

UNIVERSITY OF THE WESTERN CAPE
Faculty of Community and Health Sciences

RESEARCH REPORT

Title: THE FACTORS INFLUENCING NURSES TO PURSUE ADVANCED EDUCATION
OUTSIDE NURSING IN MAPUTO CENTRAL HOSPITAL IN MOZAMBIQUE

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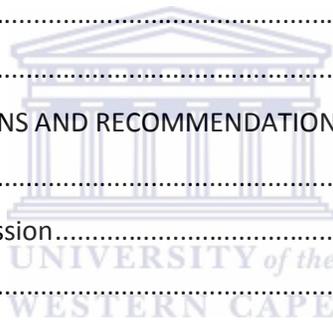
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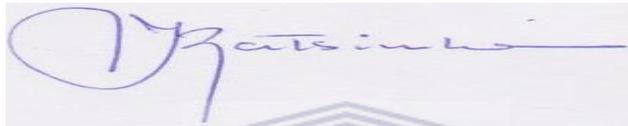
ABSTRACT

Background: There is evidence that nurses are leaving their profession to seek better working environments and high salaried professions worldwide. This increases the scarcity of skilled nurses in health systems. In Mozambique, nursing staff is increasingly pursuing education out of nursing, which means that they intent to leave the nursing career. **Aim:** To find out why so many nurses are pursuing education out of nursing: **Objectives,** to explore: (1) nurses' experiences of working at the Maputo Central Hospital; (2) the links between nurses' future education outside of nursing and their job satisfaction; (3) the links between nurses' future education, their job satisfaction and their intention to leave the profession, and (4) nurses' and key informants' opinions on which factors would improve nurse retention at MCH. **Study Design:** Exploratory qualitative Study. **Methods:** Focus Group Discussion with nurses and in-depth interviews with key informants, in order to explore perceptions regarding factors influencing nurses' to pursue education out of nursing. **Analysis:** The content of focus group discussion and all interviews were recorded, transcribed, coded and analyzed by identifying recurring themes. **Ethics:** The author was aware that this study would raise sensitive topics in nurses' lives, and he took great care to be alert and responsive to ethical issues which might arise. Thus, all nurses and key informants participated in the study voluntarily. They were provided with a letter explaining the research purpose, requesting their participation and assuring them of confidentiality and anonymity, and they were asked to sign a consent form which was explained to them in detail. The study was presented to, and approved by the Ethics Committee of the University of the Western Cape. **Results:** Study results revealed job dis-satisfaction and its essential components as the main factors influencing nurse's intention to quit their profession. Further, the issue of nursing image and status were found to be most important factors contributing to nurses' future education in other courses rather than nursing. **Conclusions:** Findings from this research are relatively consistent with previous studies in terms of identifying common factors that influence nurses' decisions to quit nursing and pursue other professions, and also worrying as nursing is immersed in deep trouble because many nurses are quitting, and the current prevailing nurse image and status is not attractive for replacements, what will impact negatively on health care delivery. **Relevance of study:** It is expected that this study will contribute to the implementation of appropriate measures to improve nurses' working experience at the Maputo Central Hospital, meantime, encouraging their retention.

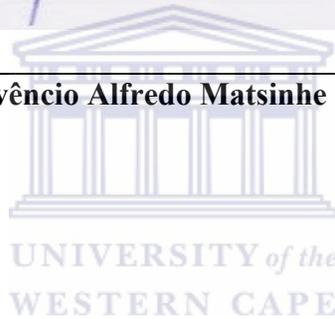
DECLARATION

I declare that the work presented herein is original and that it has not been submitted for any degree examination in any university or institution for the ward of degree or certificate and all sources of information and data used or quoted have been duly indicated and acknowledged.

Signed By

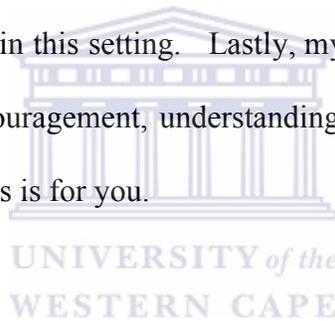


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ACRONYMS

ANEMO* National Association of Nurses of Mozambique

HIV - Human Immune Virus

ISCISA* – Higher Institute of Health Sciences

MCH - Maputo Central Hospital

MoH - Ministry Of health

MPH – Master in Public Health

NHS - National Health System

SSA - Sub-Saharan Africa

TB – Tuberculosis

WHO- World Health Organization

*Acronyms in Portuguese



CHAPTER 1: DESCRIPTION OF THE STUDY

1.1 Introduction

Many studies on health workforce highlight that numerous African countries are struggling with a scarcity of skilled nurses and consequently nurse employment conditions are characterized by high level of work demand, intensive workloads and burnout which in turn increase nursing job dissatisfaction and attrition.

Increasing attrition of nurses has become a major problem challenging many health systems and affects the delivery of health care in these health systems. This situation is not different in Mozambique. Like in other developing countries, nurses are leaving their profession in search for better work conditions and remuneration in other professions or in the private sector, including non-governmental organizations within their countries (Pillay, 2008).

The concern about attrition and dissatisfaction among health workers is recognized in the country's National Plan for Development of Health Human Resources:

“Current health workers are unsatisfied with their jobs and perceive serious problems in the health service system. Among the problems highlighted by workers and managers are poor work conditions, non-implementation of careers, an inadequate incentive policy for the many realities of the country, non-implementation of the incentive policy in force, a staffing deficit, lack of access to in-service training” (MoH 2008:4).

Following this assessment, the challenge confronting the Ministry of Health in addressing the situation is to invest in enhancing the motivation and job satisfaction of its health care professionals in order to retain them in the National Health System. While this is true for all health care professionals, it is especially important in the context of nurses who are considered to be at the forefront of efficient and effective health care service provision.

While staff attrition is particularly serious in rural areas and at primary care levels, even Maputo Central Hospital, the country's largest hospital, has concerns about the large

number of nurses who appear to be leaving the nursing profession. In fact, Maputo Central Hospital training records reveal that in 2011, 21 % of nurses were engaged in studies outside of nursing, and between 2009 and 2010, the percentage of nurses enrolled in studies outside nursing was 18%. During this period 50 nurses left nursing for careers outside of nursing as well.

While there is a general recognition of the overall causes for staff dissatisfaction and attrition, we do not have a good understanding of the specific reasons of increasing nurses' turnover at Maputo Central Hospital.

1.2 Study Setting:

According to a Ministry of Health Report of 2010 Maputo Central Hospital is a quaternary level health facility and a teaching institution with 1500 beds and 3500 health workers. Of those only 14, 4% (506) include nurses and registered nurses; the nurse- patient ratio in wards is one nurse for every 50 patients. Physicians constitute 8.8% (307) of the whole staff, including foreign physicians. Although there are apparently many workers, the majority of the staff of is comprised of support and administrative personnel.

1.3 Problem statement

According to available training records (2011), of 506 nurses employed at Maputo Central Hospital, 108 were enrolled in different universities attending courses other than nursing. Furthermore, substantial numbers of nurses have left nursing for jobs outside of nursing and outside of the health sector as well. This raises concern about levels of staff attrition and increasing shortages of nurses which may in turn increase workloads for the remaining nurses, affecting their job satisfaction and productivity, thus creating a vicious cycle of staff burnout and attrition. It is in this context that this study aims to better understand the reasons for nurse attrition and apparent intention to leave the nursing profession at Maputo Central Hospital.

1.4 Purpose

Understanding the underlying reasons for nurses' intention to leave the nursing profession in Maputo Central Hospital will provide evidence which can inform appropriate measures to improve retention at this facility.

1.5 Study aim and objectives

Aim:

The aim of this study is to find out why so many nurses at Maputo Central Hospital are pursuing education outside of the nursing.

Objectives

- To explore nurses' experiences of working at Maputo Central Hospital;
- To explore the links between nurses' continuing education outside of nursing and their job satisfaction;
- To explore the links between nurses' continuing education, their job satisfaction and their intention to leave the profession;
- To explore nurses' and key informants' opinions on what factors would improve nurse retention at MCH.

1.6 Definitions

- **Intention to leave:** intention to leave job is defined as an employee's plan to quit the present job and find another job in the near future (Mohammad et al, 2009).
- **Nurse's intention to leave:** for the present study is considered the anticipation of leaving current nurses position (Milt et al, 2009). Johnson cited in Milt et al (2009) describes nurses' intention to leave as a retention principle that explains the extent to which professionals would like to leave, even if they stay in their current positions. With regard to nursing, it was observed that nurse's intention to leave can be considered as an indicator of the stability of nursing work and as a good indicator of other severe issues in managing health (Saeed, 1995).
- **Job satisfaction:** Misener and Cox (2001), as cited in Milt et al (2009) defined job satisfaction as a concept that incorporates the employee's personal beliefs, surroundings, individual characteristics, and expectations with the understanding that satisfiers and dissatisfiers are unique to the individual. Job satisfaction has also been

described as the extent to which employees like their current employment,(Milt et al,2009). Job satisfaction has been cited as a major contributory factor to intent to leave or stay in nursing profession (Barribal& Comber, 2006). These authors argue that increasing dissatisfaction among employees results in higher probabilities of considering other job opportunities (Ibid).

- **Turnover:** Mobley (1982) states that turnover is a cessation of membership in an organization by an individual who received monetary compensation from the organization. Anticipated turnover has been used interchangeably with intent to leave. Anticipated turnover has been defined as somebody's perception or opinion of the possibility of voluntarily terminating his or her current position (Hinshaw, Smeltzer, & Atwood, 1987 cited in Milt et al, 2009). Turnover is also seen as a major contributor to nurses shortage (Gauci- Borda& Norman 2000, cited in Barribal& Comber, 2005) and the effects of turnover include increasing pressure on and decreasing morale of the remaining staff, which in turn result in further turnover (Barribal& Comber, 2005) and inefficiency in nursing practice. Further, Apker et al (2009) explain that turnover compounds the current nursing shortage mainly in hospital settings which depend on nurse workforce for around- the- clock patient care.



1.7 Outline of the Study

The present study is composed of 5 Chapters which discuss the following issues:

Chapter one introduces the general overview of nurses attrition, background of the study, problem statement, purpose of the study, aim and objectives , definition of mains terms as well as the outline of the study.

Chapter two presents the literature review. It provides an overview of nursing in some African countries, including Mozambique, and provides an understanding of the main factors influencing nurses' intention to leave their profession.

Chapter Three describes the methodologies, research setting, study design, sampling, data collection procedures, data analysis procedures, ethical considerations and limitations of the study.

Chapter four presents the findings of the study and their interpretations.

Chapter five gives overall discussions of the research results and gives some conclusions and recommendations of the study.

CHAPTER 2: LITERATURE REVIEW

2.1 Introduction:

The purpose of this literature review is to present an overview of what is already known about nursing and nurses' intention to change careers. It provides an understanding of the main factors influencing nurses' intention to leave their profession. Several factors identified internationally as impacting on nurses' intention to leave profession include job satisfactions and its specific components, age and years of working experience, and nursing status as a profession. Topics and subjects of this literature were chosen on the basis of the research objectives. The literature review includes recent available literature on nurse attrition. In this context, according to Saeed (1995), we have to go through journals and other publications, in order to identify and use articles which are related to nurses' intention to quit, as well as nurses retention.

2.2 An Overview of Nursing in some African Countries

In most of the African countries the nursing workforce constitutes a significant component of health workforce. Often about 45–60 percent of the entire health workforce are made up of nurses who are responsible for a broad range of services (Dovlo, 2007). Nowadays, nurses often have to cope with increasing job complexity coupled with the increase of population which, in turn, has imposed further demands on them (Choi et al, 2011).

On the other hand, many of these countries are facing nursing work force shortfall with a reported nurse population ratio of less than 0.5 nurses per 1000 people (Aiken& Buchan, 2008). This figure is far lower than the WHO recommended nurse population ratio of one nurse to 700 people (Makasa, 2009). For example, results by Makasa (2009) revealed that in Zambia nurse population ratio stands at 1 nurse to 1500 people.

Dovlo (2007) shows that a Malawi Health Facility Survey, held in 2002, found out that 15 of the 26 districts had less than 1.5 nurses out of the established number of two per health facility, while five districts had less than one nurse per facility. The needs assessment study report indicated that the overall vacancy rate was 24%, with nursing vacancy at 55%, which meant that of 6102 established nursing positions, 3356 were vacant.

