that they explained everything to the patients in a way they could understand; whilst 1.3% remained neutral; and none of the respondents disagreed with this statement. It should be noted that the Manama area is occupied by people of different languages, namely Ndebele, Shona and Venda (ELCZ, 2010:5). Therefore, HCPs would be required to communicate in a language understood by the patient.

A significant portion of the respondents (45%) revealed that the equipment provided by Manama Mission Hospital was adequate for them to perform their duties effectively and efficiently, whilst 25% of the respondents disagreed with this statement and a significant portion of (30%) remained neutral. Rivers and Glover (2008:630) concur that without adequate hospital equipment, it was impossible for HCPs to carry out their duties effectively.

Figure 4.14 shows that 44.3% of respondents were always willing to work extra shifts when there was a shortage of staff. However, 15% of respondents chose to remain neutral and no respondent disagreed with this statement.

A significant 80% of respondents indicated that customer complaints were taken seriously at Manama Mission Hospital. Figure 4.14 further revealed that 10% of the respondents disagreed that customer complaints were taken seriously at the hospital. Moreover, 10% of respondents chose to remain neutral with regard to this statement.

Figure 4.14 also illustrated that 96.3% of the Health Care Professionals at Manama Mission Hospital were currently satisfied with the way they delivered their services to the public; 3.8% respondents were neutral to the statement, whilst none of the respondents disagreed.

A significant majority of the respondents (87.5%) indicated that patients did not stand in a queue for a long time while waiting for their services. Table 4.11 statement B8.11 (patients do not stand in the queue for a long time while waiting for my services) further illustrates that 11.3% of the respondents remained neutral with this statement, while only 1 respondent believed that patients waited for longer periods while waiting for his/her services. Akacho (2012:27) states that the higher proportion of hours that a healthcare professional takes in providing services to the care of a patient determines the level of service quality that professional provides. Without sufficient staffing in the hospitals, there were more risks of patients getting more complications and dying due to a lack of quality care and attention (Wanjau, Muiruri and Ayodo, 2012:117).

4.5. HYPOTHESIS TESTING

After the completion of the descriptive analysis of the research presentation on employee training and retention strategies of Health Care Professionals for effective service delivery at Manama Mission Hospital in Zimbabwe, it was essential to test the relevant hypotheses pertaining to the empirical analysis. Wilson (2010:237) highlights that hypothesis testing is one of the main techniques to test for significance using inferential statistics. It encompasses an analysis of some aspect of the statement or questions that produces a statistical value. Sarantakos (2013:403) postulates that the

purpose of a hypothesis is to predict a relationship between variables that can be tested. In this study, Pearson's Chi-Square; Fisher's exact test; Pearson's Product-moment Correlation Co-efficient; and Spearman's Rank Order Correlation Co-efficient tests were performed for the various hypotheses formulated. According to Mujis (2011:124), tests of significance are conducted when the researcher seeks to know the extent to which the findings of the study can be generalised to the target population. In order to meaningfully test the significant relationship between variables, the hypotheses for the study are outlined below:

4.5.1 Hypothesis 1

H_1 There is a significant relationship between employees being rewarded for good performance and being satisfied with the current job.

Table 4.12   Frequency for employees being rewarded for good performance and being satisfied with the current job (N=80)

	Value	df	Asymptotic Significance(2sided)
Pearson's chi-Square	51.019[a]	9	.000
Likelihood Ratio	56.346	9	.016
Fisher's Exact test	48.878		.000
Linear-by linear association	37.817[b]	1	.000
N of cases	80		

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

According to Table 4.12, the Pearson's Chi-Square test result (p<0.05) and Fisher's exact test (p<0.05) showed a significant relationship between employees being rewarded for good performance and being satisfied with the current job. Bontis, Richards and Serenko (2011:242) highlight that employees who get rewarded by the organisation for good performance tend to improve their performance, leading to job satisfaction. Grujičić, Bata, Radjen, Novaković and Grujičić (2016:738) conducted a study on Health Care Professionals in central Serbia and the results showed that employees who were strongly rewarded by superiors had the highest levels of satisfaction with their current jobs. Hofmans, Gieter and Pepermans (2013:5) argue that rewards are used as an instrument to monitor behavior and performance in an effort to attract and preserve the best-qualified employees and keep them satisfied and motivated. Therefore, this hypothesis is accepted.

4.5.2 Hypothesis 2

H$_2$ There is a significant relationship between the skills training provided at Manama Mission Hospital in providing employees with an idea of the problems to be encountered on the job and feedback of the outcomes of every training is provided.

