FACTORS INFLUENCING THE RECRUITMENT AND RETENTION OF NURSES IN THE NZEMA EAST DISTRICT

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Abstract

Recruitment and retention of nurses is very crucial in the human resources and development of the Ghana Ministry of Health. The exodus of Ghanaian nurses to seek greener pastures has created a lot of problems in the area of staff recruitment and retention. This article examines (a) the factors that attract nurses to the Nzema East District (NED); (b) reasons nurses give for accepting to go on transfer to NED; (c) factors that militate against the continuous stay of nurses in the NED; (d) factors that enhance the continued stay of nurses' of NED; (e) the motivating factors nurses recommend for their retention. The outcome of the research were as follows: (a)Marriage formed the greatest retentive factor for nurses in NED; (b) nurses aged above 45 years preferred working in their own districts, but younger nurses preferred working in places away from their home towns; (c) midwives formed the largest grade and were most highly retained nurses in NED. Push factors for nurses in NED were identified as; (a) lack of transportation to implement outreach programmes; (b) lack of opportunity in the district for further education; (c) lack of accommodation and (d) dissatisfaction with Additional Duty Hours Allowance (ADHA). The research was done in 2004 for a Dissertation, submitted in partial fulfilment of the requirements for the award of the MA Degree in Educational Administration, University of Cape Coast.

Introduction

The importance of nursing in the health delivery system in Ghana cannot be over emphasized. However, the exodus of Ghanaian nurses who seek greener pastures elsewhere remains a bother to the govern-ment, health system and the general public. History shows that since the early 1980s, there has been a massive departure of nurses from Ghana to developed countries such as Britain and the United States of America, for better working conditions of service. Even if nurses in urban areas seem to be dissatisfied with the

conditions that pertain to their workplaces, it is likely to be worse in such rural and deprived areas as NED. If recruitment of nurses in NED is not an easy task, then retention in the district will be even harder. This research was conducted in 2004 for a Dissertation submitted in partial fulfilment of the requirements for the award of the MA Degree in Educational Administration, University of Cape Coast. It was realized then that 40 nurses served a population of 127,337 in the NED, which were covered by government health institutions. This implied that the nurse patient ratio was 1:3,183 as against the developed country nurse patient ratio of 1:50 (The World Development Report 1993).The health status of NED seems quite disturbing as the nurse population ratios continue to worsen. It is expected that the health status of NED could improve if population of nurses increased. This article tries to identify and prioritize the factors that could aid in the recruitment and retention of nurses in Nzema East District.

LITERATURE REVIEW
A number of books, journals and internet search were reviewed on the following topics: recruitment, induction process, theories of motivation, structure of rewards and retentive factors.

Recruitment
From Webster's New Explorer Encyclopaedic dictionary (2006), recruitment is a 'process of adding new individuals'. It is implied then, that recruitment could be done into basic education, second cycle institutions, tertiary institutions or organizations. According to Ndu (1992), recruitment is done by the school administrator to meet the needs of promotion, resignation, retirement and death. Thus, whether in student intake or in employing of new workers an organisation is engaged in a form of recruitment.

Even though recruitment is simply explained, related literature reveals several methods of recruitment. Rebore (2001), mentions internal search, where promotions are needed. This method is highly employed by the Ghana Health Service. By this method the organisation searches through the trained personnel to identify those due for promotion. Internal search seems to be motivational to employees since outsiders do not struggle with this form of promotion. Colleges and Universities; as stipulated by Rebore (2001), and Ivancevich et al. (1994), keep files of performance of graduates for absorption of clever and well behaved persons. This method is employed in tertiary institutions in Ghana, for first class and second class degree holders' to embark on their National Service in the universities of learning, after which they can go on further with their education with second degree programs. Another useful method is Professional Organisation and labour unions, as observed by Rebore (2001), Strauss and Sayles (1967) provide placement for their members. After all, what is the purpose of professional institutions such as teacher training and nurses training institutions? They equip individuals with adequate skills to enable them gain useful employment. This latter form is combined with general advertisement and peer referrals as employees in organizations notify and recommend people they believe can perform a good job for employment. Gilbert (1995) also observes that 'peer recruitment pays off'. Thus, friends direct fellow expertise to needed organisations where their services would be useful.

