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Retention of Public Service Rehabilitation Staff: An Emperical Study

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Abstract

Human Resources Management (HRM) processes, working conditions and leadership have attracted the attention of researchers and practitioners due their importance for organisations. The study investigated the influence that HRM processes, working conditions and leadership have on retention of public service rehabilitation staff in South Africa. A quantitative research approach was adopted by distributing 82 self-constructed questionnaires of which 51 were returned. The results of the study found that HRM processes were significant and positively ($r = 0.67$, $p < 0.05$) related to staff retention. These processes included recruitment, staff development and renumeration. Leadership and changes in the working conditions will not lead to a significant retention of rehabilitation staff. The study provides guidelines for organisations to consider retaining staff in the rehabilitation services of the healthcare sector by applying effective HRM processes.

Keywords: *Retention; Recruitment and Selection*

1. Introduction

Migration of healthcare professionals from low-middle income countries to more developed countries, from the public sector to private, and from rural areas to more urban environments (Alkassabi et al., 2018, p.1; Pillay, 2009, p.39). Unhappiness with working conditions among healthcare professionals is exceptionally high (Crush & Pendleton, 2010. p.11). Insufficient studies were found which tested rehabilitation, specifically health professionals' perceptions, especially within the South African context (Myezwa & Van Niekerk, 2013, p.8; Tran et al., 2008, p.15; Tran, Davis, Hall, & Jaglal, 2012, p.39).

This study aims to conduct an empirical study on challenges in retaining public service rehabilitation staff. Following on this introduction, the paper will present the problem investigated, research questions, directional hypothesis of the study, literature review, research methods and design, results and discussion, conclusions and managerial implications, recommendation, limitations and future research, acknowledgements, authors contribution, ethical considerations, data availability, disclaimer, competing and references.

1.1 Problem Investigated

Nearly 46% of staff have left the Eastern Cape Department of Health in the previous three years, due to voluntary resignation (Eastern Cape Department of Health, 2015, p.202; 2016, p.232). The Eastern

Cape Department of Health's annual report for 2015/16 demonstrated a graver situation for rehabilitation professionals, reporting a turnover rate of 33% for occupational therapists, 48% for physiotherapists and 16% for speech therapists and audiologists collectively, while only one occupational therapist was appointed within that year (Eastern Cape Department of Health, 2016, p.230–231).

Between 2016 until 2018, seven rehabilitation posts had not been filled in the Eastern Cape. The District Barometer for 2016 reported 43 occupational therapists (OT), 41 physiotherapists (PT) and 15 speech-language therapists (SLT) & audiologists (AU) posts as filled (Massyn, Padarath, Peer, & Day, 2017, p.314). As of 2019, the rehabilitation workforce in the Nelson Mandela Bay Health District public health system is collectively made up of only 82 rehabilitation staff. Therefore, this study aims to conduct an empirical study on challenges in retaining public service rehabilitation staff

1.2 Research Questions

RQ 1 What is the influence of human resource processes in the retention of public service rehabilitation staff?

RQ 2 What is the influence of working conditions in the retention of public service rehabilitation staff?

RQ What is the influence of leadership influence in retention of public service rehabilitation staff?

1.3 Directional Hypothesis of the Study

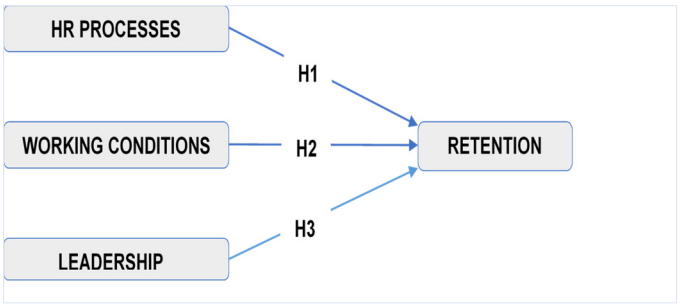
This study investigated the following hypotheses depicted in figure 1.1 below:

H1: Human resource processes positively influence the retention of public service rehabilitation staff.

H2: Working conditions positively influence the retention of public service rehabilitation staff.

H3: Leadership positively influence the retention of public service rehabilitation staff.

Figure 1: The hypothesised model



Source: Researcher's own construction.

2. Literature Review

Employee retention refers to the efforts organisations initiate to retain their employees who contribute to its success (Grobler et al., 2013, p. 18). De Sousa Sabbagha, Ledimo and Martins (2018, p.137) add that efforts to retain talented and skilled employees should be informed by a comprehensive understanding of the issues around employee retention to restrict unnecessary turnover.