Table 4.13   Frequency data for skills training provided in giving employees an idea of the problems to be encountered on the job and providing feedback of the training outcomes at Manama Mission Hospital (N=80)

	Value	df	Asymptotic Significance(2sided)
Pearson's chi-Square	38.792[a]	9	.000
Likelihood Ratio	38.423	9	.016
Fisher's Exact test	32.444		.000
Linear-by linear association	17.866[b]	1	.000
N of cases	80		
Spearman's Rank Order Correlation Co-efficient	0.7532		

*Pearson's Chi-square = 38.792[a], df = 9, Significance (p< 0.000).; Fisher's Exact test = 32.444, Cut-off parameter: Fisher's significance (p<0.05). Spearman (rs) = 0.7532, Cut-off parameter: Spearman Significance (rs > 0.7)

Pearson's Chi-square test (Table 4.13) revealed that the p-value is 0.000, which is less than the level of significance of 0.05. Fisher's exact test revealed the value $p<0.05$ and Spearman's rank order correlation co-efficient illustrated the value $rs<0.7$. This result indicates that there is a significant correlation between providing employees with the skills training which gives them an idea of the problems to be encountered on the job and providing feedback of the training outcomes. According to Shiryan, *et al.* (2012:48), organisations must provide training that is relevant to the job to be performed and to assess if this is achieved, feedback must be provided to the employees to ensure that they are in line with what is expected of them. Saeed and Shabir (2011:1030) further highlight that employee turnover is minimised if the employees get the correct skills training as well as feedback provided to them. Therefore, this hypothesis is accepted.

4.5.3 Hypothesis 3

H$_3$ There is a significant correlation between employees getting compliments from the supervisor for a job well done and being satisfied with the current job

Table 4.14   Employees getting compliments from supervisor for a job well done and being satisfied with the current job (N=80)

	Value	df	Asymptotic Significance(2sided)
Pearson's chi-Square	42.951[a]	9	.002
Likelihood Ratio	46.028	9	0.00
Fisher's Exact test	41.777		0.000
Linear-by linear association	20.753[b]	1	0.000
N of cases	80		

*Pearson's Chi-square = 42.951[a], df = 9, Significance = .002, Fisher's Exact test = 41.777, Cut-off parameter: Fisher's significance (p<0.05).

Table 4.14 shows that the Pearson's Chi-square test revealed that the p-value is .002 which is less than the level of significance of 0.05. Fisher's exact test revealed the value p>0.05. This shows that there is a significant relationship between employees receiving compliments from the supervisor for good performance and being satisfied with the current job. Shiryan, *et al.* (2012:49) concur that job satisfaction is enhanced through management support and appreciation. The findings shown in Table 4.14 are supported by Shahid and Azhar (2013:2015) who state that employees who get compliments tend to continue working hard, hence they will be satisfied with their jobs. Therefore, this hypothesis is accepted.

4.5.4 Hypothesis 4

H4   There is a significant relationship between satisfaction with the current equipment provided at Manama Mission Hospital and patients not standing in the queue for longer periods**.**

Table 4.15   Satisfaction with the equipment provided and waiting for shorter periods for services (N=80)

	Value	df	Asymptotic Significance(2sided)
Pearson's chi-Square	29.165[a]	12	0.002
Likelihood Ratio	33.123	12	0.00
Fisher's Exact test	29.044		.000
Linear-by linear association	8.877[b]	1	0.002
N of cases	80		

*Pearson's Chi-square=29.165[a], df = 12, Significance = .002, Fisher's Exact test = 29.044, Cut-off parameter: Fisher's significance (p<0.05)

In relation to Table 4.15, Pearson's Chi-square test and Fisher's exact test revealed a significant correlation between satisfaction with the equipment provided and the

duration taken by patients to receive their services. The p-value for Pearson's Chi Square is 0.002 and Fisher's exact test is 0.000, which is less than the level of significance of 0.05 and thus highlights a significant result. According to Kabene, Orchard, Howard, Soriano and Leduc (2006:3), HCPs face many impediments in their attempt to provide high-quality healthcare to the community. The major obstacle is a shortage of equipment, which leads to a delay in delivering services. Therefore, this hypothesis is accepted.

4.5.5   Hypothesis 5

H$_5$ There is a significant correlation between providing employees with opportunities for growth in terms of skills and superiors supporting the offering of training programs

Table 4.16   Management support and opportunities for development (N=80)

	Value	df	Asymptotic Significance(2sided)
Pearson's chi-Square	11.271[a]	6	0.004
Likelihood Ratio	14.901	6	0.018
Fisher's Exact test	12.779		0.010
Linear-by linear association	7.752[b]	1	0.007
N of cases	80		

*Pearson's Chi-square=11.271a, df= 6, significance = 0.004, Fisher's Exact test = 12.779, Cut-off parameter: Fisher's significance (p<0.05).