Induction
According to Rebore (2001), induction is 'the

process designed to acquaint newly employed individuals with the organization and their colleagues'. An effective induction process then must have well- defined organizational objectives and policy placed at the disposal of the new employee. Since induction aims at making new workers 'welcomed', they ought to be introduced to old workers as well as the entire new environment to make him/her feel at home and to make a quick adjustment. Without induction the newly employed find themselves lost. Sometimes, new workers do not know where to find even toilet facilities and yet might find it embarrassing asking for such amenities.

Motivation

Virtually no productivity can be achieved in any organization without motivation. For workers to remain stable, for a university to achieve high standard of intake, for nurses to be retained in either a remote area such as NED or the city of Accra depends on the managers motivating skills. What then is motivation? Kretner (1985), Lussier (1996) stated that 'motivation gives an inner desire for an individual to work'. Theories of worker motivation try to explain people's inner initiatives and aspirations. These theories of motivation will be discussed briefly. They are: content, process and reinforcement theories of motivation. Content theories of motivation are based on the idea that 'people are driven to meet basic needs that produce satisfaction when they are met' Ivancevich et al. (1994). These content theories include Maslow's hierarchy of needs, Hertzberg's two-factor theory (1996), and McClelland's achievement motivation theory (1971). Basic needs for food and shelter compel a growing adult to learn and obtain a good payable job in the future. The need for affection and belonging motivate males even to work more

seriously so a beautiful woman of his choice can be married. Managers should realize that delegating specific duties to subordinates, allowing them to take initiatives motivate them to put in extra effort since such activities drive them to do more work.

Process theories of motivation comprise expectancy and equity theories. According to Stoner et al. (1995), and Hansen (1996) 'people choose how to behave, based on their expecta-tions of what there is to gain from behaviour'. In other words people compare working conditions of different organizations and choose to work where their services will be more worthwhile or more rewarding. It is therefore, not strange that successive govern-ments of Ghana continue to train nurses and yet there is still exodus of nurses to countries like Britain and USA.

Whereas Process theories view motivation as internal factors working on the individual, reinforcement theories view motivation in terms of external factors. Skinner (1971) who propounded this theory contends that people's behaviour is earned through experiences of positive and negative consequences. Lussier (1996) further identified four types of rein-forcement: positive, avoidance, extinction and punishment. Examples of positive reinforce-ment are showering of praises for good work done, and remarking well done for correct answers in class. No wonder students who excel in their performances are rewarded First Class honours; and above all, over all 'Best Student is given a special recognised by the University. Avoidance is negative or positive in the sense that if a worker attends a meeting late, he/she is reprimanded. Thus the worker avoids coming late to avoid being repri-manded. On the other hand, punishment is used to provent undesirable behaviour.

Rewards

If managers assimilate motivational theories, they would appreciate and apply serious reward systems in order to retain workers. Psychologists indicate that satisfaction of needs is the motivation behind all actions. Satisfaction or reward might be money, promotion, recognition, acceptance, receipt of information, or the pleasant feeling that comes from doing a good job. Reward is said to be intrinsic when the reward has to do with doing the job itself. Examples are participation in decision making, increased responsibility, and opportunity for personal growth. Intrinsic rewards are equated to process and content theories of motivation. (As a principal of a nursing training institution, I was able to retain all ten tutors for eight years because I employed the principle of team work, recognition and encouraged each tutor to pursue further studies after he/she had completed two satisfactory semesters.) Extrinsic rewards are said to be direct and indirect. Direct compensations (Rebore 2001), deal with salaries and wages according to employee's skills. Indirect compensations or fringe benefits (Rebore 2001), (Ivancevich 1994), examples of which are: insurance programs, sick leave, vacation time, accommodation allowance and all financial benefits not directly included in direct financial compensation.

Retention

Retention implies getting suitable workers to stay with the organization for as long as their services are needed. The quality of organisational fringe benefits programmes can have :significant effect on retention of employees. Conversely absenteeism and employee turnover, which are signs of employee dissatisfaction, can be kept to a tolerable level with good fringe benefits and salary programmes that are continuously reviewed. Training: informal as well as formal, upgrading of knowledge in higher institutions to equip the employee with more competent skill is capable of staff retention. Training brings job satisfaction because it enables the employees to work with little supervision yet increases productivity. However, a Netherlands Recruitment Journal (1999) states that: 'Nurses and Midwives have always taken qualification as the key factors of the profession that is attractive to new recruits. This year over 2,000 nurses and midwives trained in UK are expected to work abroad '(p.7). Thus, nurses may change work environment for more knowledge and skill acquisition.