In Zimbabwe, the Health Workforce Observatory of 2009 indicates that nursing staff decreased by 1069 from 2007 to 2008 although it fails to indicate the main reasons. Further, this document shows that by the year 2009, the nurse population ratio stood at 1 nurse to every 1000 people, contradicting the WHO recommended ratio for African Countries of minimum of 2.5 nurses per 1000 people. As Rakuon (2010) asserts, the countries under the WHO established indices are defined as being under critical shortage. This scenario is also reported in Kenya where, by the year 2010, nurse population ratio stood at 1 nurse to every 1345 people (ibid).

Worryingly, whilst there are already severe shortages of nurses in many African countries, more nurses are leaving nursing and moving to other professions or migrating to high income countries. Apart from migration to high income countries, some African countries also register some intra-Africa migration. According to Dovlo (2007), Zambia's verification records show that almost 70 percent of enrolled and registered nurse requests were intended for either South Africa (32.7 percent) or Botswana (32.2 percent).

In Mozambique, because of languages' barriers, nurses' migration to other countries is less pronounced, but there is evidence of nurses leaving nursing to work in well paid professions such as private Sector and NGOs within the country, (Ferrinho and Omar 2006 cited in Dovlo 2007).

When nurses leave the organization to work elsewhere, the perception of the shortage of nurses is intensified because of the time taken to fill positions vacant and the effectiveness and productivity of delivery of health care decreases and increases labour costs. This has a negative effect on the cohesiveness of remaining staff (Tai et al, cited in Parry, 2008), with negative effects on remaining nurses, which consequently may increase the losses of staff in the health system (Borda & Norman 2003, cited in Parry, 2008).

As consequence of nurses' migration, many Sub-Saharan Africa (SSA) countries are unable to deliver critical health services (Dovlo, 2007) and the workload increases to remaining nurses as well. Therefore, many SSA countries have outlined a variety of actions aiming at mitigating the loss of health workers including nurses and these actions include those with direct impact on job satisfaction, such as pay, training, insurances, career opportunities, and others (Dovlo, 2007).

2.3 Nursing in Mozambique

There is no doubt that the National Health Care System as a whole relies on a large number of nurses to supply the demand for health services mainly in health post and centres, yet Mozambique is facing the shortage of nurses in health system. As a MoH report (2010) shows, until the year 2010, there were 5397 nurses in Mozambique, which represents 57% of the target for 2015 (9453). The proportion of the current nursing staff in relation to the whole national health workforce is 29% and this makes up the majority, followed by maternal child health nurses, 22% and general medicine 18%, which include physicians and health technicians. In Mozambique, there are 4 levels of nursing based on the amount of education, August-Brady (n.d):

- a) **Elementary Nurses:** These nurses are educated to the 7th grade level and have eight months of additional training. They practice primarily in rural settings, in health centres or health posts;
- b) **Basic Nurses:** These nurses are educated to grade 10 and apply for additional training of 18 months. The majority of basic nurses practice at primary health care facilities, as well;
- c) **Medium Nurses:** Previously, these nurses were educated to grade 12, but the Ministry of Health reduced the education requirement to grade 10 in response to the physician and nursing shortage. These nurses have an additional two and a half years of training. Nurses are able to specialize in their training once they are medium nurses;
- d) **Superior Nurses:** These nurses are educated through grade 12, then enter university for four years to earn honours degree. A thesis is required. An examination is given by the university and this earns the licensure as a nurse. It was started in Maputo at Higher Institute of Health Sciences (ISCISA) in 2004, and the first class had 28 graduates in 2008. Superior nurses are allocated at tertiary hospitals and at general hospitals.

The literature fails to highlight nursing working conditions and other issues contributing to improve nurses' working experience at hospital settings, but Ferrinho & Omar (2006) explain that in Mozambique, many health work places are characterized by the poor working conditions of health workers which may easily be captured on a quick visit to any

facility, mainly in rural settings. This scenario is not quite different in some urban settings, including Maputo Central Hospital, where the Infrastructures claim for a reconditioning intervention.

2.4 Understanding the main factors influencing nurses' Intention to leave profession

This section provides an understanding of the main factors which several studies revealed as influencing nurses' intentions leave or changes the current profession in different settings.

2.4.1 Job satisfaction

Job dissatisfaction is a primary predictor of nurses' intent to leave the nursing profession (Larrabee et al, 2003). This assertion is in accordance with Shields and Wards (2003) view, who in their study of the impact of job satisfaction on nurses intentions to quit found that of those individuals who reported dissatisfaction with their job, 65% overall were more likely to have an intention to quit than those who reported satisfaction.

Similarly, in a Singapore Hospital, results by Chan and Morrison (2000) revealed that job dissatisfaction has been shown to cause nurses' turnover. In the line with these findings, a study to determine reasons why nurses leave the profession or change their employment status in Gauteng Province, South Africa, Mokoka (2007) found job dissatisfaction as one of the four major categories in a complex array of reasons of nurses' intention to quit.

Equally, results by Lu, Lin, Wu Hsieih and Chang (2002), as cited in Stanz and Greyling (2010) found in a sample of 2192 nurses that 38, 4% of Taiwanese nurses were classified as having intentions to quit the profession because of lack of job satisfaction in their workplaces.

Ellenbecker (2004) and Blegan (1993) both explain that job satisfaction is also regarded as an important ingredient in quality patient care as well as nurse retention and it is therefore important to implement any interventions which will improve job satisfaction, and in turn enhance both patient satisfaction and nurse retention. Thus, Mokoka (2007) explains that nurse retention is achievable by identifying factors in the workplace that positively affect nurses' job satisfaction levels and consequently their retention within nursing.

Although numerous authors have found a causal relationship between job satisfaction and retention, as Van et al (2008) explains, in Mozambique, the issue of nurses' job satisfaction

was not formally studied yet. However, Ferrinho& Omar (2006) argue that there is evidence on factors which are known to cause job dissatisfaction at work place. This evidence suggests that satisfaction is lower among nurses than doctors and other health technicians.

With regard to job satisfaction among nurses in different setting, the available literature highlights positive relationships between nurses' intention to leave and specific components of job satisfaction, including satisfaction with pay and benefits, work environment, support and good work relationships (Van et al, 2008).

2.4.2 Salary and Benefits

Other predictors of nurses' intent to leave the profession in most developing countries are low salaries and fringe benefits, as these issues have a significant impact on job satisfaction (Mohammad et al, 2009).So, salaries and fringe benefits considered too low may be an important factor in intention to leave.

Findings by Stanz &Greyling (2010) revealed that in a Gauteng Hospital group of the 208 respondents, 89 (Group 1) (42.79%) indicated that poor pay and benefits would be the most important factor in their decision to leave, while a further 27 of the 201 respondents (Group 2) (13.43%) indicated that poor pay and benefits would be the second-most important factor, representing 56.22% of all the possible responses. Thus, pay is important predictor of job satisfaction and impact on nurses' turnover (Pillay, 2008).

Equally Results from studies in North Viet Nam revealed that although their salaries were paid in time and according to official salary scales, these salaries were perceived not to cover basic needs for a family, and thus were cited as a cause of nurses' turnover (Dielaman et al, 2003).

And a study by Awases et al (2004) revealed that low pay is most commonly cited as a reason for nurses' migration in SSA countries as salaries are considered insufficient to afford nurses basic needs of life. Moreover, they state that salaries are not proportional to the work risks nor to the amount of work at hospital settings. For example, they showed that in 3 SSA countries the percentages of nurses who wanted to immigrate to high income countries so that they could receive a better pay were 72.2% in Cameron, 55% in Zimbabwe, and 89, 1 % in Senegal.

2.4.3 Nursing work conditions and environment

With regard to working conditions, Mokoka et al (2010) assert that working conditions influence professional nurses' intention to leave their organizations. Consistent with this assertion, El- Jardali et al (2007) also identify the importance of working conditions as pull- or push factor which impact on nurses decision to leave or remain in their professions (Mokoka et al, 2010).

Hasselhorn et al (2003) explain that working conditions include *physical conditions* such as working tools, equipment, materials, and schedules. *Psychological conditions* include work pressure and stress. And *physical layout* refers to a clean and comfortable environment. In most developing countries, working conditions have been singled out, along with remuneration, as one of the major demotivators and are often the reason why professional nurses leave their profession (Awases et al, 2004). "*Where working conditions are good, comfortable and safe, the setting appears to be appropriate for reasonable job satisfaction,*" McKenna (2006:297) and, in turn, may influence a decision to stay or to quit.

Findings by Oosthuizen (2005), as cited in Mokoka et al (2010), revealed that nurses who left South Africa to work abroad cited poor working conditions coupled with heavy workload as their important factors for leaving their employment.

Nurses' work demands put extreme pressure on them and do not correlate with their skills and knowledge (Awases et al, 2004). At the same time, the continuous understaffing results in overburdening available staff with heavy workloads. Regarding workplace safety, Awases et al (2004) show a relationship between staff shortages, heavy workload, stress and injuries such as musculoskeletal injuries, low-back pain and injuries from sharp objects and nurses' intention to leave profession. A consistently heavy workload increases job tension and decreases job satisfaction which, in turn, increases the likelihood of turnover (Hayes et al 2006, as cited in Flinkiman et al, 2010).

With regard to working conditions in hospitals specifically, Chan and Morrison (2000) revealed that in a Singapore Hospital that poor staffing and heavy workload impacted on nurses' intention to quit work in this hospital; and increased workload and increasing staff loss have a direct impact on the exhaustion levels on nurses, as nurses are commonly

expected to do more with less staff. Furthermore, Chan and Morrison (2000) explain that stress and increased workloads have a great impact on the nurses' inability to cope and function in their workplaces. Stress which initially manifests as anger, frustration and unhappiness, might lead to burnout and eventually affect the nurse's decision to stay.

Having some control over working time has been found to have a positive effect on nurses' intention to stay (ibid). If the scheduling of working hours could allow convenience and flexibility, job retention could be enhanced. Decisions on work activities, regarding the tasks and times they will be carried out, can also have a positive effect and influence the individual's decision to stay (Ellenbecker, 2004).

2.4.4 Co-worker Relationship

Relationships with peers refer to the individual's perception of the intimacy, support, communication and interaction that exist between the individual and peers. If relationships are perceived to be positive, there is a greater possibility of staying in an organization, thus enhancing retention rates (Apker et al, 2009).

Mohadien (2008) found that a positive climate and good interpersonal relationships with management and colleagues in the work environment are playing an important role for a sense of job satisfaction. Further, he adds that an adequate supervision and support groups may strengthen nurses' self-esteem. At work places the collaboration between nurses and physicians not only influences job satisfaction, but also contributes to nurses' retention and enhances patients' outcomes (Apker et al, 2009).

In Choi et al's (2010) findings nurses described cooperating well with their co-workers, and some identified harmonious and supportive co-worker relationship as a reason of remaining in their workplace but others, in contrast, described the presence of a fault and blaming environment, which threatens their sense of job security at workplace. They quote a young male nurse who intended to quit the unit as: “

“I enjoyed working in my previous work unity where colleagues cooperated well and got work done together. Colleagues here are segregated into territorial groups; the relationship is not harmonious. They like picking on each other and

amplifying faults, and they will gang up on you if you don't belong to their group. This make me feel insecure" (nurse quoted in Choi et al, 2010).

On the other hand, consistent with previous studies, Apker et al (2009:108) explain that for ensuring quality decision *"nurses are called on to collaborate with other team members specially Physicians and to demonstrate their professional expertise for the good of patient"*. In fact, nurses' participation in decision making contributes to favourable outcomes, such as increasing job satisfaction, deep involvement in institutional problems and solutions and productivity (Ellis & Miller 1993, cited in Apker et al, 2009).

2.4.5 Supervision & Support

With regard to supervision, Watkins (2003) explains that it is an important form of support, as it allows nurses to share challenges, responsibilities, and successes, whilst providing an opportunity for the nurse to learn on a continuous basis, allowing personal and educational growth. Pillay (2008) explains that good supervision is helpful to reduce stress and burnout, and can contribute positively to job satisfaction, feeling respected and enjoying a good working relationship with team members such as doctors and social workers.