Table 4.16 revealed that the Pearson's Chi-square test result showed that the p value is 0.004, which is less than 0.05. Fisher's exact test revealed a result of 0.010 which is above the significance of 0.05. This result indicates that there is a statistically moderate significant correlation between providing employees with opportunities for growth in terms of skills and superiors supporting the offering of training programs. According to Shiryan, *et al.* (2012:48), management involvement in training activities to equip employees with knowledge and skills includes offering funding to allocate adequate resources to support career developments. Therefore, if superiors support the offering of training programs, then opportunities for skills growth will be provided to the employees as well. This hypothesis is therefore accepted.

4.5.6 Hypothesis 6

H$_6$ There is a significant relationship between understanding the patients' specific needs and effective communication at the Manama Mission hospital

Table 4.17   Frequency data for understanding patients' specific needs and effective communication at Manama Mission Hospital (N=80)

	Value	df	Asymptotic Significance (2sided)
Pearson's chi-Square	25.237[a]	12	0.003
Likelihood Ratio	27.932	12	0.005
Fisher's Exact test	23.285		0.004
Linear-by linear association	2.416[b]	1	0.126
N of cases	80		

*Pearson's Chi-square=25.237[a], df = 12, Significance = 0.00., Fisher's Exact test = 23.285, Cut-off parameter: Fisher's significance (p<0.05).

Table 4.17 above revealed that the Pearson's chi-square test results showed that the p-value is 0.003 which is less than the level of significance of 0.05. Fisher's exact test revealed that p<0.05. This result reflects a significant association between effective communication and understanding patients' specific needs. Thomas, Zolin and Hartman (2009:287) postulate that communication plays a significant role in developing trust and influences job satisfaction within an organization. Through

effective communication, HCPs at Manama Mission Hospital are able to understand their patients' specific needs, hence providing the necessary service. This hypothesis is therefore accepted.

4.5.7 Hypothesis 7

H_7 There is a significant relationship between treating patients equally and skills training assisting in the development of knowledge at Manama Mission Hospital

Table 4.18   Treating patients equally and skills training assist in the development of knowledge at Manama Mission Hospital

	Value	df	Asymptotic Significance(2sided)
Pearson's chi-Square	9.631[a]	6	0.128
Likelihood Ratio	9.197	6	0.111
Fisher's Exact test	11.122		0.047
Linear-by linear association	.061[b]	1	0.126
Spearman's rank order Correlation Co-efficient	0.80132		
N of cases	80		

*Pearson's Chi-Square = 9.631[a], df = 6, Cut-off parameter: Pearson's significance (p<0.05).   Spearman (r_s) = 0.70132, Cut-off parameter: Spearman's significance (r_s>0.7); Fisher's Exact test = 11.122, Cut-off parameter: Fisher's significance (p<0.05).

As illustrated in Table 4.18 above, the Fisher's exact test result (0.047), the Pearson's Chi-Square test (0.128) and Spearman's Rank Order Correlation Co-efficient (0.80132) revealed no significant relationship between treating patients equally at Manama Mission Hospital and skills training assisting in the development of

knowledge. In a study conducted by Berghout, Exel, Leensvaart and Cramm (2015:11) at Mount Sinai Hospital in New York, Health Care Professions from 8 different departments in the hospital believed that treating patients equally did not need any skills training. The HCPs interviewed by Berghout, *et al.* (2015:12) believed that no skills training can change the attitude of an individual, hence the patients would not be treated equally. Therefore, this hypothesis is not accepted.

4.5.8 Hypothesis 8

H_8 There is a relationship between treating patients with respect and the skills training provided helping HCPs to improve service delivery at the hospital.

Table 4.19   Treating patients with respect and skills training helping Health Care Professionals to improve service delivery at Manama Mission Hospital

	Value	df	Asymptotic Significance (2-sided)
Pearson's Chi-Square	5.162[a]	6	0.523
Likelihood Ratio	4.879	6	0.559
Fisher's Exact Test	6.515		
Linear-by-Linear Association	1.795[b]	1	0.180
Spearman's rank order correlation co-efficient	0.714		
N of Valid Cases	80		

*Pearson's Chi-Square = 5.162[a], df = 6, Significance=0.523, Spearman (rs) = 0.714, Cut-off parameter: Spearman Significance (rs > 0.7)

Table 4.19 illustrates that the Pearson's Chi-Square test result revealed that the p value is 0.523, which is more than the level of significance of 0.05. This result indicates that there is no significant relationship between treating patients with respect and skills training helping healthcare professionals to improve their service delivery at Manama Mission Hospital. Spearman's Rank Order Correlation Co-efficient (rs > 0.7) produced a significant result. Therefore, it may be deduced that there was a moderate significance between treating patients with respect and skills training helping Health Care Professionals to improve. According to Dickert and Kass 2009:419), making patients feel respected or valued as a person is a multi-faceted task that involves more than recognising autonomy. Dickert and Kass (2009:419) further highlight that patients who recognise that they are being treated respectfully may experience enhanced clinical outcomes and greater satisfaction with their care. Buchan, Couper, Tangcharoensathien, Thepannya, Jaskiewicz, Perfilieva and Dolea (2013:834) postulate that HCPs who receive adequate skills training improve their performance,

hence improving service delivery in the hospital. This hypothesis is therefore not accepted.