Furthermore, Decker (1985) indicated that nurses with more education tend to be less satisfied with their work. Other findings on retention indicate that retention of nurses has been closely linked both to job satisfaction and selected demographic factors. Significant relationships were found between job satisfaction and the demographic characteristics of marital status, distance travelled to work, and extended family responsibilities.

METHODOLOGY

The research design used was the descriptive sample survey that attempts to describe the relationship which exists between variables. This design also finds solutions to problems. Descriptive survey was adopted because there was the need to systematically examine the factors affecting recruitment and retention of nurses in the NED.

The study covered all categories of nurses: public health nurses, State Registered Nurses (SRN), midwives, community health nurses and enrolled nurses working in the five

sub-districts in NED. The target population of 40 nurses were all selected for the research. To enable the research to be publishable, it was necessary to use this census method since the population of nurses working in NED was too small for random sampling to be used. Gall, Gall and Borg (1998) explain that census 'includes all members of a real set of people'.

The study was guided by the following questions:

1. What are the factors that attract nurses to the NED?
2. What reasons do nurses give for accepting transfer to NED?
3. What are factors that militate against the continuous stay of nurses in the NED?
4. What are the factors that enhance the continued stay of nurses in NED?
5. What motivating factors do nurses recommend for their retention?

It was anticipated that answers to these questions would lead to the discovery of the factors that influenced nurses' long stay in the district. A detailed questionnaire is provided in the appendix.

DATA COLLECTION

The researcher carried out a pilot study at the Half-Assini Hospital, in the Jomoro District to find out whether the items on the questionnaire were worded properly and the amount of time that participants would use in filling out the items on the questionnaire. The researcher personally administered the questionnaire guide to the respondents. For the forty (40) respondents, 24 answered the questionnaire by

themselves at their convenience. Observing that time was not on their side, the researcher administered structured interviews to the other 16 respondents. By the combined methods of questionnaire and structured interview method 100% response was obtained. Responses were obtained from the DDNS through structured interview schedule, which was also administered by the researcher.

RESULTS

The study was aimed at finding out the factors influencing nurses' stay in the Nzema East District as well as strategies that would help health policy makers attract nurses to remote areas such as NED. Below is a description of the biographical variables of the respondents used for the study.

Distribution of Nurses in the NED

Nurses' distribution as per the four sub-districts was as follows: Axim/Nsein 21 (52.5%); Aiyinase/Asasetre 11 (27.5%); Esiama/Nkroful 6 (15%); Aidusuazo/Kutukrom 2 (5%). The analysis is represented by a pie graph in Figure 1.
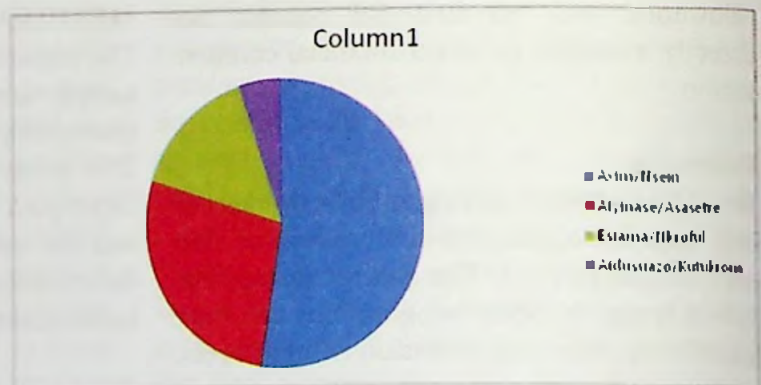

Figure 1: Distribution of Nurses in the sub-districts

It is observed in figure 1, that Axim/Nsein attracted a little above 52.5% of the total nurses sent to the district and the least number 5% were found in the remotest district namely Aidusuazo/Kutukrom. Axim the capital of NED has social amenities such as good schools, market, good communication system, mosque and churches. Furthermore, it takes an employee an hour's drive to reach Sekondi-Takoradi, the twin capital city of Western Region. Axim attracts a heavier labour pool as compared to Aidusuazo/Kutukrom which is localised further away from Sekondi-Takoradi, requiring about 10 –hour drive from the regional capital, Sekondi. Rebore (2001), identified certain variables in recruitment and stipulated that the existing condition in the community where employment is located affects recruitment.