Studies by Heyes, (2006), Griffem & Adams (2003) all cited in Zeytinoglu, Denton & Plenderleith (1999) show that low support at work may contribute to increasing turnover. Support at work, on the other hand, can be a buffering factor in reducing the effects of job insecurity on intention to leave the profession (Ibid). If nurses are employed in an unstructured environment or perceive insecurity in the workplace, the support may be fundamental for their intention to quit or to remain in their current profession (Zeytinoglu, Denton & Plenderleith, 1999).

Previous research has also made the link between perceived organizational support and satisfaction. O'Driscoll and Randall, (1999) as cited in Lefton & Breugger (2009) assert that perceived organizational support appeared to be strong predictors of job involvement and nurses' affective attachment to the organization. Furthermore, these authors explain that nurses who felt their peers and managers supported them were more likely to score high on affective commitment and demonstrated less intention to quit (ibid).

2.4.6 Management & Leadership

Mokoka et al (2010) explain that managers greatly influence the people they manage and play an important role in employees' decision to remain or leave their organization. Results by Stanz & Greyling (2010) revealed that the quality of management was mentioned by nurses as an important factor in their decision to leave in South Africa. This finding is consistent with Larrabee et al (2003) who reported a strong association between leadership and nurses' turnover.

Findings by Khowaja et al (2005) as cited in Lephalala (2006) revealed that the majority of the participants in their study mentioned lack of appreciation of good performance by nursing managers and it influenced their intention to quit nursing in Pakistan. Lephalala (2006) explains that if managers play a supportive role, respect and acknowledge nurses' achievements; this could increase nurses' morale and lead to high levels of job satisfaction and motivation which, in turn, may retain them in nursing.

Findings by Khowaja et al (2005), as cited in Lephalala (2006), are in line with Upenieks' (2003: 757) arguments, as quoted in Mokoka et al (2010) when they write that "*nurses want to be appreciated and respected by management and doctors. They want their expertise to be recognized and to participate in decision making process pertaining to patient care.*"

Consistent with the quote above is the literature review on Meaningful Recognition in Nursing by Lefton & Breuger (2009) which highlighted that recognition for performance at work place is an important issue because it serves as a form of feedback which helps inform employees of how well they are performing. Receiving positive feedback can increase an employee's self-esteem, having a positive self-identity and leading to satisfaction at work (ibid).

2.4.7 Age and Work Experience

Findings in Macao show that other predictors of nurses' intention to leave profession were age and years of work experience: nurses aged 45 or above were more likely to remain employed than younger ones, who prefer more changes and challenges to achieve better life and prospects (Van et al, 2008). In addition, the employment experience comes to play an important role for nurse's decision to leave profession (Parry, 2008). Literature shows that those nurses with less than five years' work experience are less likely to remain employed than those have worked than 10 years (Van et al, 2008).

Colin (2004), cited in Flinkman et al (2010), argues that although many nurses expressed issues of burnout, stress and poor public image, elder nurses indicated the intention to stay in nursing profession. Findings from a Singapore Hospital by Chan and Morrison (2000) show that, although more experienced nurses might not be satisfied with their current work, they remain because they perceive it to be too late for a change of the career.

Similarly, Grobler et al (2006) state that employees with a propensity to quit are young employees with little seniority who are dissatisfied with their jobs. The relationship between age and intention to leave may be based on a number of influences; younger employees may have more entry level access, more job opportunities and fewer family responsibilities, making job mobility easier (ibid).

2.4.8 Low Status of Nursing as a Profession

Several authors have found that how nurses view themselves as professionals and how they feel others perceive their profession could affect their intention to continue nursing (Flinkman et al, 2010). In Parry (2008), it is highlighted that nurses intend to leave the profession because they feel undervalued or feel that their professional status and worth are poorly recognized. Similarly, Zondagh (2005) as cited in Mokoka et al (2010) in her research found that 92% of nurses pointed to general dissatisfaction with nursing as a career as one of the most important reasons why registered nurses resign or leave profession.

In fact, the general public is often of the opinion that nurses are equipped with less medical knowledge than doctors or other health care professional, and this perception influences the decision of nurses whether to choose to remain or to leave the profession according to Johnson and Bowman (2003), cited in Gazzaz (2009).

In the media, the nursing profession is portrayed by varied images, many of which do not reflect the reality as people generally think of nursing in terms of general hospital nursing (Meiring, 2010). Results by Mokoka et al (2010) consistently revealed that nurses are unhappy with the way society and community view their profession. They reported that participants stated that the image of nurses needed to be improved if the government wanted to improve nurses' retention. Mokoka et al (2010) quoted a nurse as saying, *"I don't think anyone of us will want their child to be a nurse. Except that people don't respect you. It is too much sacrifice for nothing."*

2.4.9 Training and professional development

To ensure competent and skilled staff, on-going orientation and training of nurses is necessary to maintain an optimal level of nursing care (Mohadien, 2008). It is vital for nurses to stay abreast of new knowledge and technological development because inadequately educated nurses pose a threat to patients, and leave nurses feeling incompetent, insecure, and frightened (ibid).

Nurses experience more work stress when they receive inadequate training, and work stress also is increased when nurses feel stagnated in their current positions because of a lack of opportunity for promotion and development (Van den Berg et al 2006). Pillay (2008) explains that malpractice among nurses may be reduced when they are constantly updating their knowledge and maintaining a high standard of competency, particularly in specialized areas of nursing.

With regard to their professional development, Van den Berg et al (2006) state that nurses welcome the opportunity for personal growth and development by developing new skills and knowledge and, in turn, teaching others the same. However, findings by Pillay (2008) revealed dissatisfaction with the available opportunities for career advancement among nurses working for government in South Africa.



Career development and life-long learning activities in nursing promote job satisfaction, increase retention of nurses and enable continued provision of high-quality care (Hayes et al, 2006), as cited in Mokoka et al (2010). Equally, in their findings, Shields and Ward (2001) argue that dissatisfaction with promotion and training opportunities has been shown to have a stronger impact on nurse turnover than workload or pay.

Therefore, Stanz & Greyling (2010) explain that retention strategies and policies which focus deeply on increasing salary for nurses have limited success unless they are coupled with the improvement of promotion and training opportunities.

2.4.10 Conclusion

Several researchers on the subject of nurses' intention to quit profession throughout African countries illustrate that nurses are experiencing considerable levels of job dissatisfaction which should be viewed as a concern given a strong relationship between it and nurses turnover. The literature reveals a large amount of evidence that nurses are unhappy with their salary, working conditions and other factors contributing to the nurses' decision to remain or leave their profession.



CHAPTER 3: METHODOLOGY

3.1 Study Design

For this study, we used an exploratory qualitative approach because we wanted to explore nurses' and key informants' thoughts, opinions, perceptions and experiences in considerable depth (Laurence, 2003). This could be best done doing qualitative research which could probe and encourage people to talk at some length. Qualitative approaches are deemed useful in exploring people's beliefs, experiences and perceptions in relation to a certain phenomenon (Maier et al, 2003 cited in Paul, 2009). It helped the researcher to understand how nurses feel and why they feel as they do. It was, therefore, concerned with collecting in-depth information asking questions such as 'why do you say that?'

3.2 Population

A study population consists of all elements for which measurements are possible within the context of a study. A population can consist of products, workers, customers, firms, prices or other items about which the decision maker or manager is interested (McNabb, 2002). The population for this particular study was comprised of nurses at the Maputo Central Hospital and the key informants were also identified here.

3.3 Sampling:

Vaughan and Morrow (1989: 167) define a sample as "a selected subset of population". In this research, the study population consisted of 28 nurses, among them 14 were continuing education in courses outside of nursing profession and 14 were not. 4 Focus group discussions were conducted: two with nurses enrolled in courses out of nursing, two with nurses who were not. Each group comprised 7 nurses. Both pools were purposely selected. Purposive sampling was used because we wanted to collect rich information cases which could not be obtained if we had used random sampling. Thus, we purposely selected those nurses working at MCH for more than five years, apparently willing to leave nursing and others not, but more importantly willing to participate at present study.

In- depth individual interviews were held with 5 key informants with acknowledged experiences in dealing with nurses' concerns and problems, namely the Head of Mozambican nursing association, Nursing Director in Maputo Central Hospital, Head of Human Resources Department, and two ex- nurses presently working out of nursing.

3.4 Data collection

Data was collected using focus group discussions, interviews, and consulting the hospital's training records. Focus group discussions were recorded in two ways: there was a note taker to record the information in written notes because the researcher was not able to moderate the discussion and take notes simultaneously. In addition the discussion was tape recorded and then transcribed.

Additionally, in-depth individual interviews were used for data gathering as well. The rationale of using individual interviews was to explore in- depth perceptions, experiences and beliefs toward nursing as a career, as well as exploring and understanding factors that motivate nurses' intention to leave. The interviews were face-to- face and they were tape recorded, transcribed and translated. Gill et al (2008) explain that face-face interviews are believed to provide a deeper understanding of the phenomenon than can obtained from purely quantitative methods such as questionnaire. In -depth interviewing offered us several benefits given that it was flexible: it enabled to ask questions on a wide variety of topics around nurses as a career, and nurses' intention to leave nursing career and allowed researcher to collect highly detailed data from the subject regarding the topic at hand.

3.5 Analysis

For the present study, data was analyzed through content analysis which consisted of transcribing the data from interviews and focus group discussions, reading the transcripts several times and writing down the researcher's impressions. Key themes related to the nursing experiences. Factors influencing their intention to leave profession were identified, coded and categorized, and this assisted in giving meaning to the responses given by nurses and key informants. In the final step, analysis was then presented by way of summarizing the main themes, their respective categories and including some of the quotations from the data to illustrate some of the key points.

3.6 Validity

In qualitative research validity addresses the question whether a study is credible. Cresswell and Miller (2000: 124/5) define validity in qualitative research as "*how accurately the accounts represents participants' realities of the social phenomena and is credible to them*".

To ensure validity the researcher used the triangulation for data sources namely: nurses on studies out of nursing, nurses who are not on studies and the key informants. Triangulation of methods for data gathering, by utilizing records, individual interviews and focus group discussions, also increased validity.

As this research explored the nurses' experiences and insights, and as only the participants themselves could evaluate the validity of the research, the researcher summarized key points at the end of each focus group discussion to verify with the participants that his understanding and interpretation of their experiences, perceptions and opinions were accurate.

Furthermore, regarding validity, Chenton (2003) suggest the use of *tactics to help ensure honesty in informants*. Thus for the present study each nurse approached was given the opportunity to refuse to participate in this research so as to ensure that data collection sessions involved only those nurses who were genuinely willing to take a part and prepared to offer data freely. All nurses and key informants were encouraged to be frank from the outset of each session and the researcher highlighted that there were no right answers to the questions asked. Further, the researcher examined previous study findings to assess the degree to which the present study results were congruent with those of previous studies. Chenton (2003) argues that the ability of the researcher to relate his or her findings to existing knowledge increases the credibility.

The researcher provided the head members of Mozambican Nurses Association and Managers of Maputo Central Hospital with the final thesis Draft in order that they can read and examine the narrative account of the research and increase validity. So, these people acted as external auditors. The researcher furthermore kept a reflective diary and took field notes throughout the research process and he shared interview transcripts and field notes with his supervisors.

3.7 Study Limitations

A key limitation in this study was the fact that it relied on volunteers to participate in interviews and focus groups and there was no random selection of the nurses. This may have introduced some selection bias, but given that the study was exploratory we considered this an acceptable limitation. Sample size was another limitation as the researcher did not

conduct the study up to saturation as is desirable in qualitative research. Another limitation could be that the study was conducted in only one hospital, limiting the insights gained from the study to just this one hospital. Nevertheless these insights could then be tested in other studies. The lack of funding for researcher to conduct the research was another limitation.

3.8 Ethical considerations

The author was aware that this study would raise sensitive topics in nurses' lives, and he took great care to be alert and responsive to ethical issues which might arise.

Participation in the study was voluntary for all nurses and key informants. They were provided with a letter explaining the research, requesting their participation and assuring them of confidentiality and anonymity, and were asked to sign a consent form which was explained to them in detail. Confidentiality was ensured since the respondents did not have to list their names during the discussion and they were not referenced in the research.