4.5.9 Hypothesis 9

H_9 There is a significant relationship between patients' complaints being taken seriously at the hospital and being aware that after every training, the employee must improve the effectiveness of service delivery

Table 4.20   Patients' complaints were taken seriously at Manama Mission Hospital and employees were aware that after every training, they must improve the effectiveness of service delivery

	Value	df	Asymptotic Significance (2-sided)
Pearson's Chi-Square	19.011[a]	12	0.623
Likelihood Ratio	17.516	12	0.131
Fisher's Exact Test	16.318		0.538
Linear-by-Linear Association	1.032[b]	1	0.310
Spearman's rank order correlation co-efficient	0.403		
N of Valid Cases	80		

*Pearson's Chi-Square = 19.011, df = 12, Significant p < 0.05, Spearman (rs) = 0.403, Cut-off parameter: Spearman Significance (rs > 0.7), Fisher's Exact test = 16.318, Cut-off parameter: Fisher's significance (p<0.05).

According to Table 4.20 above, the Pearson's Chi-Square test revealed that p>0.05 and Spearman's Rank Order Correlation Co-efficient revealed a value of (r_s>0.7) and Fisher's exact test revealed a result of p>0.05. This implies that there is a moderate relationship between patients' complaints being taken seriously at Manama Mission Hospital and employees being aware that after every training they must improve the effectiveness of service delivery. According to Ha, Mirzoev and Morgan (2015:1), patient grievance procedures are a mode to receive feedback from patients and are recognized as a vital tool for improving service quality within the health sector. In a study conducted by Ha, Mirzoey and Morgan (2015:7) in two hospitals in Vietnam, findings highlighted that there is no significant relationship between taking patients' complaints seriously and improving the service delivery after skills training. The

findings of the study highlighted that if the complaints of the patients are handled correctly, service delivery may be improved. This hypothesis is therefore not accepted.

4.5.10   Hypothesis 10

H_{10} There is a significant relationship between promoting diversity at Manama Mission Hospital and treating patients equally.

Table 4.21   Promoting diversity and equal treatment of patients

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	Value	df	Asymptotic Significance (2-sided)
Pearson's Chi-Square	12.838[a]	6	0.031
Likelihood Ratio	11.675	6	0.044
Fisher's Exact Test	12.605		0.014
Linear-by-Linear Association	.174[b]	1	0.702
Spearman's rank order co-efficient	0.71318		
Pearson's Product-moment Correlation Co-efficient	0.380		.003
N of Valid Cases	80		

*Pearson's Chi-Square = 12.838[a], df = 16, Cut-off parameter: Pearson's significance (p<0.05). Spearman (r_s) = 0.71318, Cut-off parameter: Spearman's (r_s>0.7); Pearson's Product-moment Correlation Co-efficient = 0.380, Significance (p<0.05).), Fisher's Exact test = 0.71318, Cut-off parameter: Fisher's significance (p<0.05).

Table 4.21 above revealed that Pearson's Chi-Square test results showed that the p value was 0.031, which is greater than 0.05. This result indicates that there was statistically no significant relationship between promoting diversity and equal treatment of patients. Table 4.21 further highlights that Fisher's exact test had a value greater than 0.05. Pearson's product-moment correlation co-efficient illustrated a value of p<0.05 signifying that there was a moderate relationship between promoting diversity and Manama Mission Hospital and equal treatment of patients. Spearman's rank order co-efficient illustrated the value r_s>0.7 indicating a relationship between promoting diversity and equal treatment of patients. In a study conducted by Weech-Maldonado, Elliott, Pradhan, Schiller, Dreachslin, and Hays (2012:815) in 119 hospitals in California (United States of America), the results highlighted that due to a large number

of immigrants in America, there were large number of cases of unequal treatment in hospitals. The study revealed that the unequal treatment was due to a lot of diversity among the patients and HCPs. Therefore, this hypothesis is not accepted.

4.6   LIMITATIONS OF THE STUDY

The research undertaken had certain limitations, namely:

- The respondents firstly showed fear to complete the questionnaires because they thought it was politically motivated and they feared losing their jobs. The uncertainty was cleared and confidentiality was strongly emphasized.