2.1 *Factors influencing rehabilitation staff - Human resource processes*

HRM has a critical role in retaining staff especially in relation to how policies and practices are implemented (Coetzee, Mitonga-Monga, & Swart, 2014, p.7; Coetzee & Pauw, 2013, p.183). The challenges that were identified around HRM processes in the public health sector are:

- Inefficient recruitment processes (Bateman, 2012, p. 17; Dlamini, 2018, p. 5).
- Staff establishments which were not aligned with the needs of the population for rehabilitation services (Bateman, 2012, p. 9). Part hereof includes an establishment which makes provision for career growth.
- Training and development opportunities, and remuneration.
- Van Rensburg (2014, p.13) cautions that implementation of good HRM practices will not solely compensate for factors in the macro and microenvironment upon retention of the workforce but suggest that HRM tools and non-financial incentives could potentially make a difference in retaining staff in resource scarce environments.

2.1.1 *Recruitment*

Despite an upward trend in the availability of professionals working in rehabilitation services in the public sector since 2010 (National Department of Health, 2011a, 2015b), the capacity of the public sector is still lacking (Myezwa & Van Niekerk, 2013, p.4). The vacancy rate for rehabilitation posts in the Eastern Cape is twice that of the national average, which raises concern for deeper analysis/investigation (National Department of Health, 2015b, p. 9).

Many studies have identified and reported poor HRM processes as the key destabilising factor for poor service performance in the South African Public Health Sector (Dlamini, 2018, p. 5). Not only are posts replenished at a considerably tardy rate, as Bateman (2012, p. 17) reported, but budgetary constraints imposed upon service delivery impact performance.

2.1.2 *Career opportunities, training, and professional development*

It is well established that career progression, training and professional development opportunities have a significant role in retaining healthcare professionals globally (Ayobami et al., 2016; Hatcher, Onah, Kornik, Peacocke, & Reid, 2014; Masibigiri & Nienaber, 2011; National Department of Health, 2011a; Roots & Li, 2013; Tran et al., 2012, Tran et al., 2008). Hatcher et al. (2014) found that employers who provide sufficient opportunities for professional development for their workforce, improved the probability of retaining their workforce (Hatcher et al., 2014, p.11).

Professional development is a vital element of retention strategies aimed at all Health Care Providers (HCP) including rehabilitation therapists in various settings (Tran et al., 2012, p.36, Tran et al., 2008, p.8). Some studies suggest that professional development is more crucial for HCPs working in a rural environment (Arkwright et al., 2018, p.72; Mburu & George, 2017, p.7), as decisions could only be made to the extent of their knowledge and experience. Studies have also suggested that younger HCP's considered professional development crucial to support their working experience more so than older HCPs (Gallego, Dew, Bulkeley, et al., 2015, p.11; Hatcher et al., 2014, p.11; Keane et al., 2013, p.5). Furthermore, Keane et al. (2013, p.7) advise that professional development opportunities are important for civil servants.

In South Africa, the HRH Strategy for the public health sector in South Africa for 2012/13 – 2016/17 encourages a healthcare environment which is conducive to the workforce feeling supported and valued, and one that lends itself to opportunities for professional development (National Department of Health, 2011a, p.52). Bateman (2012, p. 17) however, highlights that this is not the case as opportunities for HCP are implemented unfairly across the categories of HCP's with some getting favored over others. Staff are left feeling unhappy and Masibigiri and Nienaber (2011, p.9) report that staff often were compelled to seek out training opportunities.

2.1.3 Remuneration

Pillay (2009, p.52) conducted a study on professional nurses in South Africa to determine what the most effective and relevant strategies of retention was and found that remuneration of this cohort was perceived to be insufficient and was often a major source of unhappiness (Pillay, 2009, p.52). Arkwright et al. (2018, p.69) in their empirical study on factors of job satisfaction among physiotherapists across both the private and public sector in Australia also found that larger remunerative packages brought about more job satisfaction for physiotherapists who worked in the private sector (Arkwright et al., 2018, p. 69).

Research has found remuneration to be important for HCP in South Africa, however mitigated by factors relating to unsatisfactory working conditions (Ayobami et al., 2016, p.18; Haskins, Phakathi, Grant, & Horwood, 2017, p.181; Reardon & George, 2013, p.8). Many authors however conclude that allied healthcare professionals do not consider remuneration as important for retention compared to the likes of nurses and doctors (Gallego, Dew, Bulkeley, et al., 2015, p.11; Roots & Li, 2013, p.11). The role remuneration has on retaining staff in this population is thus yet to be determined.