Anonymity of key informants could not be completely guaranteed in this study due to the very small size of the sample. However, permission was sought from particular participants; where there was an inescapable need to use information, the source of which could easily be traced. For focus group discussions, participants were informed that during the discussion they were going to share confidential information and they had to treat all information confidentially as well. They were also informed could refuse to answer questions, and they could withdraw from the discussion at any time. The results will be made available and accessible to all participants by presenting a copy of the final mini thesis to the Mozambican Nurses Association and Nursing Directorate in hospital.

It was explained to all participants that they did not have to worry that there will be negative consequences if they talk about reasons for dissatisfaction, and possible wanting to leave because this research has merely the academic purposes and all gathered information would be treated as a whole, not individually. Only the researcher had access to the audiotapes in which interviews were recorded. The interview transcripts were shared between the researcher and his supervisors. Even if names were mentioned during the interviews, these were erased, replaced with codes or fictitious names from the analysis transcripts. On completion of the study the audiotapes would be erased. All this was explained to the study participants. The study was presented to, and approved by and the Ethics Committee of the University of the Western Cape.

CHAPTER 4: RESULTS

4.1 Introduction

The aim of this study was to find out why so many nurses at the Maputo Central Hospital are pursuing education in other courses, rather than in nursing. FGD1 &2 were comprised of nurses who are currently enrolled at courses out of nursing and FGD 3&4 comprised of nurses who are not enrolled at any course. Each group had a participation of 7 nurses, coded from 1 to 7. Finally, Key Informant Interviews- KII with 5 key informants were also conducted. In this section, we are going to present findings of the study. They highlight nurses' perceptions towards nursing as a profession and makes link between the factors that influence them to pursue education out of nursing.

Table 1. Nurses Profile

Gender	Total		At courses	Out of Courses	Total
Male	7 (25%)		4	3	7
Female	21 (75%)		10	11	21
Total	28(100%)		14	14	28

A total of 28 nurses participated in the study, the majority (75%) of whom were female and the rest (25%) were male. The researcher did not collect the data related to age of the respondents but from the observation, the nurses appeared to be between 24 and 55 years of age. All the participants had more than 4 years of working experience, but all nurses enrolled in studies had less than 15 years of working experience. In this group the least experienced nurse had 5 years as a nurse. And in another group all nurses were older with more than 15 years as nurses. The most experienced nurse was working for more than 30 years.

Table 2. Nurses Preferred Courses

	N. Nurses
Courses	
Hospital Administration	2
Public Health	5
Laboratory	4
Clinical Psychology	3
Total	14

As we can see, the other courses attended by nurses who participated in this research include Hospital Administration, Public Health, Clinical Psychology and Laboratory.

4.2 Nurses' experience of working at Maputo Central Hospital

Results from this research study revealed that the majority of nurses, including those at studies showed happiness, and having many advantages not only as nurses, but also as workers of the Maputo Central Hospital, because they feel proud of working at the largest and National Referral Hospital in country, particularly now that it is a teaching hospital and it serves as field of internship for all Health Sciences Schools located in Maputo and other provinces. This is what is witnessed by the FGD 3, nurse 2 who says that: *“although we are facing many problems in our daily work, we are proud of working at the biggest hospital of the country, we have the opportunity to update our knowledge, and help trainees to consolidate the theories they learnt at classes and practice”*.

Thus, by being a teaching hospital, nurses revealed satisfaction with welcoming the new trainees for internship, guide them and transmit the experiences accumulated by them. However, on the other hand, nurses understand that they are at a disadvantage by working at a teaching hospital because of the consequent increased workload, coupled with low pay and acknowledgment. It is for supporting this statement that FGD2, Nurse 2 asserted that *“I am responsible for the endoscopy room, I train newly graduated nurses, I train nursing students who come to practice, I train my colleagues from other hospitals and provinces, but I don't receive any coin for that”*.

Moreover, it was evident from the results that new trainees sometimes are time-consuming as they require rigorous supervision and the older nurses spend much time coaching them.

This view was expressed by FGD 4, nurse 4 who says: *“Here, one nurse has to take care of a huge number of patients in beds or consultations and coach new trainees. Consequently a nurse gets to work 16 hours a day, instead of the eight legally accepted.”* By this quote we understand that many nurses stay much spend little time with their children and participate less in their family affairs which, in turn, may lead to dissatisfaction and influence nurses’ intention to change their profession. In fact, FGD 1, nurse 3, supports this point by saying: *“I do not have much time to look after my children, and I participate less in their education.... I mean, I cannot even help my older son with his homework because always I go back home late and tired.”*

Both groups of nurses who participated at the present research understand that the fact that Maputo Central Hospital is a national referral and more specialized hospital brings many benefits to them to the extent that they have the opportunity to interact with a variety of health specialists (although acknowledged sometimes unhealthy relationship between nurses and physicians). This enables them to share experiences and improve nursing practice. We can see this view in the following, FGD4, nurse 7 explanation: *“I experienced good moments here, I had many problems at the beginning of my career, but I overcame them with the help of team members I used to work with.... now it’s me who helps the newcomers”*.

Moreover, nurses stated that the fact that MCH is the best equipped public hospital in country, allows them the use of appropriate equipment in patients’ treatment, although nurses recognize that more needs to be done in order to introduce a cutting-edge technology to avoid increasingly transferring patients out of the country.

It was also evident from the responses of nurses that working at Maputo Central Hospital constitutes a challenge as nurses are being confronted with various pathologies and a threat of infections. This is shown when FGD2, nurse 3 states: *“Here we deal with different pathologies as all the health complications from regional hospitals are referred to Maputo Central Hospital”*.

4.3 Nursing as a career

With regard to nursing as a career, all nurses revealed that although nursing was their first choice, they consider nursing as a limiting, stressful and an exhausting career. By saying that it is a limiting career, they mean that promotions, progressions and professional growth schemes, although official policy, are not being implemented. According to them, even when promotions and progressions are involved, there are no significant changes in their lives, particularly in workload and remuneration.

Interestingly, and somewhat contradictory, although nursing is being seen as such, and nurses perceive nursing as a limiting career, results revealed that nurses who are not enrolled at any course also perceive nursing as a satisfying profession in which they help the sick. Thus, they do not have any intention to quit. They pointed to love of the profession as one of the main factor for continuing in nursing. This is what we can see when FGD 4, nurse 1 says that *“I like my Profession. Imagine: I receive a patient, I begin treating him, I look after him, when he stands up step by step, and I feel happy; it’s a realization because I gained one more life, one more soul. It makes me feel good, I like nursing, and I like my working tools, I like people themselves”*.



These nurses explained that they nursing had been their first choice of profession, and not because of the availability of the job, as was common among younger nurses. They had the desire to care for people. This view is mostly shared by older nurses who say that *“I am feeling well as a nurse. I really like being a nurse. It’s a lovely profession. I went deeply in nursing. Now I am in nursing because I love it (...) being a nurse is good; you understand that people recover their lives because you did something. I remain in nursing because I like to help”*- FGD 4, nurse7. Another nurse stated that *“what makes us stay in nursing is the love we have for the profession. Even those who were nurses before us, they became nurses because they loved the profession”*. – FGD 3, nurse 6. These arguments are shared by the Director of Nursing Department (KI) who says that *“Nursing is a satisfactory profession; you give back lives to people. It is wonderful.”*

On the other hand, the results also revealed that although we did not collect participants’ age, it is clear that the majority of nurses who are following courses and apparently may

change the profession, belong to the new generation and the main reason why some of these nurses have nursing as their first choice was the availability of this job, what mean that they found nursing as “shelter” from unemployment as FGD 1, nurse 1 said that *“I went into nursing because when I completed grade 12 I stayed home for more than 3 years doing nothing, waiting for an opportunity.”* But to others, nursing was actually childhood choice. However, all of them mentioned unhappiness with nursing pathway.

4.3.1 Image of Nursing in Mozambique

From these results, it is evident that the prevailing nursing image is not positive, and that it seems to be the reason why the majority of nurses who participated in this study explained that they are not proud of how the society and other health workers view nursing itself. To support this view FGD 2, nurse 5 stated that *“the way the society perceives or sees nursing is not satisfactory. In my living area, many people don’t know that I am a nurse. We are not proud of what the society says about nurses...”*

Furthermore, they explained that the nursing image is increasingly being devaluated and the current prevailing image motivates them to pursue education in other courses rather than nursing, hoping to change the profession. This is what is witnessed by, FGD1, nurse 4 who said that *“...people say that there is an apparent partnership between nurses and funeral services, in which nurses must accelerate the deaths occurrences in public hospitals to enable funeral services to gain much money with their services. Now I ask: who wants to be seen as a murderer? (...) That is the reason why nurses prefer less “noisy” professions.”*

Furthermore, some nurses explained that when some people die in hospital, others say that s/he was murdered by nurses. This has a bad impact on nursing as a profession, the reason why most nurses prefer staying away from nursing. This is a worrying finding, taking into consideration that nurses play a great role in nursing as a whole.

Dealing with the current nursing image, the Nursing Department Director explained that the strategy to enhance nurses’ image depends on the creation of a Humanization Committee comprised by health professionals and the civil society. This Committee’s task will consist of spreading information about the role of nurses among community members and the society through media, pamphlets and open meetings. Although she was a little doubtful about the success of this strategy, she stated *“(...) I don’t know if it will work, but we must*

do something in defense of our image. We have to explain to society that we were trained to save lives, not to kill anyone.”

Most interestingly, both groups of nurses argued that they could not recommend the nursing profession to anybody else, considering that they do not have satisfactory working experiences. Factors influencing these views include the bad image of nursing among community members and the Mozambican society as a whole. This is witnessed by FGD 3, nurse 1 who is not enrolled at any course: *“I couldn’t recommend to anyone to pursue nursing, taking into consideration its working conditions, pay and other things. In our country, nursing is not a good profession, a profession of which one can be proud.”*

Further, Nurses mentioned several of clear public policies to overcome several problems faced by the nurses’ workforce and enhance image of and status. In fact, FDG 1, nurse 2 stated that: *(....) nursing is the pillar of health systems, but it is undervalued, as the government does not consider it as such, I mean, it does not acknowledge it as a valuable profession.”* This view is shared by a Key Informant who was asked to mention some factors challenging the nursing workforce. He pointed to a lack of acknowledgment as the crucial problem: *“nursing is increasingly being devaluated. Look, if you listen to the radio, you hear that nurses do not care for patients correctly, they charge them extra fees to treat them, they are corrupt and so on... but you don’t hear the same about other health professionals”.- KI*

4.3.2 Professional Growth

Professional growth is understood by both groups of nurses as an important issue and improvement in this regard could make them happier and enable them to stay in their career. Therefore, nurses who are not following nursing revealed that they are at those courses because they hope someday they will change their current profession. This is because they understand that within the nursing arena, professional growth, promotions and job trainings are limited. This is what FGD1, nurse 2 meant when he said that *“Nurses who are currently pursuing education in other courses are looking for an improvement of their lives’ standards.”*

It is worth pointing out that an advanced degree in nursing was only established in 2002 and it was offered in only one training institution located at the Maputo City. All Key

Informants interviewed agreed that the shortage of advanced degree training institutions is one of the main reasons why nurses do not follow nursing. In fact, the Head of ANEMO says that *“In Mozambique, advanced degrees in nursing emerged ten years ago... and this contributed to courses shifting among nurses. Nurses wanted to continue their studies but they could not follow nursing because there was nowhere to go”*.

Nurses and key informants stated that when the Advanced Institute of Health Sciences (ISCISA) started training nursing for Diplomas, it was thought that nurses could follow nursing, but what happened is that ISCISA did not consider older nurses, who were working for many years and had professional experience.

However, both groups of nurses and key informants revealed that although there is an Institute where nurses may gain advanced degree training, they still face many obstacles: *“if nurses want to continue their studies in nursing, for their admission, they have to apply like the young people graduated from secondary schools; there is no difference in terms of the requirements.”*-FGD 1, nurse 7. It is in support of this point that FGD 4, nurse 2 says that (...) *“I did not have a advanced degree in nursing because when I wanted it there were not enough vacancies in the nursing course. There were only 25 for more than 1000 candidates”*.

From these results it is also obvious that while a large number of medium level nurses wanted to get advanced education in order to increase their income and change their lifestyle, there is only 1 training school with only 3 classes offering an advanced degree in nursing. This is the reason why they do not have another alternative, apart from following other courses which, in turn, may have influenced nursing turnover.