- Manama Mission Hospital had recently been in the newspapers for bad service delivery when the data was collected. Therefore, the respondents thought this study was their way of gaining people's trust.

- The study was conducted during a time when the Zimbabwean Health Sector was facing many challenges and politics influencing people's decisions.

4.7   Conclusion

The analysis of data gathered in the empirical component of this study was presented in this chapter. The preliminary descriptive statistics formed the first part of this chapter, whilst Pearson's Chi-Square; Fisher's exact test; Pearson's Product-moment Correlation Co-efficient; and Spearman's Rank Order Correlation Co-efficient were used to test the hypotheses in the latter part of this chapter. This chapter focused on describing the analysis of the data and the discussion of the findings of the survey. The various results were graphically depicted in tabular and statistical formats. The results have identified major relationships between the variables by way of the

hypotheses tested. These findings are consistent with the literature and the problem statement. This study is an in-house investigation. Thus, the results of the study can only be applied to HCPs of Manama Mission Hospital in Zimbabwe. Since this was an in-house investigation at Manama Mission Hospital, the results cannot be generalised to other hospitals as situational factors may vary. The next chapter deals with the conclusions of the study, recommendations arising from the empirical analysis of data and gives direction for further research.

CHAPTER 5

CONCLUSION AND RECOMMENDATIONS

5.1   INTRODUCTION

The conclusion and recommendations presented in this chapter are the outcomes of the findings and the evaluations of the empirical results. A quantitative research design was adopted for this study. The main aim of this study was to investigate the importance of employee training and retention strategies of Health Care Professionals for effective service delivery at Manama Mission Hospital in Zimbabwe. The conclusions are drawn in line with the study objectives and in an attempt to answer the study's main research questions. A pre-coded closed ended questionnaire (Annexure B) using the 5-point Likert scale was sent to the target respondents. There were four sections in the questionnaire, namely, one on biographical data, the second on employee skills training, third on retention strategies lastly service delivery. There was a significant response rate of 89% which was largely due to the fact that it was an in-house study and a personal method was used in the data collection. The service of a statistician was used to compute the statistical analysis including the formulated hypothesis. The Statistical Program for the Social Sciences (SPSS) version 24 for Windows was used for the statistical analysis. There were many significant findings that emerged from the empirical analysis of the data. The findings provide important guidelines for Manama Mission Hospital on how to provide employee training as well as implementing retention strategies to ensure that service delivery is improved.

5.2   CONCLUSION

The main aim of this study was to investigate the importance of employee training and retention strategies of Health Care Professionals for effective service delivery. The respondents at Manama Mission Hospital were generally aware of the importance of

employee training and retention strategies that were implemented by the Hospital. The Health Care Professionals at Manama Mission Hospital generally highlighted that they knew the importance of delivering the best services even though there were impediments which they faced. The results for this study shows that there is a significant relationship between employee training and improved service delivery. The study also highlighted that retention strategies are of paramount importance in the effectiveness of service delivery. Arising from the empirical analysis of the data, the following recommendations are suggested in order to guide the Manama Mission Hospital management to develop strategies, resolve problems and improve on the current policies of training and retention so that there is continued improvement of service delivery.

5.3   RECOMMENDATIONS

Health Care Professionals at Manama Mission Hospital need to be trained frequently to improve their skills. The management of Manama Mission Hospital through the support of the Zimbabwean Ministry of Health should offer retention strategies that ensure that the employees are willing to stay for a long time. If the employees are properly trained and sufficient retention strategies are implemented, then service delivery would be improved at the Hospital.

5.3.1   REWARDS FOR GOOD PERFOMANCE

It is recommended that the management of Manama Mission Hospital should offer rewards for good performance to their employees. An important finding in this study was that there was a significant relationship between employee being rewarded and the employees' being satisfied with the current job. A significant number of respondents indicated that they received rewards for the good performance leading them to be satisfied with their job. According to Foss, Pedersen, Fosgaard, and Stea (2015:957), rewards are an essential part of organizational life and they are widely

used to motivate employees and increase job satisfaction. It is therefore important for Manama Mission Hospital management to offer rewards to the Health Care Professionals for good performance. These rewards can be in monetary terms or non-monetary. Rewards such as recognition, appreciation and compliments can have a positive effect on autonomous motivation because they strengthen the recipient's feeling of being competent at the focal activity (Foss, *et* al, 2015:957). A well rewarded employee would improve performance leading to improved service delivery at Manama Mission Hospital in Zimbabwe.