Background Characteristics	Frequency	Percentage (%)
Marital status		
Married	25	62.5
Unmarried (Single)	10	25 .0
Widowed /Divorced	5	12 .5

Table 1: Marital Status of Nurses in the NED

Table 1 shows that 25 respondents (62.5%) of the nurses working in the NED were married with their spouses working in the district, whereas 10(25%) were single, and the remaining 5(12.5%) were either divorced or widowed. The implications show that placing married couples in the NED is a strong factor to retention. That majority of respondents were married has implication for future health policy, that is, placing married people to work in the same district may lead to retention.

Region	Frequency	Percentage (%)
Ashanti	3	7.5
Central	11	27.5
Greater Accra	3	7.5
Volta	4	10.0
Western	17	42.5
Upper West	1	2.5
Upper East	1	2.5
Total	**40**	**100.0**

Table 2: Home Region of Nurses in NED

From the analyses, 17(42.5%) respondents came from Western region and were working in their own region. Additionally, Central region followed with 11(27.5%) nurses working in the NED. This finding indicates that, proximity to nurses' home region was relevant to choice of placement, with aging nurses.

Reasons	Frequency	Percentage (%)
H appy serving my people	8	20.0
Attending to aged parent	5	12.5
Living with my husband	5	12.5
Learn different culture	2	5.0
To embark on certain projects	1	2.5
Total	**21**	**52**

Table 3: Five Top Factors of Retention in NED

The top five reasons underlying the retention of nurses in NED accounted for 52.5% involving 21nurses out of the total 40. From Table 3, it is clear that 8 (20%) respondents were retained for at least two to three years because they were happy serving their own people while 10(25%) were retained either to enable them attend to their aged parents or purely for marital reasons. From the study, relationships were found between job satisfaction and demographic characteristics of marital status, responsibilities towards extended family and the number of years

nurses worked in a particular work environment. This was similar to what was observed through research conducted over population of 330 nurses employed in 20 acute care hospitals in the West Bank of Palestine (reported in the International Nursing Journal, 1994).

Factor	Dissa-tisfied	Satisfied	No Response
Transport for Outreach	30	12.5	12.5
Accommodation	26	42.5	7.5
Additional Duty Hour Allowance	25	37.5	0
Travelling Allowance	27	22.5	10.0
Salary Advance	26	15.0	20.0

Table 4: Five Top Factors that lead to Nurses Dissatisfaction on the Job

As stated by Maslow's basic needs for man, accommodation is a security need and it is placed second on the hierarchy of basic needs of man (Maslow 1943). This finding implied that, as many as 57.5% could leave the district due to dissatisfaction with accommodation. These nurses could simply not be happy after working hours. Again, as many as 30 (75%) of respondents registered their dissatisfaction with the unavailability of transport to perform outreach programs. Transport needed for the performance of the job as Hertzberg (1968) puts it, is an intrinsic factor and hence a motivator. It came to light that nurses in the NED could not be unconcerned and satisfied with their job if clients in some distant communities could not be reached due to lack of transport.

Travelling and transport Allowance, is a fringe benefit enjoyed in the MOH/GHS; should a nurse travel for official duty on a private transport system instead of MOH/GHS vehicle the nurse is supposed to claim the expenses. Ranking second on the list of factors of dissatisfaction, the study revealed that even though travel transport claim is a fringe benefit for nurses to enjoy, a good number of them did not have the privilege to enjoy it. The implication is that, since travel and transport is a 'hygiene' factor, (Hertzberg's) or reinforcement/extrinsic factor, it could push nurses away from the district. Another fringe benefit with which respondents were dissatisfied was salary advance, which ranked third. Twenty-six (65%) of respondents were dissatisfied while 15 (37.5%) only were satisfied. Failure to help a nurse with salary advance to aid him/her salvage a financial problem could register an administrator's unconcerned attitude to worker's welfare. Workers talk when they meet at workshops. It is therefore easy for dissatisfied workers to move to another district where managers are more caring. Such administrators could be deemed to be eccentric leaders and could imply lack of adequate training for the leadership position.