4.4 Job Satisfaction

Nurses who are following other courses revealed that they had their expectations and hopes not fulfilled and they found their work not satisfactory enough to continue with nursing. Nurses' dissatisfaction was also reported by the Head of the Mozambican Nurse Association (ANEMO) who stated that *"I see that nurses' job satisfaction and morale are utterly low."* She mentioned salary, lack of valorization and acknowledgment as the main factors contributing to nurses' job dissatisfaction at the Maputo Central Hospital and in the National Health Service as a whole.

By contrast, results revealed that those nurses who are working for quite a long time expressed job satisfaction and fulfilled expectations. Although they acknowledge that many things still need deep changes, they feel satisfied because of the love they feel with their profession. FGD 3, nurse 4 also stated that *"I am happy as a nurse (...)time went on and on and my love for the profession increased. Helping people to live is really wonderful."* Finally FGD 4, nurse 1 stated that *"although nursing policies in Mozambique are not helpful, such as happens in occidental countries, I do not think of leaving nursing, because I do love my profession."*

However, although nurses mentioned salary as an important issue for their lives, they did not mention it as the only crucial or the only factor contributing to their decision to change the profession. The most important aspects for them are also lack of consideration and acknowledgment. We can see this view in the following nurse's complaint: *"What contributes to job satisfaction is not money only, but a simple appraisal also plays an important role in the employees' behavior."* – FGD1, nurse 4.

4.4.1 Salary & Incentives

Nurses mentioned underpayment in nursing as a challenging issue, but they acknowledged that underpayment is extensive for all the health sector workers and the other public sectors as a whole. This explains why they did not mention salary as the reason for wanting to change profession: *"I am not happy with the salary paid in nursing, but it is not only in nursing. All public sector employees are underpaid in Mozambique."* – FGD 2, nurse 3.

The evidence that salary does not impact significantly on nurses' decision to change their profession can be seen if we take into consideration that all nurses who participated in this study are studying in courses related to the health sector. Surprisingly, nurses who are not also university students did not reveal any intention to change their profession or to leave the Maputo Central Hospital to another job in the private sector.

Although nurses did not mention salary as an important factor that motivates nurses to forsake nursing and follow other courses, it was evident that both groups of nurses agree that the salary they receive is unsatisfactory. This is shown when FGD 2 nurse 2 said: *“What we gain as a salary is (...) minimum”*, and another nurse says *“Nursing is a satisfactory profession because of its social impact, but I am not happy with my income.”*

The issue of low salary was also mentioned by a Key Informant, the Head of Nursing Association, who stated that *“Once a journalist asked me: how much are nurses paid per month? I told him that I could not reveal (...) but I told him that perhaps a nurse's monthly income is less than what a journalist spends during a weekend”*.

This view is shared by all the nurses who participated in this study, as well as other key informants. Looking at all the results, we can see that nurses working in a public hospital are underpaid compared to those working in private hospitals: in private hospitals, nurses' monthly income is almost three times more than the nurses' monthly income in a public hospital. This can be seen when one of the participants shows that *“Many things need to be changed in nursing, beginning with the salary. What we earn is horrible (...) at the Maputo Private Hospital they pay 40.000MT for a superior nurse, but public hospitals pay only 16.000,00 MT”*. Although the difference in salary raises the question *“why anybody is still working in the public sector”*? It is evident that private hospitals have limited vacancies and cannot employ everyone quitting public hospitals.

A Key Informant with a professional experience of more than 15 years in nursing practice stated that he left nursing because he realized that in nursing there were not financial incentives to retain him. He says: *“I was supposed to support my family and make sure we all have a nice future, but that was quite far to be achieved in nursing.”*

Although nurses agreed on the idea that salary by itself was not the most important issue for retaining them in nursing, and do not clearly mention what would happen if the Government

did not review it, they proposed that salary should be reviewed. As one of the nurses said, *“The government should increase our salary. A medium nurse with at least five years experience still earns less than 8,000 MT. It’s horrible! What do you do with this misery? With this salary, a nurse cannot even dream of a good house or a nice car...”*- FGD3, nurse 1.

Apart from low salaries, results showed that there were no additional incentives given to nurses in order to increase their morale and, in turn, retain them in the nursing profession. That is, *“The government, the managers and society have to acknowledge the nursing class. We need a respect for our efforts and we have to be paid accordingly.”* – FGD 2, nurse 5.

Moreover, a key informant currently working in other sectors told us that he worked as a nurse for more than 10 years but his life did not have any significant change. There was much work but his salary was not enough, the reason why he could not continue in nursing. This is what is confirmed by the Head of ANEMO, when she says that *“If I take you to meet nurses at their houses, you can’t even believe.... they live in bad conditions because they don’t have enough money to support their living conditions.”*

Still regarding the salary issue, it was evident that those nurses who are not enrolled at any course showed commitment to nursing as a profession because they were more concerned with patient care than the salary itself. FGD 4, nurse 1 surprised us, and her colleagues applauded her when she stood up and said: *“I fulfilled my expectations as a nurse, but as you know, nowadays life is hard and we, nurses, think that we are not satisfied monetarily just because we don’t manage to buy everything we want. In nursing, before you think of the salary, you have to think of those people who need your hands to recover their lives.”*

4.4.2 Staff Shortfall & Workload

Key informants were asked to describe how serious they considered the nurses’ shortage and voluntary turnover issues at the Maputo Central Hospital to be. They indicated that the Maputo Central Hospital is working with less than the required number of nurses which, in turn, increases workloads of the remaining nurses. In fact, the Nursing Director stated that *“presently, nursing shortage and voluntary turnover are the two main problems confronting the Maputo Central Hospital. There is only 1 where there is a need of 3 or 4 nurses”*.

Similarly FGD 1, nurse 3 highlighted that *“we have a workload and, as you know, at the Maputo Central Hospital, the ratio is one nurse for every 50/60 patients. It is too much”*.

In this context, the human resource manager told us that allocation of nurses in different shifts is the current challenging issue. For achieving this goal effectively, she is working with the Ministry of Health to allocate a large number of graduated nurses with medium level to Maputo Central Hospital, although she acknowledges that it will not be easy because there is still a need of more nurses. Another challenge she mentioned is retaining the existing staff, which depends also on investing in more institutes where nurses with basic level training may continue with their studies, but funding is still a big constraint.

Furthermore, the majority of nurses mentioned workload as the main reason why nurses have the intention of changing their current profession. A nurse who is not following nursing is his studies stated that *“the main factor that motivated me to study public health is workload in nursing practice. For me, studying public health is a relief.”*- FGD2, nurse 6. It is in this context that nurses explained that workload constituted a severe problem in their daily work and it also had a negative impact on their professional performance.

Both groups of nurses explained that they also have internal and external pressure. Internal pressure is caused by a shortage of nurses coupled with nurses' voluntary turnover, vacancies, and staff retirement versus care demand, as well as the increasing number of patients with HIV and TB. At the MCH, the bed capacity is 1500 beds for only 506 nurses. Some of these nurses work in consultations and treatment rooms. This means that not all (506) nurses work in wards, although they are required to perform their work as if a nurse is for 10 patients.

Nurses explained to us that externally, the society expects good results from nurses' work, but actually they can't afford it because of the internal pressure. Finally, they expressed that nurses take care of many more patients than other health professionals: *“Nurses get tired at work always, but we cannot tell any patient to go back home, just because we are tired. We have to see and treat him/her. In contrast, specialist physicians see only 15 patients a day. If nurses book more than that, they refuse to treat the extra patients”*. – FGD 3, nurse 16.

4.4.3 Management Style

The majority of nurses showed that they are not happy with the management style at the MCH and they all agreed that it may have influenced nurses' decision to change the profession during the past few years. According to them, managers tend to be authoritarian and they are not concerned with nurses' problems. The irregular communication between administrative and clinical sectors, shortage of supportive supervision programs, nurses being reprimanded in the presence of patients are some of the examples. In fact, *“When workers perform their activities well they are not congratulated, but when they make any slight mistake, they are severely and immediately punished; this situation may also contribute to nursing turnover.”*- FGD 1, nurse 3.

4.4.4 Nursing working conditions and environment

Nurses' working conditions and environment were also mentioned by nurses and key informants as important factors that force nurses' to change their profession. They pointed out that the Maputo Central Hospital is a centenary Hospital with more than hundred years. This is the reason why we find here degraded infrastructures, electricity and infiltrations problems. The buildings' conditions increase work place insecurity and endanger staffs' lives as well. As a matter of fact, FGD 1, nurse 6 says that (...) *“the working conditions are not satisfactory, in my ward, when it rains, everything gets wet. It must change”*.

Regarding working conditions, the nursing Director of the MCH explained that she and her colleagues (other directors) are aware of these problems, and investments in rebuilding are being done, in spite of the scarce funds they receive from Government and some NGOs. Although working conditions are not favorable for nurses and even worse in some wards, the majority of nurses undertake a great effort to make sure their activities are in order and that lives are saved.

Results emanating from this study showed that nurses describe their working environment differently. Nurses following other courses mentioned some issues which, in their understanding, undermine the nursing working environment.

Some nurses also reported that although nurses and doctors are working together, they are treated differently; beginning from the meal they take at the workplace to the amount of tasks they perform. In this context, nurses reported that the nature of nursing practice requires 24 hours care, so they have to work overnights, weekends and even on holidays.

When working at the night shift, nurses have to sit on a chair till morning, while there are beds for doctors at the same place. Nurses explained that one may earn less than desired, but a good working environment is a key issue when it comes to deciding if one stays or leaves his/her profession. "*We stay much time at work so the environment should be nice for us to remain here.*"- FGD 2, nurse 11.

4.4.5 Co-worker relationship

It was evident from the results that there is a good relationship among nurses as we can see in FGD 4, nurse 3's quote who states (...) *we nurses have friendly work environment and we work as family members (...) sometimes when a nurse has family or other issues to solve and cannot come to work, one works on his shift without complaints.* However it is not seen between nurses and doctors and other health professionals. Nurses argue that physicians see nurses as their auxiliaries. As we can see in this quote: (...) "*During the process of practicing I perceived that nursing was not what I had in mind, mainly here in the MCH. I understood that a nurse is not respected by his/ her colleagues, I mean doctors, health technicians and managers.*"- FGD 1, nurse 5.

4.5 Strategies for Retention

Most interestingly, with regard to the strategies for nurses' retention, results revealed a dis-juncture between expressed experiences and what nurses want to see changed. Rather than dealing with issues of the prevailing image of the profession, high workloads, poor acknowledgment and poor working environment, nurses and key informants' suggestions focus mainly on training and incentives.

Key informants and both groups of nurses explained that enabling nurses to stay in their careers has to do with creating opportunities for them to carry on with their studies in nursing at the university level, given that most of them pursue advanced education in other courses, which in our understanding means that nursing training is not easily accessible for people who wish to become nurses.

Therefore, the government must invest in nursing training, giving nurses different branches of nursing and, at the end of the course, when they start working, they should be paid accordingly. This insight can be seen from Head of ANEMO who says that *“we have also realized that training is a very important issue in motivating and keeping nurses in the National Health System. So, we are working with the government in order to create a Nursing School for training nurses in different specialties, although it is still a challenging task because of lack of funding. Many countries in Africa and the World have schools for training nurses, but, in Mozambique, nurses are trained only at the Higher Institute of Health Sciences, where we find only one or two classes. If we had a Nursing School, we would train even more than 200 trainees at the first cycle and increase the number of trainees every year, till we fill the gaps within the Mozambican nursing workforce”*.

The other factors mentioned by Key informants and nurses for retention of nurses in their career include investing in the instituting subsidies, nursing insurance, as well as covering the main expenditures, such children’s education and transport.

In search for a solution, the Head of ANEMO states that for supporting nurses and retain them at their careers, ANEMO is working with different stakeholders in order to improve the conditions in which nurses perform their activities, and it is also “fighting” for better salaries and recognition from the government and society, meantime, motivating them through short-term trainings at their workplace.