5.3.2 EMPLOYEE TRAINING FEEDBACK

It is recommended that the top management at Manama Mission Hospital should provide employees with the feedback after every training provided. This study revealed that Health Care Professionals at Manama Mission Hospital receive feedback of the outcomes of every training hence they would have an idea of what to do in their jobs. It is imperative that management at Manama Mission Hospital continue giving feedback to the Health Care Professionals after conducting the training to ensure that the skills gap is filled if there is any. According to Grey, Hood and Farrell (2015:5), a smartphone app for providing feedback on medical training from both a trainee's and facilitator's perception has been developed in England at Sheffield Teaching Hospitals. Healthcare Supervision Log-book is the name of the application. This application has a function which allows sessions within a department to be assessed on a ten-point scale for training quality. Therefore, allowing training program organisers to appropriately evaluate the standard of training provided within a specific department in the company. Manama Mission Hospital can invest in this app so that providing feedback on training can be made easier. When proper feedback is provided employees would be enlightened of their performance and this would assist them in providing the best service to their clients.

5.3.3 EMPLOYEE TRAINING EVALUATION

It is recommended that Manama Mission Hospital management must offer employee training evaluation after every training conducted. This study revealed that the employees' performance was evaluated after every employee training provided by the hospital management. In a study conducted by Mnisi (2015:101) at the South African Police Services, the results revealed that it is of paramount importance to conduct training evaluation months later after training is provided, this is to ensure that employee have ample time to practice what they learnt during the training.

5.3.4 HOSPITAL RESOURCES

It is recommended that Manama Mission Hospital management must provide employees with necessary resources to enable them to deliver the services effectively. This study revealed that a significant number of respondents were not satisfied with the resources at Manama Mission Hospital. For the purposes of this study the resources included the infrastructure and the hospital equipment. Chipunza (2017:1) highlights that in many Zimbabwean hospitals medical equipment were not properly functioning as well as drugs were not available. This problem hinders the delivery of services at the hospital. It is therefore recommended that Manama Mission Hospital Health Care Professionals should use the available resources efficiently and avoid wastages as there seem to be scarce resources nationwide. Lack of funding is the reason for shortages of resources in Hospitals in Zimbabwe as whole (Rusvingo, 2014:19). It is therefore imperative for the hospital management to source funding from international stakeholders for the purchasing of equipment as the current ones have dilapidated.

5.3.5 MANAGEMENT SUPPORT FOR TRAINING PROGRAMS

It is recommended that the top management at Manama Mission Hospital should continue supporting the offering of training programs. This study highlighted that there is relationship between management supporting the offering of training at Manama Mission Hospital and employees being offered opportunities for skills growth. One of the major reasons why Health Care Professionals migrate is due to lack of opportunities for career advancement (Arifeen, Christou, Reichenbach, Osman, Azad, Islam, Ahmed, Perry and Peters, 2013:2011). Offering of skills growth can also be retention strategy that the Hospital could use to ensure that the employees are content with their job hence improving service delivery at Manama Mission Hospital. Most respondents agreed that they are opportunities for career growth at Manama Mission Hospital and the management supports the offering of training programs.   It is recommended that the management of the hospital should continue providing skills growth opportunities as this would hinder the employees from emigrating. The longer the employees stay in the organisation the greater the experience hence service delivery would be improved as well (Wanjau, Muiruri and Ayodo, 2012:117).

5.3.6 EMPLOYEE TRAINING METHODS

It is strongly recommended to the top management of Manama Mission Hospital to provide on the job training method regularly.   Two methods of training that can be offered to Health Care Professionals were discussed in this study.   The results revealed that the majority of the respondents preferred on the job training methods. Healey and Marchese (2012:188) state that Health Care Professionals should be provided with on the job training to assist them to improve in their actual job unlike learning outside the working environment. On the job employee training method is the training method provided to the employee while on the job and this is a recommended method especially for Health Care Professionals for the skills improvement.

5.3.7   EMPLOYEE RETENTION

It is recommended that the management of Manama Mission Hospital should implement employee retention strategies so as to motivate employees to stay longer and improve job satisfaction so that service delivery is improved. In this study, the respondents revealed that they were provided with opportunities for career advancement, their work was flexible and they were generally content with their job. James and Mathew (2012:82) concur that effectively implemented employee retention strategies improves job satisfaction hence employees would improve their performance and service delivery would be improved as well.

5.3.8   CAREER DEVELOPMENT OPPORTUNITIES

It is recommended that the management of Manama Mission hospital should offer career development opportunities to the Health Care Professionals. In this study offering career development was one of the retention strategy that could be used by Manama Mission Hospital to ensure that the employees continue rendering their services to the hospital. Therefore, if career development opportunities are offered the employees will remain with the organisation.