2.2 Factors influencing rehabilitation staff - Working conditions

Researcher have found that the working environment play a major role in determining the happiness of employees, and in turn influences their decision to remain in the public sector environment (Mokoka et al., 2010, p.5; Pillay, 2009, p.53; Uitzinger, Chrysler-fox, & Thomas, 2018, p.8). The consequences of poor working conditions on the country's economy is far reaching as Humphries et al. (2015, p.11) postulate that healthcare professionals often leave their country in search of better working conditions.

2.2.1 Safety in the workplace

Many authors have mentioned the concern for safety amongst employees worldwide when reported that HCP's considered a safe working environment was critical to their wellbeing (Reardon & George, 2013, p.7; Tran et al., 2012, p.37, 2008, p.8). Safety in the workplace is particularly important and a concern in African countries (Fogarty et al., 2014, p. 9), with South Africa being no exception (Crush & Pendleton, 2011, p.11; Mokoka et al., 2010, p. 5; Pillay, 2009, p. 53).

South African healthcare professionals have cited not only a lack of safety at work as influencing their willingness to remain in a job, but also their safety getting to and from work as one of the major factors affecting it (Mokoka et al., 2010, p.5). Reardon and George (2013, p.7) however, notes that safety was a concern for HCP in general and exclusively in the workplace, and position it as the most prominent factor that would sway emigration among newly qualified doctors. Ensuring that the working environment is safe and secure is both practical and effective in retaining rehabilitation staff in developed countries, irrespective of the work setting (Tran et al., 2008, p. 8; 2012, p.37).

2.2.2 Infrastructure

Resources such as infrastructure, finances and technology and human resources within an organisation are often shared, and for this reason rehabilitation services should be integrated into the health system to ensure its sustainability (World Health Organisation, 2017b, p. 11). The WHO however warns against poorly developed infrastructure which renders inadequate support for rehabilitation services, negatively affecting the quality of services offered and higher staff turnover rates (World Health Organisation, 2017b, p.32). A study by Ayobami et al. (2016, p.21) reports on retention factors for doctors at a rural hospital in Limpopo Province in South Africa and recommends improved infrastructure as a significant factor leading to the improvement of the performance and retention of these HCP.

2.2.3 *Workload*

Nel et al. (2014, p.176) classify workload as either quantitative or qualitative in nature, which refers to the amount of work to be done, and the complexity of work to be managed respectively. When work expectations are more than the time available to complete it in, it is considered as work overload. On the contrary, work underload, is simply having inadequate work to perform daily or work that is insufficiently challenging (Nel et al., 2014, p.177). Both types of workload extremes could have detrimental consequences if not managed appropriately.

A study by Uitzinger, Chrysler-fox and Thomas (2018, p.8) also identify challenges and strategies to retain middle and top managers in South Africa as perceived by senior HR professionals, and identify the work environment as a definitive contributor in retaining these managers. Furthermore, the impact of an excessively high workload could be harmful to the organisation in its entirety, as it will have influence on the performance of the HCPs and the organisation and ultimately the wellbeing of the communities as the quality of care provided is threatened (Adams et al., 2015, p.10; Araujo & Figueiredo, 2019, p.20; Keane et al., 2013, p.7).

Furthermore, many authors have noted that high workload expectations especially amidst staff shortages, demotivates the remaining staff and predisposes them to emotional burnout, stress and frustration (Araujo & Figueiredo, 2019; Mburu & George, 2017; Mokoka et al., 2010). Adams et al. (2015, p.10) found that high workloads affected both the morale of physiotherapists and communities alike. Reardon and George (2013, p.5) found that 49% of doctors and nurses in South Africa will leave the country due to heavy workloads experienced in the public sector.

2.2.4 *Risk of exposure to infectious diseases*

A national survey of South African doctors, dentists, pharmacists and nurses which included both the public and private sectors showed workplace insecurities among public sector employees (nurses, dentists, and pharmacists) to be the highest, with the fear of contracting Tuberculosis (TB) to be most prevalent (Crush & Pendleton, 2011, p.8). Tuberculosis is the world's foremost infectious disease-causing death, and the leading cause of death in South Africa (Mukwevho, Lekgetho & Zikali, 2019, l; National Department of Health, 2011a, p.14). As such, being exposed to infectious diseases due to poor working conditions leaves healthcare providers vulnerable to contracting infectious diseases, such as HIV, TB (Reardon & George, 2013, p.7), and Hepatitis B (Crush & Pendleton, 2011, p.8).