4.6 Main Findings

In short, study results revealed happiness of all nurses with regard to working at MCH, but expectation not fulfilled among nurses pursuing advanced education. The study also found that factors influencing nurses to pursue education outside nursing include job dissatisfaction and its essential components, except salary. But more importantly, the issues of image and status of nurses and shortage of advanced nursing training schools were found to be key factors contributing to nurses’ desire to change their current career. The courses most favored by nurses include Hospital Administration, Public Health, Clinical Psychology and Laboratory. Finally, instituting subsidies, nursing insurance, as well as nurses’ expenditures coverage were mentioned as strategies for retention of nurses at their current career.

CHAPTER 5: DISCUSSION, CONCLUSIONS AND RECOMMENDATIONS

5.1 Introduction

The results described in Chapter 4 will be discussed here in detail and current literature will be incorporated into the discussion whenever appropriate. Furthermore, some suggestions for future research will be addressed. The main themes arising from the results can be seen below.

5.2 The Image of the Nursing Profession

From results it is evident that the prevailing nursing image is not satisfactory, and that is the reason why the majority of nurses who participated in this study explained that they are not proud of how the society and other health workers view nursing itself. Consistent with our results, Mokoka et al (2010) wrote that *“Participants maintain that the image of nursing needs to be improved in order to improve nurse retention.”* The purpose of Mokoka et al (2010) study was to explore factors which would contribute for retaining professional nurses in South Africa.

Furthermore, from our the findings, it clear that at MCH the nursing image is increasingly being devaluated and the issue of image was the most important factor contributing to nurses’ decision to pursue education in other courses rather than in nursing, hoping to change the profession.

In this context, Flinkman et al’s (2010) results have revealed that how nurses view themselves as professionals and how they feel others perceive their profession could affect their intention to continue in nursing. Equally in Parry (2008) it is highlighted that nurses’ intend to leave profession because they feel undervalued or they feel that their professional status and worth are poorly recognized.

5.2.1 Nursing as a career

Apart from devalued image and low status of nursing, results show young nurses finding particularly the first years of nursing practice very stressful, limiting and exhausting, which influence them to change their profession as well. Flinkman et al (2010) explains that the first years of nursing practice can be especially demanding and stressful, thus peer and management support are crucial for maintaining nurses in their careers.

The findings by Flinkman et al (2010) strongly support the findings of the present research, as they show that particularly younger nurses described nursing as limiting, stressful and an exhausting profession.

On the other hand, the results revealed that nurses who are not enrolled at any course perceived nursing as a profession in which they help the sick and pointed to love of the profession as one of the main factors for continuing in nursing, although they too acknowledge that the issue of image and status needs changes.

Recommending nursing as a career to a relative or children was an important factor that showed if nurses were satisfied with their status or not. Results show nurses general unhappiness with their image to the point that they could not recommend nursing as a career to anybody. Efforts should therefore be made to facilitate the improvement of nurses' image and trying to make sure that nurses are recognized for their profession and for their efforts in healthcare delivery.

5.2.2 Professional Growth

Findings from the current study revealed that nurses understood professional growth has an important issue and improvement in this regard could make them happier and encourage them to stay in their career. Therefore, nurses who are not following nursing revealed that they are at those courses because they hope someday they will change their current profession. This is because this group of nurses feels there is no opportunity for growth because they understand that within the nursing arena, career advancement, promotions and job trainings are limited. A suggestion made to alleviate this problem therefore was to implement the practice of promotions every three years, which is common in the public service, to nurses as well. In our understanding, the inadequate occurrence of career advancement in nursing is linked to management neglect: according to Durant- Law (2005),

the concept of nursing's professional standing, and being perceived as an important, and value-adding member within a collegiate health care team, is often undervalued by management and other healthcare professionals which in turn increase dissatisfaction among nurses.

Findings by Pillay (2008) showed dissatisfaction with the available opportunities for career advancement among nurses working in South Africa. Shields and Ward (2001) too argue that dissatisfaction with promotion and training opportunities has been shown to have a stronger impact on nurse turnover than workload or pay. In a study by Collins (2000), cited in Flinkman et al (2010), nurses mentioned lack of career prospects as the most frequent explanation for respondents wishing to leave profession.

5.5 Age and working years' experience

Although we did not collect participants' age, it was evident from the results that huge numbers of nurses who were pursuing continuing education were younger than those who were not at any course. Results show that all nurses who revealed intention to leave were working less than 15 years, but in contrast those who were not enrolled in continuing education were in nursing for more than 15 years.

This means that at MCH the probability to quit or to change employer is greater in junior nurses than the other ones, because younger nurses are simply more mobile and career-oriented and therefore more prepared to change employment than the older ones. On the other hand, the older nurses are waiting to retire, so perceive it is too late for a change of career.

This is consistent with Grobler et al (2006)'s findings which show that younger employees are more likely to quit than older nurses because younger employees may have more entry level access, more job opportunities and fewer family responsibilities, which increase their job mobility. Research conducted by Van et al (2008) in Macao similarly supports our findings, as it highlights that nurses aged 45 or above were more likely to remain employed than younger ones, who prefer more changes and challenges to achieve better life and prospects.

5.4 Training Institutions

Results from this study show that shortage of advanced training institutions in nursing had important implications on shortage of nurses with advanced training which, in turn, impacts on nurses' decision to pursue education outside nursing. Advanced degrees in nursing were established in 2002, but in only one institution located in Maputo City. Although there is scarcity of literature on this field, the findings of this study are supported by Yordy (2009), who found that shortage of nursing faculties in the United States constitutes a critical concern and increases nation's nurses' shortage.

It is then also obvious that while a large number of medium level nurses wanted to get advanced education in order to increase their income and change their lifestyle, there is only 1 training school with only 3 classes of advanced degree training in nursing. That is the reason why nurses do not have another alternative, apart from following other courses which further accelerates nursing turnover. Therefore results revealed that enabling nurses to stay in their careers has to do with creating opportunities for them to carry on with their studies in nursing at the university level, given that most of them pursue advanced education in other courses just because advanced degree training is not easily accessible for those who wish to become more skilled nurses.

5.3 Job Satisfaction

Regarding job satisfaction, the study results show that although the majority of nurses, including those enrolled in advanced education showed happiness with the fact that they are working at national referral and more specialized hospital, where they have the opportunity to interact with a variety of health specialists, nurses at advanced education are not satisfied enough to continue in nursing which means that this group of nurses has their expectations not fulfilled. From the results it is clear that expectations fulfillment failure is caused by perceived unhealthy relationship between nurses and physicians and health managers and decision makers, as well as other health role player, which increases major dissatisfaction and in turn the desire for career change. These findings are consistent with Chan&

Morison's findings (2000), cited in Van et al (2008) who found a positive relationship between job dissatisfaction and intention to leave.

Results of the current study confirm objectives one and two that continuing education outside nursing links to the fact that nurses are unhappy with their current career, and hope someday to change it.

In contrast, results showed general happiness of nurses who are not enrolled in advanced education, and we understand that such general happiness is influenced by the fact that they *love* nursing practice and they feel that their have the responsibility which consist of guiding and transmitting the experiences accumulated to new generations.

5.3.1 Salary

Results show that all nurses perceived money as a vehicle to attain their basic needs and as a basic requirement in satisfying upper level needs such as esteem and self- realization. But surprisingly, nurses at courses out of nursing did not mention pay as an important factor influencing them to change the current profession. So, rather than pay, results show bad image of nursing among community members and the Mozambican society as a whole and lack of clear career pathways as more important factors which influence nurses' decision to change their current profession.

The evidence that salary does not impact significantly on nurses' decision to change their profession can be seen if we take into consideration that all nurses who participated in this study are studying in courses related to the health sector (table 2), which makes us understand that this group have intention to quit nursing, but not the health sector as such. This indicates that commitment to health remains strong, but they want career prospects in other health professions.

This finding contradicts to other research which found that in Gauteng Hospitals of 208 respondents, 89 indicated that poor pay and benefits would be the most important factor in their decision to leave (Stanz&Greyling, 2010). Results by Van et al (2008) also reported a positive relationship between nurse's intention to leave and pay and other benefits in Macao. However, the literature reviewed failed to specify if the mentioned nurses intended to quit

nursing as a profession or to go to private hospitals where they would be well-paid or to migrate to high income countries. Findings by Westaway et al (1996) revealed that nurses in South Africa were less satisfied with their pay and this was evident in the choice of nurses to change employment or immigrate to higher paying countries.

Interestingly and also contradicting, although results show that financial factors don't impact directly on nurses' career change, the same results highlight that as key for retention of nurses in their career MCH and MoH should invest in the institutionalization of subsidies, nursing insurance, as well as covering the main expenditures such as children's education and transport.

5.3.2.1 Nursing shortage & Workload

Results show that Maputo Central Hospital is working with less than the required number of nurses which, in turn, increases workload to the remaining nurses. Results by Awases et al (2004) show a relationship between staff shortages and heavy workload and nurses' intention to leave the profession.

At MCH the issue of nursing workload can be attributed to management failure swell. Results indicate that the nursing workforce is decreasing, while patients accessing MCH are increasing - a situation seemingly outside hospital management's control. As MCH is a referral hospital, it should work as such, but in reality it assists even patients who should be seen at general hospitals or at health centers. This increases workload, burnout and in turn dissatisfaction to existing nurses.

Consistent with previous studies, at MCH workload was mentioned as an important factor for the nurses' intention to change their current profession. Similarly, results by Chan and Morrison (2000) revealed that in a Singapore Hospital, poor staffing and heavy workloads were also problematic and impacted on nurses' intention to quit profession. Secombe and Bull, cited in Ford and Walsh (1995) explained that increased workload and increasing staff loss have direct impact on the exhaustion and burnout levels on nurses, as nurses are commonly expected to do more. The same results was revealed by Mokoka et al (2010) who

found out that nursing shortage results in heavy workload, and this was mentioned as an important factor on nurses decision to quit in South Africa.

5.3.2 Working Conditions and Environment

Reviewed literature highlights that working conditions include *physical conditions* such as infrastructures, working tools, equipment, materials, and schedules, and *Psychological conditions*, which include work pressure and stress (Hasselhorn et al, 2003). Thus, where working conditions are perceived as good, comfortable and safe, the setting appears to be appropriate for reasonable job satisfaction and, in turn, decreases staff intention to quit (McKenna, 2006). Study results revealed that nursing working conditions were important factors that influenced nurses' intent to change their profession as well. Consistent with our results, Mokoka et al (2010) state that in South African hospitals, conditions at the workplace influenced nurses intention to leave their organizations.

5.3.2.1 Physical environment

From the results it is evident that at single visit to Maputo Central Hospital one can easily see that nurses and other health professionals are confronted with degraded infrastructures, electricity and infiltrations problems, which means, in our understanding, that there is insecurity at their workplace which may impact on nurse's turnover. These findings are confirmed by Zeytinoglu et al's (2011) results which reveal that job insecurity reduces nurses' confidence, and so they are afraid of continuing in their employment.

Similarly, Runy (2006), cited in Mokaka et al (2010), explains that in order to improve nurses' retention in their workplace, health organizations must create and maintain safe workplaces and also ensure that safety is not compromised by neglected and weakly maintained infrastructures. Hopefully, results showed that ANEMO is working with different stakeholders in order to improve the conditions in which nurses perform their activities. Hasselhorn et al (2005), as cited in Flinkman et al (2010) suggest that policymakers and nurses' managers could positively influence nursing working conditions and other issues that nurses perceive as reasons for leaving their profession.

5.3.2.2 Co-worker relationships

It was evident from the results that there is a good relationship among nurses, but not between nurses and doctors and other health professionals as pointed out above. These results coincide with Mokoka et al (2010) who found out that in South Africa there is a negative relationship between nurses and doctors, which is characterized by verbal abuse and lack of respect from doctors and managers.

Our results remain consistent with previous studies which show that nurses feel that physicians see them as their auxiliaries and it shows unfavorable relationship with doctors as an important factor when nurses make decision about leaving or not their profession.

Consistent with our results is Mokoka et al (2010), who noted that a favorable relationship in the work place could greatly influence nurses' decision to leave or stay. Similarly, findings by Choi et al (2010) revealed that nurses described cooperating well with their co-workers, and several identified harmonious and supportive co-worker relationship as the reason of remaining in their workplace. Others, in contrast, described the presence of a fault-finding and blaming environment as aspects that threaten their sense of job security at workplace and influence nurses' turnover.

It was also evident from the study results that there were slight differences in the way nurses at MCH describe their working environment. Nurses following other courses mentioned some issues which, in their understanding, undermine the nursing working environment and make them follow courses outside nursing. These issues include the poor treatment given to nurses by doctors and other health staff.