5.3.9   FLEXIBILITY IN THE WORK SCHEDULE

It is recommended that the Management of Manama Mission hospital should provide flexibility in the work schedule. Health Care Professional require a work schedule which is flexible so as to avoid overworking and fatigue. If the workers are being overworked this could lead to more errors hence service delivery would be jeopardised.

5.3.10 PROMOTION OF DIVERSITY

It is recommended that the management of Manama Mission Hospital should promote diversity in the workplace. Manama Mission Hospital is comprised of people with different culture and beliefs hence, for the hospital to function effectively diversity training should be introduced so as to promote collaboration.

5.4   SUGGESTIONS FOR FUTURE RESEARCH

The research undertaken highlighted essential insights into the importance of employee training and retention strategies of Health Care Professionals for effective service delivery. For future research it is proposed that a study on the importance of employee training and retention strategies of Health Care Professionals for effective service delivery using mixed methods of data collection be used. This study used the quantitative research method, therefore using mixed methods will assist in getting more information for the same research by way of focused group interviews with selected participants. It is suggested that this study can be conducted in higher education or in a private hospital.

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Cell: +27 788635923

Email: beekanyu@gmail.com   33 St Georges Street
Durban

 4000

16 September 2015

Hello Respondent

RE: ASSISTANCE: QUESTIONNAIRE COMPLETION

I am a registered Master's in Human Resources Management student at Durban University of Technology. I am conducting a research study entitled: **The Importance of Employee Training and Retention Strategies of Health Care Professionals for Effective Service Delivery - A case study of Manama Mission Hospital in Zimbabwe**. You have been identified as one of the respondents. It would be greatly appreciated if you would assist by completing the attached questionnaire.

It should take approximately 10 – 15 minutes to complete the questionnaire. Please note that there is no right or wrong answer and kindly be honest and objective when answering questions. All the information you provide will be strictly confidential. All responses will remain anonymous and a brief summary of the findings will be presented to the respondents upon completion of the study. In addition, your participation is voluntary and you may choose not to participate or you may discontinue your participation at any time. I will personally deliver the questionnaires and collect them within 2 weeks after completion.

If you have any queries kindly contact me on the details provided. Thank you in advance for your willingness to complete the questionnaire as this will enable me to complete this research.

Yours faithfully

Miss Blessing Kanyumba

Student Number: 21143520

INSTRUCTIONS TO RESPONDENTS

1. Answer all questions/ statements.
2. Place an X on the selected option for each question /statement.
3. Please do not leave any question / statement blank.

SECTION A: BIOGRAPHIC INFORMATION

1. Please indicate your gender

1.1	Male	1
1.2	Female	2

2. Please indicate your age group.

2.1	Less than 20 years	1
2.2	21-30 years	2
2.3	31-40 years	3
2.4	41-50 years	4
2.5	51 years and older	5

3. Please indicate your years of service at Manama Mission Hospital.

3.1	Below 12 months	1
3.2	1-5 years	2
3.3	6-10 years	3
3.4	11-15 years	4
3.5	16-20 years	5
3.6	21-25 years	6
3.7	26-30 years	7
3.8	31 years and above	8

4. What is your highest educational attainment?

4.1	Lower than ordinary level	1
4.2	Ordinary Level	2
4.3	Advanced level	3
4.4	Certificate	4
4.5	Diploma	5
4.6	Undergraduate degree	6
4.7	Master's Degree	7
4.8	Doctoral degree	8

5. Please indicate your position at Manama at Mission Hospital.

5.1	Administration	1
5.2	Midwife	2
5.3	Nurse Assistant	3
5.4	Nurse	4
5.5	Junior Doctor	5
5.6	Doctor	6

SECTION B

6. In relation to employee retention strategies, which of the following statements best describes your response?

PLEASE MARK WITH (X) THE STATEMENT YOU CONSIDER AS APPROPRIATE.		Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
6.1	I am currently satisfied with my current job.	1	2	3	4	5
6.2	I get rewarded for my good performance.	1	2	3	4	5
6.3	I get appreciated for my achievements.	1	2	3	4	5
6.4	I get compliments from my superiors for a job well done.	1	2	3	4	5
6.5	I am satisfied with the current infrastructure at Manama Mission Hospital.	1	2	3	4	5
6.6	I am satisfied with the equipment provided.	1	2	3	4	5

6.7	I am provided with the opportunities for growth in terms of skills.	1	2	3	4	5
6.8	There is flexibility in my work schedule.	1	2	3	4	5
6.9	Diversity is promoted at the hospital.	1	2	3	4	5
6.10	Open communication is encouraged.	1	2	3	4	5