Many authors have indicated that poor working conditions, which are typically characterised by inadequate equipment and a lack of protective clothing, compromises the safety of staff against contracting infectious conditions within the working environment (Mokoka et al., 2010, p.5; Pillay, 2009, p.53). Similarly, Mburu and George (2017, p. 3) report that equipment and the availability of medication to control infectious diseases for healthcare professionals in the publics sector is simply inadequate, especially in busy clinics. Isaacs (2016, p.114) identified the role of infectious diseases in retention among healthcare providers in South Africa as a gap in the body of available literature especially for HCP.

2.3 *Factors influencing rehabilitation staff - Leadership*

Leadership is described differently by varying authors, with DuBrin (2013, p.2) describing it as the ability of a manager to "inspire confidence and support among the people who are needed to achieve organisational goals". The HRH strategy for health in South Africa states that the role of management and leadership in the health sector is key to influencing the internal work environment (National Department of Health, 2011a, p.11). Furthermore, poor state of the public health system and attributed weaknesses in the departments to poor management and leadership throughout the sector (National Department of Health, 2011a, p.11). Many authors highlight the importance of the role of a leader in an organisation, and more specifically the influence the leader has on retention as they have the potential to influence many organisational factors (Masibigiri & Nienaber, 2011, p. 10; Zhang et al., 2015, p.1043).

3. Research Methods and Design

3.1 Sample and Ethics Considerations

A quantitative (positivistic) research approach was used in this study to test relationships between the independent variables and the dependent variables. 82 rehabilitation staff employed by the Department of Health who provide a rehabilitation service were the chosen sample. Rehabilitation staff included all physiotherapists, occupational therapists, speech and language therapists and audiologists, and any auxiliary workers. Due to the size of the population in this study (82), the entire population approach was attempted. A convenience sample technique was used (non-probability sample). The inclusion criteria also included only permanent employees who are above the age of 18 and who work in rehabilitation services in the Nelson Mandela Bay Metro. The study complied with the Universities Research Policy and was deemed a low risk study. Its ethical clearance number is H19-BES-BUS-061.

3.2 Data Collection and Analysis

Data were collected using a self-constructed structured questionnaire written in English and was distributed manually. All items were measured on a 5-point Likert scale. Random sampling was used. Data collection was done during three prearranged meetings at healthcare facilities in the Nelson Mandela Bay Metro, including one tertiary hospital, one regional hospital, one district hospital, and at the district office. The questionnaires were issued with the assistance of a field worker. The data were analysed using the data analysis software system, TIBCO Statistica version 13 (2018).

The cover letter, an explanation of the purpose of the study and the type of information requested was provided. The cover letter also included an assurance of voluntarily, confidentiality and anonymity, as well as instructions on how to complete and return the questionnaire. Section A of the questionnaire had three questions requesting the demographic information of the respondents: including the age range, length of employment with the Department, and rehabilitation department. Section B was arranged randomly and included seven questions relating to HR processes, thirteen relating to working conditions, fifteen questions about leadership and five on retention. All statements dealing with the hypothetical constructs in this study were measured using a 5-point Likert scale. The items were contextualised to make them more suitable for this study. A computer software programme (STATISTICA) version 13 (2018), was used to analyse the data.

4. Results and Discussion

Table 2: Sampling frame of the population per sub-group

Professional Service	Community Service	Permanent	Total Population	Total Potential Sample	Total Responses
Physiotherapy	6	28	34	32	23
Occupational Therapy	4	30	34	27	16
Speech Therapy	1	7	8	7	7
Audiology	2	3	5	5	4
Both Speech Therapy and Audiology	0	1	1	1	1
Total	**13**	**69**	**82**	**72**	**51**

Source: Researcher's own construction

Table 1.1 represents the total population and potential sample size, and the distribution of the strata within the subgroups. A total of 57 employees responded to the invitation to participate in the study, but only 51 questionnaires were completed comprehensively and utilised for analysis. Six

questionnaires had missing information and therefore were excluded from the analysis. This research study yielded a response rate of 71%.

Table 1.2 represents the respondent's responses to what their age was. Most of the respondents in the sample in the table cited, were between the ages of 21 – 30 (73%; n=37), followed by 31-40 years old (23%) and only 4% between 41-50 years old. The age of this population is relatively young and this could be critical in the approach to retention strategies, as individuals from varying generations arguably have differing needs and aspirations comparatively (Gallego, Dew, Lincoln, et al., 2015, p. 11; Keane et al., 2013, p. 5; Pillay, 2009, p. 52).