In Mozambique, the superiority of physicians in relation to nurses was also reported by Ferrinho& Omar (2006) and August-Austing (n.d). Therefore, reviewed literature on nursing working environment highlights that when nurses perceive an unfavorable working environment they are overwhelmed by destabilizing forces, express frustration and demonstrate intention to leave their work environment (Choi et al, 2011).

5.3.2.2 Management Style & Leadership

Results of current study show that nurses are unhappy with the management style at the MCH and they all agreed that it may have influenced nurses' decision to change the profession during the past few years. Unhappiness is influenced by poor leadership's skills and managers' authoritarian behavior and exclusion of nurses from management affairs, which means low participation in decision making. Low participation in decision making may reside at the fact that with regard to the MCH chart, Department of Nursing occupies the fourth and last position and does not have enough power to direct and instruct other departments.

For ensuring quality decision making in hospital setting, Apker et al (2009:108) explains that *"nurses are called on to collaborate with other team members, especially Physicians and to demonstrate their professional expertise for the good of patient"*. In this context, nurses' participation in decision making contributes to favorable outcomes, such as increasing job satisfaction, deep involvement in institutional problems, solutions and productivity (Ellis & Miller, 1993 cited in Apker et al, 2009), but from the results, it was obvious that nurses participate less in decision making which in turn makes them feel undervalued. Reviewed literature supports the findings of this study. Mokoka et al (2010) explain that managers greatly influence the people they manage and play an important role in employees' decision to remain or leave the organization.

Further, results shows that nurses are unhappy with the way hospital communication is held. Communication creates and maintains team synergy and is important in the construction of workplace identity that, in turn, influences whether nurses stay or leave their profession Apker et al(2009).However, according to our results, management again fails to maintain team synergy, as the general perception of nurses is that managers do not support nursing staff and that the people in management care more about their careers. Thus, Apker, Ford & Fox (2003) suggest that peer social support in hospitals may reduce nurses' turnover intent. Furthermore, in his study, Apker et al (2009) concluded that nurse communication could build and maintain team synergy within the workplace setting, which is essential for

constructing an identity that may impact on nurses' decision to stay or leave their professions.

Research by Ellis and Miller (1994), cited in Apker et al (2009), and showed that poor communication among nurses can impact on nurses' turnover. Still cited in Apker et al (2009), are Ford and Ellis' (1998) results, which explain that nurses who frequently receive supportive communications from the organizational members, including the supervisors, experience lower rates of burnout and they intend to remain in their profession.

As the results reveal, at MCH, the supervision is inefficient, which leads to great levels of nurses' dissatisfaction. A study by Zeytinoglu, Denton & Plenderleith (2009) revealed that organizational supervision and peer support were all significantly associated with nurses intention to leave profession, because nurses perceive supervision as an important form of support, as it allows nurses to share challenges, responsibilities, and successes, whilst providing them with an opportunity to learn on a continuous basis, thus enabling their personal and educational growth.

Therefore, good supervision is helpful to reduce stress and burnout, and can contribute positively to job satisfaction, with the feeling of being respected and enjoying a good working relationship with team members such as doctors and social workers. Thus, supervision reduces job stress and burnout and improves job satisfaction and nurses' retention (Pillay, 2008).

5.7 Conclusions:

The aim of this study was to find out why so many nurses at the Maputo Central Hospital are pursuing education in other courses, rather than in nursing. It was evident that findings from this research are relatively consistent with previous studies in terms of identifying common factors that influence nurses' decisions to quit nursing and pursue other professions.

As revealed in previous studies, our findings also mentioned job satisfaction and its essential components as the main factors influencing nurse's intention to quit, but more importantly our results introduces image and status of nursing as new components which greatly impact on nurses decision to quit their current profession.

However, it was interesting finding out that although many nurses are engaged at studies out of nursing, they do not intend to quit health sector altogether as nurses are pursuing courses within health sciences, and the majority of them are happy about working at the biggest hospital in the country.

At the same time our findings are worrying because all nurses, even the old ones who mentioned loving their profession, revealed they could recommend neither relative nor anyone else to do nursing. From this view we can conclude that at this point in time nursing is in deep trouble. It therefore becomes urgent to have a multi-sectoral approach and concerted efforts by the leaders, MoH, different stakeholders and society as a whole to address the issue of the current prevailing image and status of nursing, in order to attract young people and retain them in nursing and stop the increasing nurses' turnover. As a consequence of nurses' turnover, the shortage of nurses and nurses' workload at Maputo Central Hospital is increasing being reported and we conclude that this phenomenon may negatively impact on patient care as previously confirmed by several studies at other settings.

Finally we understand that so far many strategies to address nursing turnover and its immediate consequences were already identified by previous and present studies. However it depends on leaders to embrace such strategies and ensure its success on behalf of patient care.

5.8 Recommendations:

5.8.1 Recommendations for Further Research

- ✓ The study should be replicated in other hospitals in a large sample so that results should be generalized to hospital in Mozambique
- ✓ Strategies and failures of nurses' retention interventions in the National Health System should be carefully documented, monitored and evaluated.
- ✓ A study should be conducted to assess the performance of nurses enrolled in continuing education on patient care.

5.8.2 Recommendations for MoH

The Ministry of Health should

- ✓ Increase the number of advanced training schools for nursing training in collaboration with different stakeholders;
- ✓ Make available scholarships for nurses to be trained in nursing rather than other courses.

5.8.3 Recommendations for MCH managers

The MCH managers should:

- ✓ Provide non-monetary incentives – eg., providing the same meals to physicians and other health professionals, including nurses;
- ✓ Improve recognition programs as retention tools;
- ✓ Provide on-the-job training and promotions;
- ✓ Include nurses in decision making;
- ✓ Improve the communication practices that make up work team synergy;
- ✓ Intensify professionalism in the service.

5.8.4 Recommendation for Health Professionals at MCH

All health professionals at MCH should

- ✓ Acknowledge nurses as team members who they can rely on;

5.8.5 Recommendations for Nurses

Nurses should

- ✓ Protect their image and status by insisting on being addressed as professionals;
- ✓ Believe in themselves and in their role in order to elevate their self.

5.8.6 Recommendation for Society as a whole

- ✓ Society should acknowledge nurses as these constitute the backbone of health sector.



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APPENDIX 1: Participants Interview topics

Guide to Conducting Focus Group Discussions with Nurses and interview with key informants

1. Group with those who are currently continuing education out of nursing

Thank you for meeting with me. I'd like to review the purposes of the study with you and obtain your consent for the interview.

1. What was the main reason for choosing nursing as a first choice career?
2. What expectations and hopes of nursing as a career have been fulfilled? Which haven't?
Do find your job/ work satisfactory and why?
3. What motivate you to pursue continuing education out of nursing?
4. Have you ever thought of leaving a nursing profession, and why?
5. Are you studying in the hope of leaving the profession?
6. How do you perceive the nursing working Environment in Maputo Central Hospital, and Why?
7. Would you encourage your relatives or friends to join the nursing profession, and why?
8. What kind of changes would make you happy to continue to stay in nursing?
9. From what you see or hear around you, what are the prevailing nursing images?
10. In your opinion, what could be done to change such image of nursing?

Probes for Discussion:

- *Job Satisfaction*
 - *Salary & Benefits*
 - *Workload & Burnout*
- *Nursing working Environment*
 - *Staffing level*
 - *Work responsibilities*
 - *Management*
 - *co-worker relationships*
 - *Recognition, and professional development*
- *Nursing status*

2. Group with those who are not at any course

1. What was the main reason for choosing nursing as a first choice career?
2. What expectations and hopes of nursing as a career have been fulfilled? Which haven't?
3. How do you see yourself now compared to 10 years ago?
4. Do find your job/ work satisfactory and why? Can you give some examples?
5. What factors make you happy to continue to stay in nursing?
6. In your opinion what makes nurses want to leave the nursing career?
7. Have you ever thought of leaving? Why? Can you give examples of what aspects of your work make you want to leave at times?
8. Would you recommend your child, relative or best friend to choose nursing today?
9. What needs to be done to increase nurses' motivation and job satisfaction?

Probes

Nurse's age & Work Experience

3. Guide to Conducting interviews with key informants

3.1 Head of Mozambican nurses association (ANEMO)

1. What does ANEMO do to support nurses to make sure they are providing the best services possible?
2. How do you think overall morale is for nurses in Maputo Central Hospital?
3. In your opinion why so many nurses are pursuing continuing education out of nursing?
4. What strategies might ANEMO adopt to attract and keep nurses in nursing profession?
5. What other things would you like the ANEMO do to support nurses in the future

Probes: Training, opportunities for further studies, promotions, support to supervisors/managers decision making

3.2 Interview with Head of nursing Directorate and Head of Department oh Human Resources in Maputo Central Hospital

1. How serious would you consider the nursing shortage and voluntary turnover issues in Maputo Central Hospital?

2. What are the current issues and challenges related to nursing and what is being done to address each of these issues?
3. What do you think are the difficulties to maintaining nurses in nursing profession?
4. For nurses who have left profession what do you think has caused them to leave?
5. Can you suggest any other strategies/solutions to overcome these issues in the next future?

Probes: Training, opportunities for further studies, promotions, support to supervisors/managers

3.3 Interview with Ex- nurses, currently working out of Nursing

1. To begin with, tell me your nursing story? How did you start and where are you now?
2. From your experience, what do you think of the Nursing in Mozambique?
3. How do you see nursing in comparison to the other medical and health careers? In your opinion, how do people view nursing compared to the other medical and health careers?
4. Would you tell me the reasons influenced you to leave nursing profession?
5. After working as a nurse, would you still have chosen nursing as a career today?
6. In your opinion, what might attract the people to nursing? (Students and college staff) What might contribute to keeping nurses in nursing? (Hospital staff)

THE END

APENDIX 2: Work Plan

Work Plan For Mini – Thesis

THE FACTORS THAT INFLUENCING NURSES' INTENTION TO LEAVE PROFESSION IN MAPUTO CENTRAL HOSPITAL IN MOZAMBIQUE

Timeframe	Action	Persons involved	Comments
September 13	Complete research proposal for submission to higher degrees Committees. Include participant information sheet		
September 21	Discussion of research proposal with key health personal for approval. Continue with reading for literature review	To be identified	Preparatory phase
September 26	Contact made with nurses to establish time for focal group discussion (FGDs)	To be identified	Preparatory phase
October, 4	Conduct FGDs and Transcribe it.	Researcher	
October 15	Contact made with interviews to establish practical arrangements to meet	To be identified	Start of implementation phase
End October	Write up a literature review	Researcher	
	Conduct FGDs and Transcribe it.	Researcher	

Until end November	Coding and interpreting data and writing up mini-thesis	Researcher	Will require some time off work to write up
Until end December and Mid January	Submission of mini-thesis to supervisor for comments and reworking	Researcher	
June , 2012	Submission to SOPH for examination	Researcher	



APENDIX 3: Participant Information Sheet

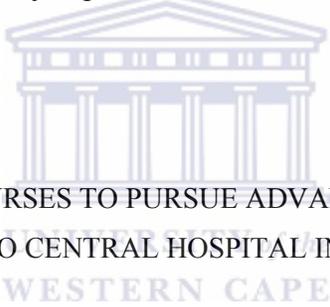
[To be placed on SOPH, UWC LETTERHEAD once approved]

September, 2011

Dear Participant

Thank you for your willingness to hear about this research. What follow is an explanation of the research project and an outline of your potential involvement. The research is being conducted for mini-Thesis. This is a requirement for Masters in Public Health with focus on Health Workforce Development, which I am completing at the University of the Western Cape. If there is anything you do not understand or are unclear about, do not hesitate to ask me. My contact details and those of my supervisors are recorded at the end of this memo.

TITLE OF RESEACH



THE FACTORS INFLUENCING NURSES TO PURSUE ADVANCED EDUCATION OUTSIDE
NURSING IN MAPUTO CENTRAL HOSPITAL IN MOZAMBIQUE

PORPOSE OF THE STUDY

This research is trying to understand the factors that influence nurses' intention to leave profession mainly those are currently perusing continuing education out of nursing. It is hoped that with your participation, a better understanding will be gained of the reasons that influence nurses to continue education out of nursing and their apparent intention to quit. The present study may assist in devising retention strategies for nurses at National Health System and more particularly at the Maputo Central Hospital.