SECTION C

7. In relation to employee skills training, which of the following statements best describes your response?

PLEASE MARK WITH (X) THE STATEMENT YOU CONSIDER AS APPROPRIATE.		Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
7.1	The skills training that is provided at the hospital helps me to improve.	1	2	3	4	5
7.2	The skills training provided gives me an idea of the problems I will encounter on my job.	1	2	3	4	5
7.3	The skills training provided assist me to develop my knowledge.	1	2	3	4	5
7.4	The environment to which on the job training is provided is favorable.	1	2	3	4	5
7.5	The skills training I receive is relevant to my job.	1	2	3	4	5
7.6	My superiors support the offering of training programs.	1	2	3	4	5
7.7	Evaluation is done after every training provided.	1	2	3	4	5
7.8	The trainers that are selected use the delivery styles that I like.	1	2	3	4	5
7.9	Feedback of the outcomes of every training is provided to me	1	2	3	4	5
7.10	I am aware that after every training I must improve the effectiveness of service delivery.	1	2	3	4	5
7.11	I prefer training that is provided when I am on the job	1	2	3	4	5
7.12	I prefer training that is provided when I am outside the working environment	1	2	3	4	5

SECTION D

8. In relation to service delivery, which of the following statements best describes your response?

PLEASE MARK WITH (X) THE STATEMENT YOU CONSIDER AS APPROPRIATE		Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
8.1	I treat patients with respect.	1	2	3	4	5
8.2	I listen to the patients carefully all the time.	1	2	3	4	5
8.3	I explain everything to the patients in a way they could understand.	1	2	3	4	5
8.4	I am always available when the patients need me.	1	2	3	4	5
8.5	I understand the specific needs of the patients all the time.	1	2	3	4	5
8.6	The equipment I have helps me to perform my duties effectively.	1	2	3	4	5
8.7	I am always willing to work extra shifts when there is a shortage of staff.	1	2	3	4	5
8.8	I treat all the patients equally.	1	2	3	4	5
8.9	Customer complaints are taken seriously at the hospital.	1	2	3	4	5
8.10	I am currently satisfied with the way I deliver my services.	1	2	3	4	5
8.11	Patients do not stand in the que for a long time while waiting for my services.	1	2	3	4	5

Thank you for your participation.

33 MAUD MFUSI ROAD DURBAN

1001 RENNAISANCE

4001

16 September 2015

The Provincial Medical Director
Matabeleland South Province
Zimbabwe

Dear Sir

RE: REQUEST OF PERMISSION TO UNDERTAKE A RESEARCH AT MANAMA MISSION HOSPITAL.

My name is Blessing Kanyumba a Masters Student at the Durban University of Technology pursuing a research entitled: **The Importance of Employee Training and Retention Strategies of Health Care Professionals for Effective Service Delivery - A case study of Manama Mission Hospital in Zimbabwe**

Due to economic challenges facing Zimbabwe, many healthcare professions are emigrating from Zimbabwe to neighboring and overseas countries. This leads to the importance of employee training and retention strategies of healthcare professionals for an effective service delivery.

I am therefore kindly asking for permission to use Manama Mission Hospital as a case study of the aforementioned research project. Distributing questionnaires would be required and asking the healthcare Professionals to voluntarily fill out these questionnaires. Please be assured that data collected will be treated with utmost confidentiality and will not be divulged to any other party. In addition, the results of this research are for statistical purpose only and on completion, I undertake to provide a hard copy of the thesis.

Should you have any further questions feel free to contact me on beekanyu@gmail.com, my supervisor at jinabhai@dut.ac.za and my head of department at melaniel@dut.ac.za.

Your cooperation, understanding and consideration is greatly appreciated in advance.

Yours Sincerely

Blessing Kanyumba

21143520

Telephone 09-62914-6

Direct Line: 09- 68346

Email: pmdmatsouth@gmail.com

ZIMBABWE

Reference:
MINISTRY OF HEALTH AND CHILD CARE
MATABELELAND SOUTH PROVINCE
P.O. Bag A5225
Bulawayo
Zimbabwe

26 August 2015

The Head Of Department
Human Resources Management
Durban University of Technology

Attention: Prof Jinabhai

RE: **CONSENT FOR RESEARCH AT MANAMA HOSPITAL, GWANDA, ZIMBABWE**

The Provincial Medical Director approves the student to go ahead with the study:

The Importance of Employee Training and Retention of Healthcare Professionals for Effective Service Delivery, A Case study of Manama Mission Hospital in Zimbabwe.

The student is expected to share the study results with the Hospital Management and Provincial Management

Yours sincerely,

MAT. SOUTH

2 6 AUG 2015

P. BAG A 5225, BULAWAYO
ZIMBABWE   TEL.: 62914/5

DR B.A MAPONGA
PROVINCIAL MEDICAL DIRECTOR – MAT SOUTH

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