Table 3: Age of respondents

Age of Respondents	Number of Responses	Percentage
21-30 years	37	73%
31-40 years	12	23%
41-50 years	2	4%
51-60 years	0	0%
60+ years	0	0%
Total	**51**	**100%**

Source: Researcher's own construction

Table 1.3 is the responses of how long the respondents had been employed by the Department of Health (DOH). Table 1.3 shows that the respondents had been employed by the DOH between 1-5 years (37%; n=19) and 35% (n=18) of the respondents have a tenure of 5-10 years. 22% (n=11) of the respondents had been employed for less than one year and only 3% (n=3) between 10 – 20 years.

Table 4: Tenure of respondents with the DOH

Tenure Period	Number of Responses	Percentage
0-1 years	11	22%
1-5 years	19	37%
5-10 years	18	35%
10-20 years	3	6%
20+ years	0	0%
Total	**51**	**100%**

Source: Researcher's own construction

The representation by the various departments within rehabilitation services had the following spread: 45% (n=23) of the respondents represented physiotherapy services, 31% (n=16) by occupational therapy services, 14% (n=7) by speech therapy, and 8% (n=4) by audiology. 2% (n=1) of the sample is represented by a dual qualification and function which allows the qualification holder the ability to work in both the speech therapy and audiology departments. The distribution of respondents from the various departments is approximated to a similar ratio of the population.

Table 5: Multiple regression with independent variables vs retention

	Beta coefficient	Std. Error	B Coefficient	Std. Error	t value	p-value
Intercept			1,028	0,858	1,198	0,237
HR Processes	0,666	0,158	1,131	0,268	4,216	0,000
Working conditions	-0,007	0,160	-0,009	0,215	-0,043	0,966
Leadership	-0,148	0,130	-0,343	0,302	-1,137	0,261

	Value					
Multiple R	0,614					
Multiple R^2	0,378					
Adjusted R^2	0,338					
F (3,47)	9,502					
p	0,000					
Std. Err. of Estimate	0,639					

Source: Researcher's own construction from statistics report

The empirical results presented in Table 1.4. illustrate that amongst the independent variables in the hypothesised model, only HR processes significantly and positively (r=0.67, p< 0.05) relate to retention. This means that rehabilitation employees in the Nelson Mandela Bay Health District will more likely be retained within the organisation if HR processes are executed satisfactorily. The results reflected above also show that the independent variables in their collective (HR processes, working conditions and leadership) only explain 34% (r^2 = 0.338) of the variance in retention. This means that other variables, not measured in this study, explain 65% of the variance in employee retention. The measured variables are therefore important determinants of employee retention, with HR processes exerting the most influence.

4.1 The relationship between HR processes and retention

H1: There is a positive relationship between HR processes and retention of rehabilitation staff.

The outcome of the multiple regression analysis for HR processes and retention shows that HR processes is positively and significantly (r = 0.67, p < 0.05) related to retention. The more satisfied the respondents are with HR processes, the more likely they will remain with the organisation. This outcome supports H1.

4.2 The relationship between working conditions and retention

H2: There is a positive relationship between working conditions and retention of rehabilitation staff.

The outcome of the multiple regression analysis for working conditions and retention shows that working conditions are not significantly related to retention. The empirical results do not support H2. In other words, changes in the working conditions will not lead to a significant retention of rehabilitation staff.

4.3 The relationship between leadership and retention

H3: There is a positive relationship between leadership and retention of rehabilitation staff.

The outcome of the multiple regression analysis for leadership and retention reveal that leadership is not significantly related to the retention of the rehabilitation employees in this sample. This result does not support H3, which means that leadership does not have a significant influence in retaining rehabilitation staff in this sample.

4.4 Descriptive statistics – Human Resource Processes

The overall mean score for HR processes was 2.7 with an overall standard deviation of 0.45, which suggests that most of the respondents were dissatisfied with the current state of HR processes, and a small standard deviation is indicative that the feeling regarding HR processes across the sample does not differ much.

4.4.1 Recruitment

Most of the respondents (65%) indicated dissatisfaction with the rate at which staff are replaced at their organisations, while 26% remained neutral and 9% showed satisfaction. This finding is consistent with Bateman (2012, para 17), who stated that vacant posts within the DOH is regrettably slow to be filled. About 35% of the respondents indicated disagreement with the statement that crucial posts were always filled, while 32% agree that they did and 33% indicated neutrality.

4.4.2 Career opportunities and training

Career opportunities and training were presented by codes HRCO1- HRCO5. About 54% of the respondents indicated that there are insufficient opportunities for career advancement in the DOH, and only 26% believed that there is. Many authors have cited this to be the reason for resignation, and even emigration (Ayobami et al., 2016, p. 5; Humphries et al., 2015, p. 11; Masibigiri & Nienaber, 2011, p. 9; Mokoka et al., 2010, p. 5).