DESCRIPTION OF THE STUDY AND YOUR INVOLVEMENT

The study will include 4 focus group discussions with nurses and individual interviews will be held with 5 key informants, with acknowledged experiences in dealing with nurses

concerns and problems, Questions about your experiences of health workers retentions will guide the discussion and/or the interview that I have with you.

CONFIDENTIALY

Your name will be kept confidential at all times. I shall keep all records of your participation, including a signed consent form which I will need from you should you agree to participate in this research study, locked away at all times and will destroy them after the research is completed.

VOLUNTARY PARTICIPATION AND WITHDRAWAL

Your participation in this research is entirely voluntary i.e. you do not have to participate. If you choose to participate, you may stop at any time. You may also choose not answer particular questions that are asked in the study. If there is anything that you would prefer not to discuss, please feel free to say so.

BANEFITS AND COSTS

You may not get any direct benefit from this study. However, the information we learn from participants in this study may help in guiding health workers and human resources department staff to support they effective functioning in the future. There are no costs for participating in this study other than the time you will spend in the group discussion and/or interview.

INFORMED CONSENT

Your signed consent to participate in this research study is required before I proceed to interview you. I have included the consent form with this information sheet so that you will be able to review the consent form and then decide whether you would like to participate in this study or not.

QUESTIONS

Should you have further questions or wish to know more, I can be contacted as follows:

JuvêncioAlfredoMatsinhe

Student Number: 2974554

Cell phone: +258 827310650

E-mail: matsinhejuvencio@gmail.com

Telephone at work: +258 21333349

Fax number: +258 21333349

I am accountable to Prof. Uta Lehmann, my supervisor at UWC and Dr. AntonioMussa my Co-supervisor from ICAP- Mozambique. Their contact details are as follow:

Prof. Uta Lehmann (PhD)

Director, School of Public Health

University of the Western Cape

Private Bag X 17

Bellville 7535

Tel: +27 21 959 2633/2809

Fax: +27 21 959 2872

E-mail: ulehmann@uwc.ac.za

WEBSITE: www.uwc.ac.za

Dr. AntonioMussa (Md, MPH)

Human Resources Manager and Program Development & Implementation Unit manager

MSPH-Mozambique, ICAP

Email: antoniomussa@columbia.org.mz



APENDIX 4: Participant Information Sheet (Portuguese version)

[*AsersubmetidoaSOPH, CABEÇALHO da UWC, uma vez aprovado*]

Ficha de Informação do Participante

Setembro 2011

Caro Participante

Obrigado por aceitar inteirar-se sobre esta pesquisa. O que segue é uma explicação sobre o projecto de pesquisa e um esboço do seu potencial envolvimento. A pesquisa está sendo conduzida para uma Mini-tese, requisito exigido para a obtenção do grau de Mestrado em Saúde Pública com ênfase no Desenvolvimento de Recursos Humanos de Saúde do qual sou candidato finalista na Universidade de Western Cape, na Cidade do Cabo - África do Sul. Caso exista algo que não entenda ou não esteja claro, por favor não exite em perguntar-me. Dados sobre o meu contacto e dos meus supervisores encontram-se no fim deste memo.

TÍTULO DA PESQUISA

Factores que influenciam os enfermeiros continuar o ensino superior fora da enfermagem no Hospital Central de Maputo, Moçambique



OBJECTIVO DO ESTUDO

A pesquisa visa descobrir os factores que influenciam a decisão de os enfermeiros abandonarem a carreira de enfermagem, particularmente aqueles que presentemente estão a estudar cursos fora da área de enfermagem. Espera-se que com a sua participação, uma melhor compreensão seja obtida sobre as razões que influenciam a tal decisão. Com esta pesquisa pode-se desenhar estratégias de Manutenção de enfermeiros no Sistema Nacional de Saúde

DESCRIÇÃO DO ESTUDO E DO SEU ENVOLVIMENTO

A pesquisa incluirá discussão de grupos focais com os enfermeiros e entrevistas individuais com informantes chaves com reconhecida experiência em lidar com os problemas e preocupações dos enfermeiros. Questões acerca de suas experiências em retenção de trabalhadores servirão de guião nas discussões e/ou na entrevista individual que terei consigo.

CONFIDENCIALIDADE

Seu nome será mantido confidencial em todos os momentos. Serão mantidos os registros da sua participação, (incluindo um formulário de consentimento assinado por si, se concordar em participar desta pesquisa), guardado sem segurança e serão destruídos depois determinada a investigação.

PARTICIPAÇÃO E RETIRADA VOLUNTÁRIA

A sua participação nesta pesquisa é totalmente voluntária e você não é obrigado a participar. Se você optar por participar, você pode parar a qualquer momento. Você também pode optar por não responder a perguntas específicas que são feitas no estudo. Se existe alguma coisa que você preferir não discutir, não hesite em dizer.

CUSTOS E BENEFÍCIOS

Você não receberá qualquer benefício direto deste estudo. No entanto, as informações que colhermos como participantes neste estudo, podem ajudar na orientação dos profissionais de saúde e do pessoal do departamento de recursos humanos no futuro. Não há custos para participar neste estudo para além do tempo que você vai gastar na discussão em grupo e /ou entrevista.

INFORMAÇÃO DE CONSENTIMENTO

A sua assinatura de consentimento em participar nesta pesquisa, é requerida antes que prossiga com a entrevista. Foi incluído o *formulário de consentimento* junto com esta folha de informação que lhe permitirá rever e em seguida decidir se irá participar ou não.

QUESTÕES

Caso tenha questões adicionais ou desejar saber mais sobre a pesquisa, pode contactar-me pelo seguinte endereço:

Juvêncio Alfredo Matsinhe

Número de Estudante: 2974554

Cell: +258 827310650

E-mail: matsinhejuvencio@gmail.com

Telefax: +258 21333349

Estou sob orientação da Prof. Uta Lehmann, minha supervisor na UW. Dr. Antonio Mussameuco - supervisor, do ICAP – Moçambique. Os seus endereços de contacto são:

Prof. Uta Lehmann (PhD)

Director, School of Public Health

University of the Western Cape

Private Bag X 17

Bellville 7535

Tel: +27 21 959 2633/2809

Fax: +27 21 959 2872

E-mail: ulehmann@uwc.ac.za

WEBSITE: www.uwc.ac.za

Dr. AntonioMussa (Md, MPH)

Gestor de Recursos Humanos e Gestor de implementação e Desenvolvimento do Programa MSPH-Moçambique, ICAP

Email: antoniomussa@columbia.org.mz



APENDIX5:Informed Consent:

[To be placed on SOPH, UWC LETTERHEAD once approved]

TITLE OF RESEARCH

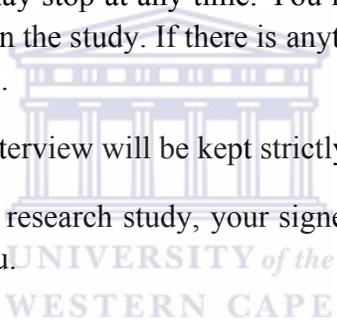
THE FACTORS INFLUENCING NURSES TO PURSUE ADVANCED EDUCATION OUTSIDE
NURSING IN MAPUTO CENTRAL HOSPITAL IN MOZAMBIQUE

As was mentioned in the *Participant Information Sheet*: your participation in this research is entirely voluntary i.e. you do not have to participate. Refusal to participate or withdrawal from the study will not result in penalty nor any loss of benefits to which you are otherwise entitled.

If you choose to participate, you may stop at any time. You may also choose not to answer particular questions that are asked in the study. If there is anything that you would prefer not to discuss, please feel free to say so.

The information collected in this interview will be kept strictly confidential.

If you choose to participate in this research study, your signed consent is required before I proceed with the interview with you.



.....
I have read the information about this research study on the *participant information sheet*, or it has been read to me. I have had the opportunity to ask questions about it and any questions I have been answered to my satisfaction.

I consent voluntarily to be a participant in this project and understand that I have the right to end the interview at any time, and to choose not to answer particular questions that are asked in the study.

My signature says that I am willing to participate in this research.

Participant Name (Printed)

Participant signature

Consent Date

Researcher Conducting Informed Consent (Printed)

Signature of Researcher

Date



APENDIX 6: Informed Consent (Portuguese Version)

[A ser submetido a SOPH, CABEÇALHO da UWC, uma vez aprovado]

CONFIRMAÇÃO DE CONSENTIMENTO

TÍTULO DA PESQUISA

Factores que influenciam os enfermeiros continuar o ensino superior fora da enfermagem no Hospital Central de Maputo, Moçambique

Como foimencionadona *Folhade Participante*: sua participação nestapesquisa é totalmente voluntária ou seja, você não é obrigado a participar. A recusa a participar ou a retirada do estudo não resultará em penalidade, nem qualquer perda de benefícios aos quais você tenha direito.

Se você optar por participar, você pode parar a qualquer momento. Você também pode optar por não responder a perguntas específicas que são feitas no estudo. Se existe alguma coisa que você preferiria não discutir, não hesite em dizer.

As informações coletadas nesta entrevista serão mantidas estritamente confidenciais.

Se você optar por participar desta pesquisa, a sua assinatura de consentimento é necessária antes de prosseguir com a entrevista.

Eu li as informações sobre este estudo contidas na *folha de informações do participante*, ou o que foi lido para mim. Tive a oportunidade de fazer perguntas e as dúvidas foram respondidas para minha satisfação.

Eu concordo em, voluntariamente participar desta pesquisa e entendo que tenho o direito de determinar a entrevista a qualquer momento e optar por não responder a perguntas específicas que são feitas no estudo.

A minha assinatura diz que eu estou disposto a participar da pesquisa

Nome do Participante (Impresso)

Assinatura do Participante Data do Consentimento

Consentimento Informado ao Pesquisador (impresso)

Assinatura do pesquisador

Data



APENDIX7: MCH Research permission Letter (in Portuguese)



MINISTÉRIO DA SAÚDE
HOSPITAL CENTRAL DE MAPUTO
DIRECÇÃO GERAL

A

Faculdade de Medicina da Universidade Eduardo Mondlane

N/Ref: 360/DGHCM/11

Maputo, aos 30 de Junho de 2011

ASSUNTO : Pedido de Autorização para a realização de Trabalho de fim de curso do Sr. Juvêncio Alfredo Matsinhe no HCM

Acusamos a recepção da vossa carta nº24/MSP/11 Proc 3.1.19, de 08/06/11, na qual solicitam autorização para que o Sr.dr.Juvêncio Alfredo Matsinhe, faça a recolha de dados no Hospital Central de Maputo para a elaboração de trabalho de tese de Mestrado em Saúde Pública com enfoque para o Desenvolvimento de Recursos Humanos no sector da Saúde, intitulado "Percepções e experiências da motivação laboral entre os enfermeiros do Hospital Central de Maputo",temos a informar que recaiu o seguinte despacho do Senhor Director Geral do Hospital :

" Autorizo "

Assinado

O Director Geral

Dr. Francisco Cândido

(Ortopedista/Traumatologista)

16.06.11

Sem mais de momento, cordiais saudações.

A Assistente da Direcção


Eufrásia Gimo Jone

(Técnica Sup. N2)

APENDIX8: MCH Research Credential (in Portuguese)



**MINISTÉRIO DA SAÚDE
HOSPITAL CENTRAL DE MAPUTO
DIRECÇÃO GERAL**

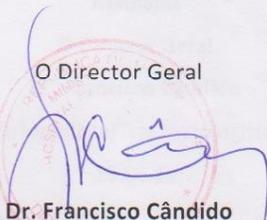
Assunto : Credencial

Está devidamente autorizado pela Direcção do Hospital o **Sr. dr. Juvêncio Alfredo Matsinhe**, a realizar um trabalho de investigação para obtenção do grau de Mestre em Saúde Pública com enfoque para o Desenvolvimento de Recursos Humanos, intitulado **“Percepção e experiências da motivação laboral entre os enfermeiros do Hospital Central de Maputo”**, no Hospital Central de Maputo .

Cumprimentos.

Maputo, 28 de Junho de 2011

O Director Geral


Dr. Francisco Cândido

(Ortopedista/Traumatologista)