Reasons	Frequency	%
To join my family	7	17.5
To further my education	4	10.0
Poor administration	4	10.0
Unfriendliness of the people	2	5.0
Accommodation problem	1	2.5
Total	18	45.0

Table 5: Five Top Push Factors in NED

The study sought to find out the push factors that contributed to nurses leaving the NED within two to three years after arrival. An open-ended question was asked and the responses are shown in Table 5. The Table reveals a proportion of respondents that was unable to stay for two or three years.

Seven (17.5%) would leave the NED to join their families. Lauer and Lauer (1997) identified that some committed wives verbalised that each reunion with their husbands required time to re-establish the sense of intimacy. For economic reasons, those nurses had lived committed marital lives with the threats of difficult adjustment and possible threats of separations or complete divorce. Additionally, 10% of nurses would leave within two or three years in order to further their education, which is an established motivational factor. Rebore (2001) made the same observation that, it is literally impossible for an individual to take on a job or enter a profession and remain within his or her skills basically unchanged, and for this reason staff development is desirable.

Expressed Need	Frequency	%
Free well furnished accommodation	20	25 .0
Increased Salary and ADHA	13	16.2
Bus for Outreach Services	13	16.2
Free Utilities (Water and Electricity)	8	10.0
Special allowance for Distressed area worker	6	7.5
District Director of Health to show interest in staff problem	6	7.5
Nurses should be given housing loan	5	6.25
Regular in – service training	4	5.0
Institute Best Workers Award	2	2.5
Provi sion of snacks once a week	2	2.5
Total	80	100

Table 6: Nurses' Recommendation for their Retention in NED

Table 6, depicts nurses' felt needs that would motivate them for retention in NED. Two responses each were allowed. On the whole, 20 (25%) wanted free well furnished accommodation as a motivating factor for staff retention in NED; Increase of Salary or across board Additional Duty Hours Allowance (ADHA) and Bus for outreach placed second with 13 (16.25%) respondents each recommending those for staff retention in NED, whilst the provision of free utilities 8 (10.0%) placed third on the recommendation list. The rest were requisition for special allowance for workers placed in distressed areas; DDHS to show interest in nurses needs; scheme for housing loans and regular in-service training. The two nursing supervisors, however, recommended for nurses short stay in very remote sub- districts as against the DDNS' recommendation of arrangement of in- service education for auxiliary nurses to upgrade their SSSCE (Senior Secondary School Certificate) and regular visitation of DDNS to nurses in the district where their complaints could be listened to and addressed. Other recommendations suggested by the nurses were the institution of Best Nurse Award in the district, and the provision of snacks at least once a week in the district. These latter two policies are implemented at the regional level and at least 3.75% of the respondents suggested those policies to be extended to the district.

SUMMARY OF FINDINGS

The results obtained after the data collection showed that the recruitment of nurses into the NED was by official transfer of old nurses as well as placement of newly qualified nurses from the nursing training institutions. As an administrative principle, nurses requested for transfer to NED on marital grounds. It was also realized that the induction process in the NED fell short of organizational policy. It was apparent from the process that the induction process did not meet the major objective of early adjustment to the nurse's new

environment. This was because new nurses were not introduced to team members, neither were they introduced to the organizational plant nor the community where they were going to work. The researcher also realized that, nurses aged above forty-five (45) years living in the district and staying with their spouses were likely to be retained in the district.

CONCLUSION AND IMPLICATIONS

The study was aimed at finding out the factors that influence nurses stay in the Nzema East District. The findings from the study indicate that it is very difficult for nurses to accept transfer into distressed areas like the NED. It was also realized that, even when nurses have accepted placement to the district for administrative duties, they refuse to take up responsibilities in the remotest sub districts due to lack of social amenities, such as schools for their children, electricity and safe drinking water.

On the other hand, good accommodation, availability of equipments, materials, and transportation for outreach services were found to be sufficient factors to motivate and create job satisfaction for nurses in the NED. Moreover, the absence of these factors was a sufficient push for the nurses to leave the district.

The implications of this study are that since nurses form the backbone of the Ghana health service, policy on placement should be outlined in such a way, that nurses who are nearing their retiring age and who come from the district could be encouraged to go on transfer to NED. Moreover, transfer policies must take into consideration the marital status of nurses. Furthermore, for younger nurses to further their education in their profession, they must be placed in very remote sub district and be transferred after two years of hard work.