Most respondents indicated that opportunities for CPD are not important for them to do their work, and they are happy with both the opportunities for CPD that the department provides and training. These results contradict the findings of many authors who have previously stated the importance of professional development and training (Arkwright et al., 2018, p. 72; Gallego, Dew, Lincoln, et al., 2015, p. 11; Hatcher et al., 2014, p. 11; Humphries et al., 2015, p. 11; Keane et al., 2013, p. 7; Masibigiri & Nienaber, 2011, p. 9). 51% of the respondents have also indicated that they do not create their own opportunities for CPD.

4.4.3 Remuneration

The respondents indicated that 56% are not satisfied with their remuneration, while only 11% indicated that they are. This finding is in line with many authors who have identified remuneration as a key role player in staff retention (Ayobami et al., 2016; Haskins et al., 2017; Pillay, 2009; Reardon & George, 2013).

Regarding remuneration for work done after working hours, 60% indicated that they disagreed that they were getting remunerated financially for overtime work done, yet 61% indicated that they disagreed with getting remunerated with time off for overtime worked. This could either mean that either question was not clearly stated or that staff simply do not want to exceed their working hours. These findings are in line with previous research on remuneration (Arkwright et al., 2018, p. 72; Coetzee et al., 2014, p. 7) and but are contradictory to (Reardon & George, 2013, p. 7)'s findings who stated that salaries are only low in relation to the working conditions that HCP had to endure

4.5 Descriptive statistics – Working Conditions

4.5.1 Safety in the workplace

Safety in the workplace is represented by WCSAF1 and WCSAF2. About 35% of the respondents indicated that they felt safe at work compared to 32% who disagreed with the statement, and 33% of the respondents maintained a neutral stance. Less than half (47%) of the respondents indicated that they felt safe getting to work, while 16% indicated that they felt unsafe and 37% indicated neutrality.

Interestingly, the above findings contradict numerous previous study findings on safety in the work place (Crush & Pendleton, 2011, p. 8; Mokoka et al., 2010, p. 5; Pillay, 2009, p. 53; Reardon & George, 2013, p. 7). George and Reardon (2013, p. 7) found that more doctors than nurses are likely to emigrate due to safety concerns in the country and not necessarily at work. About 47% of the respondents felt safe while getting to work, while only 16% indicated that they felt unsafe and 37% assumed a position of indifference.

4.5.2 Infrastructure

The findings for infrastructure are represented by code WCINF1. About 53% of the respondents indicated disagreement with the statement regarding adequate facilities to enable effective and efficient performance, while only 28% indicated that they were satisfied. This means that most of the respondents felt that the infrastructure available to them was inadequate to perform optimally in their job. Often the space available to accommodate all the service requirements for a comprehensive rehabilitation service is simply inadequate or inappropriate. This finding is in line with the study done by Ayobami et al. (2016, p.21) regarding the influence of infrastructure on retention.

4.5.3 Workload

With regards to workload as presented by codes WCWL1 and WCWL2, 66% of the respondents indicated that they could not cope with the amount of work expected of them, while only 11% were satisfied with workload expectations and 23% indicated neutrality. Furthermore, 39% agreed that the complexity of the workload was manageable while 26% indicated that they still need assistance and guidance in this regard and 35% remained neutral. Most of the respondents were not always coping with their workload, while many of the respondents indicated uncertainty. By Nel et al.'s explanation of the types of workload, it is apparent that the majority of the respondents are faced with navigating both quantitative and qualitative work overload, with a tendency of quantitative being slightly more (Nel et al., 2011, p. 266).

4.5.4 Risk of exposure to infectious diseases

With regards to acquiring infectious diseases in the workplace (WCDS1 and WCDS2), most of the respondents indicated that this was not a concern for them. About 46% of the respondents indicated that they were not concerned that they were at risk of contracting TB at work, while it was a concern for only 11% of the respondents. About 43% of the respondents chose to remain neutral. Thirty-nine percent (39%) of the respondents indicated that they were not concerned about contracting HIV at work, while 32% of the respondents indicated that it was a concern for them while 30% of the respondents remained neutral. Although most respondents were not concerned about being at risk of acquiring an infectious disease at work, in comparison more respondents indicated a higher concern of contracting HIV (32%) at work than TB (11%). A large proportion of the sample chose to remain neutral for both questions, which could be indicative of ignorance around the matter. The above findings contradict the findings in the study by Crush and Pendleton (2011, p.8) which highlighted the concern of HCPs contracting an infectious disease.

4.6 Descriptive statistics – Leadership, (Relationship with manager)

Many of the respondents (51%) indicated agreement with the nature of the relationship with their managers as being a joint responsibility, while 21% disagreed with this statement and 28% indicated. Seemingly, more respondents (38%) felt that their managers were not honest and transparent compared to 33% who perceived the opposite.

4.7 Descriptive statistics – Retention

The overall results are indicative of a workforce that is neutral about their intention to leave or stay, with a mean score of 2.99 and a standard deviation of 0.77. Although the results indicate that respondents assumed a near neutral stance regarding retention, the result shows a tendency to slightly favour an intention to leave and the small standard deviation is indicative of relative agreement amongst the respondents.

When looking at the statement that confirms if the respondents would probably actively join the job market soon, 67% of the respondents indicated that they agreed. Only slightly more respondents (44%) indicated that they did not think about resigning, while 40% indicated that they did consider it. An overwhelming majority of the respondents (95%) indicated that they would easily leave the department. A substantial 70% of the respondents however believed that it was beneficial for them to remain employed by the DOH. About 37% of the respondents showed disagreement with the statement that they did not look forward to work while 35% remained neutral and 28% agreed with the statement.

4.8 Cronbach's Alpha Coefficients

The Cronbach's alpha coefficient is widely used to determine the internal consistency of an instrument (De Vos et al., 2017, p. 177). It is understood that this coefficient ranges between 0 and 1, and when applied to the item and attains a score closest to 1, it is considered highly reliable. Collis and Hussy, (2014, p. 276) further note that for an item to be deemed reliable, it should attain a score that is greater or equal to 0.8. Quinlan, Babin, Carr, Griffin and Zikmund (2014, p. 114) interpret the Cronbach alpha co-efficient as follows:

- > 0.80 = very good reliability
- 0.70 – 0.79 = good reliability
- 0.60 – 0.69 = fair reliability
- <0.60 = poor reliability

The outcome of the Cronbach's alpha coefficient analysis for this research study is presented in the next section in Table 3.1 below.

Table 6: Cronbach's alpha co-efficient of the study

Variable	Cronbach's Alpha Coefficient
HR processes	0.62
Working conditions	0.67
Leadership	0.69
Retention	0.59

Source: Researcher's own construction from statistics report

The Cronbach's alpha coefficient scores for all the variables except for retention were greater than 0.60 as can be seen in table 3.1 above. Retention had an alpha coefficient score of 0.59. This score according to Quinlan et al. (2015, p. 114) is considered poor, but Nunnally (1978) considers an alpha coefficient score of 0.50 – 0.59 as acceptable for basic, explorative research. Based on Nunnally's standard, all the variables in the hypothesised model hold for further exploration.

5. Conclusions Managerial Implications

The empirical results show that only HR processes is significantly and positively ($r=0.67$, $p< 0.05$) related to retention. It means that if management responds to the HR needs of the rehabilitation staff, they will be more likely retained successfully and therewith improve the sustainability of rehabilitation service delivery. The other variables, working conditions and leadership, are not significantly related to retention in this study. The empirical results further reveal that the three independent variables combined explain 34% ($r2 = 0.338$) of the movement in retention of the rehabilitation staff in this sample. This means that these variables are important determinants of the retention of rehabilitation staff, with HR processes being the only significant determinant.

5.1 Human resource processes

RSQ1: What is the influence of Human Resource processes and retention?

An average mean score of 2.7 and a standard deviation of 0.45 for HR processes for this sample. This suggests a general dissatisfaction with HR efficiency. The response to the statement "I am satisfied with the rate at which staff is replaced at my organisation" shows that 65% indicated disagreement with this statement. Secondly, the response to the statement "crucial posts are always filled in my department" only approximately 32% of the respondents indicated agreement and while most disagreed (35%) and the rest (33%) remained unsure. "The organogram at my facility sufficiently caters to the needs of the community" shows that 75% of the respondents disagreed with this statement. Lastly, 56% of the respondents indicated unhappiness with their monthly remuneration.

HR processes is significantly positively related to service delivery, therefore rendering a positive relationship between HR processes and retention. The managerial implication hereof suggests that management should strongly align the organograms or organisational structures to the needs of the community that they serve. Furthermore, management should revise the various processes associated with recruitment with the aim of optimising the turnaround time and ensure that all vacant posts are replenished. Management should seek to revise the remunerative packages offered to this category of healthcare professionals and adjust it accordingly, with the possibility of offering additional non-monetary benefits if feasible.

5.2 Working conditions

RSQ2: What is the influence of working conditions and retention?