It is very interesting to note that even though the research was conducted six to seven years ago the results are still relevant today. For example, young nurses are still left in remote Aidusuazo and Kwesikrom in the Ellembele District without transfer for as long as four years. The same scenario existed in the Brong Ahafo, Eastern and the Volta Region in 2009 when the researcher had the opportunity to train and share with midwives and community health nurses during CHPS Preceptor Training Workshops, as a Consultant with Population Council. How can such nurses get access to continuing education?

APPENDIX: QUESTIONNAIRE TO NURSES ON FACTORS INFLUENCING RECRUITMENT AND RETENTION OF NURSES IN THE NZEMA EAST DISTRICT OF THE WESTERN REGION

Introduction to Questionnaire

A study is being conducted on Factors Influencing Recruitment and Retention of Nurses in the Nzema East District for the Institute for Educational Planning and Administration, University of Cape Coast. You are invited to participate in the study. Information given will be entirely used for the study. You are assured of anonymity and confidentiality. Thank you.

Please provide your answer to appropriate questions by ticking ( ), and where spaces are provided (............) you may write your response. If the need arises you may use additional sheets.

Part One:
Background of Respondent:
1. Gender (a) Male ( )   (b) Female ( )
2. Age as at last birthday
   (a) 21 – 44 ( )   (b) 45 and above ( )
3. Marital Status
   (a) Single ( )   (b) Married ( )
   (c) Divorced/Separated ( )
   (d) Widowed ( )
4. Home/Region
   (a) Western ( )
   (b) Other Region (specify) ( )
5. Professional Status
   (a) CHN ( )   (b) CHN ( )
   (c) EN ( )   (d) Midwife ( )
   (e) PHN ( )   (f) QRN ( )
   (g) SRN/RGN ( )
6. Which sub-district are you working in now?
   (a) Axim/Nsein ( )
   (b) Esiama/Nkroful ( )
   (c) Aiyinase/Asasetre ( )
   (d) Kutukrom /Aidusuazo
7. b. For how long have you worked in this district? ....

7	Yes	No
(a) Are you staying with your family in the district?		
(b) If no, do you hope to join your family in the next 2 or 3 years?		

Part Two:
Recruitment of Nurses
Please tick where applicable

8. How were you posted to this district?
   (a) I applied for transfer   ( )
   (b) I was posted straight upon graduating from the Nursing Training School/College/University   ( )

   (a) I was transferred to this district   ( )
   (b) Others (Please specify).......................

9. If you had a choice, where would you have liked to work?
   (a) Hometown/village   ( )
   (b) Far away from home   ( )

Please give reason for your preference (Answer)...
....

10. If you were posted/transferred to this district, please give your reason for accepting the posting or transfer
   a) Simply , work since I have no say   ( )
   b) I come from the district   ( )
   c) Can relate well with the people due to language affiliation   ( )
   d) Wanted to be away from my people   ( )
   e) Availability of suitable accommodation   ( )
   f) Other/Specify.................................
   ....

11. Tick Yes or No for the period of orientation.

		Yes	No
a)	I was introduced to the District Health Personnel		
b)	I was formally orientated into the hospital/health centre plant		
c)	I was served with a written document showing the existing policy in the district		
d)	I was given a job description		
e)	I was given a preceptor/mentor		
f)	Because of the orientation process I adjusted quickly to my new environment		
g)	I was specifically oriented into the sub-district community		

12. On the whole score the orientation processes given me as:

Very Suitable	Suitable	Very Unsuitable	Unsuitable

13. Suggest what can be done to improve the process in 12 above

....

....

14. Do you hope to stay in the district for the next two to three years?   Yes ( ) No ( )
Give reasons:..

....

15. Are you satisfied with your job description?   Yes ( )   No ( )
Give reasons:..

....

16. Please tick the appropriate columns

		Very Satisfied	Satisfied	Very Dissatisfied	Dissatisfied
a)	The respect you receive as a nurse from patients/community members				
b)	Your relationship as a team member with other nurses				
c)	Your relationship with your immediate supervisor				
d)	Equipment and materials for work				
e)	Transportation for outreach				
f)	Accommodation				

17. Enjoyment of fringe benefit

	Very Satisfied	Satisfied	Very Dissatisfied	Dissatisfied
a. Salary Advance				
b. Study leave with pay				
c. Additional Duty Allowance				
d. Travelling and Transport Allowance				
e. Supervisor from the region				
f. Supervisor's personal interest in problem of staff				

18. Suggest three ways to motivate nurses to be retained in the district

a) ....
....

b) ....
....

c) ....
....