The average mean score for working conditions is 2.96, with a standard deviation of 0,6 for this sample. This means that the respondents generally indicated a neutral stance regarding working conditions. However, it is worth noting that for the statement "I can comfortably complete all my daily activities/tasks required of me" 66% indicated that they disagreed with this statement. Furthermore, 26% of respondents indicated disagreement and 35% remained unsure to the statement relating to job complexity.

The regression analysis results show a non-significant relationship between working conditions and retention. Although not significant, working conditions do play a role in the retention of staff. The managerial implication of this finding suggests that management should be cognisant of various factors that increase the workload of rehabilitation employees. Nel et al (2014, p. 176) warn of the amount of work and the complexity of the work expectations that may induce excessive stress for employees and ultimately poor performance. The current study results indicated that an overwhelming majority (66%) of this sample did not cope with their work output expectations, although many (39%) could cope with the complexity of the work. Given that the majority of the workforce is young and relatively inexperienced, the result renders approximately a third of the workforce vulnerable to the effects of work stress caused by work overload and thereby places the organisation at risk of poor performance.

This finding highlights the need for management to ensure sufficient provision is made for the capacity of the staff to match the high work output expectations of the organisation and the community and therein improving the workload output expectations. A recommendation is firstly, to ensure that rehabilitation service planning and staff establishment is aligned with the capacity of the staff, and that all vacancies are filled. Secondly, job output expectations are recommended for review and should be managed accordingly. Thirdly, as a preventative measure attention should be given to wellness programs and activities to ensure that staff coping mechanisms are optimised. This finding is in line with Ayobami et al. (2016, p. 20) who found that reducing the workload of HCP did not improve retention but rather eased employee stress in the short term.

With respect to infrastructural needs, most (53%) of the respondents indicated that they were unable to do their work effectively and efficiently as a result of inadequate infrastructure at the

facilities. Management should pay attention to the infrastructural state of the facilities and provision should be made to sufficiently cater for rehabilitation service provision as recommended by policy makers both internationally (WHO) and nationally (National Department of Health, 2015b, p. 10; World Health Organisation, 2017b, p. 11). Space at the facilities to provide rehabilitation services should be prioritised, to ensure that all the services are sufficiently catered for. A large portion of respondents (43%) remained neutral in response to the risk of contracting an infectious disease like TB while at work and a mere 11% showed concern. The extent of respondents who chose to remain neutral is a cause for concern, as it may mean that the respondents are oblivious to infection control practices.

5.3 *Leadership*

RSQ3: What is the influence of leadership and retention?

Leadership garnered a mean score of 3.12 with a standard deviation of 0.345. The descriptive statistical analysis findings revealed that a striking 72% of the respondents indicated that general information was not communicated via the correct pathways of communication. Therefore, there is no significant relationship between leadership and retention for this sample. This means that leadership has no significant role in the retention of rehabilitation employees relative to this sample only. Management could however improve upon communication within the organisation using the appropriate channels.

6. Recommendations

- Recruitment processes in general should be streamlined so that time is not wasted when recruiting new or replacement staff and thereby fill all vacancies. A review of the recruitment process to identify bottlenecks, so that the process could be more efficient.
- A benchmarking exercise and review their processes relative to other provinces and governmental departments which have better reported performance in this regard should be done.
- Staff planning should be aligned with the operational demand of the population.
- Furthermore, the implementation of the NHI bill currently under way should also be considered herewith, as workload expectations are expected to increase.
- Career pathing possibilities should be communicated to all staff.
- Internal surveys on job satisfaction are recommended for rehabilitation employees, so that issues specific to the facility can be highlighted and thereby addressed.
- Infection and control units should include rehabilitation staff for their awareness campaign efforts on infectious diseases.
- Management should ensure that optimal workload management practices are implemented to ascertain that the workload is evenly distributed, and that staff are coping.
- Regular wellness activities and programs are recommended to ensure that staff are coping optimally with work expectations.
- Attention should be given to the infrastructural state of the various facilities so that sufficient provision is made to accommodate an appropriate and efficient rehabilitation service package offering.

7. Limitations and Future Research

- A similar study to include a larger geographical reach to include all healthcare facilities in the Eastern Cape or even South Africa.
- The exclusion criteria for the study to consider newly employed and contract employees such as community service therapists.

- A measurement tool to include richer biographical data and more in-depth information on the various variables. Including a broader review into remuneration structures in relation to working conditions.
- A study to explore the role of governance structures within the public sector and the role it has on staff retention.
- The role of work overload and how it affects the status of the mental health of employees in rehabilitation healthcare providers.

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