INTERVIEW GUIDE FOR SUPERVISORS (PNO/SNO) IN THE DISTRICT

Introduction to Questionnaire
A study is being conducted on Factors Influencing Recruitment and Retention of Nurses in the Nzema East District for the Institute for Educational Planning and Administration, University of Cape Coast. The purpose is to find out the procedures you go through in recruiting Nurses into your (Institution/Hospital/ Sub-district/District Health Area).

You are invited to participate in the study. Information given will be entirely used for the study. You are assured of anonymity and confidentiality. Thank you.
Please rick ( ) where applicable.

Section 'A' Recruitment
1. What is the staffing situation in your institution?

Very Adequate	Adequate	Inadequate	Very Inadequate

2. If there is shortage, for which category of nurses are the shortage marked? Please rank in order of magnitude, 1........5.
1 stands for most marked

5 stand for least shortage
a) CHN ( )
b) EN ( )
c) Midwives ( )
d) PHN ( )
e) RGN/SRN ( )

3. What do you think is the main cause (s) of shortage of nurses in your health area?
   i)..
   ii)...
   iii)..
   iv)..

4. What category of nurses, usually refuse postings to the district?
   a) CHN ( )
   b) EN ( )
   c) Midwives ( )
   d) PHN ( )
   e) RGN/SRN ( )

5. How long does your induction process take...?
6. Tick Yes or No for the following responses:

	Yes	No
a. Do you orientate new staff to the plant of the hospital/clinic/school?		
b. Do you formally introduce new staff to old staff?		
c. Do you as sign new staff to preceptor/mentor?		
d. Do you make existing policy available to new staff?		
e. Do you assign new staff to specific duties?		
f. Do you demand a feedback or evaluation of the orientation process from new staff?		

Section 'B' Retention:

1. What category of nurses usually stays longer in your institution/sub-district/district? Tick where applicable:
   a) CHN ( )
   b) EN ( )
   c) Midwives ( )
   d) PHN ( )
   e) RGN/SRN ( )

2. What are some of the possible reasons that make the nurses stay longer in your institution/ sub-district/district?

i)...
ii)..
iii)...
iv)...

3. What, in your view, make nurses leave your institution/ sub-district/district?
....
....
....
....

4. What do you think could be done to retain nurses in the district?
   i)..
   ii)...
   iii)..
   iv)..

5. How do you deal with nurses who break the code of nursing ethics governing the nursing profession?
....
....
....

Thank You.

INTERVIEW GUIDE FOR THE DEPUTY DIRECTOR OF NURSING SERVICES IN THE REGION

Introduction to Questionnaire
A study is being conducted on Factors Influencing Recruitment and Retention of Nurses in the Nzema East District for the Institute for Educational Planning and Administration, University of Cape Coast. You are invited to participate in the study. Information given will be entirely used for the study. You are assured of anonymity and confidentiality. Thank you.

1. What recruitment procedures do you follow in receiving nurses in the region?
   i)..
   ii)...
   iii)..
   iv)..

2. What major problems do you face in your recruitment of nurses?
   i)..
   ii)...
   iii)..

iv)..

3. What category of nurses, usually refuse postings/recruitment into the region? Please tick

    a) CHN   ( )
    b) EN   ( )
    c) Midwives   ( )
    d) PHN   ( )
    e) RGN/SRN   ( )

4. What category of nurses, willingly accepts recruitment into the region?

    a) CHN   ( )
    b) EN   ( )
    c) Midwives   ( )
    d) PHN   ( )
    e) RGN/SRN   ( )

5. What category of nurses usually stays long in the region?

    a) CHN   ( )
    b) EN   ( )
    c) Midwives   ( )
    d) PHN   ( )
    e) RGN/SRN   ( )

6. What are some of the reasons given by nurses for their desire to leave the region?

    i)..
    ii)...
    iii)..
    iv)..

7. To what extent has the new proposal of MOH/GHS-1999 and Additional Duty Hours Allowance (ADHA) aided in retention of nurses in the region?

....
....
....
....

8. Some nurses leave the region after about 2 to 3 years in the region. These are some reasons given. Please tick where applicable.

    a) Lack of social amenities   ( )
    b) To join spouse   ( )
    c) Lack of accommodation   ( )
    d) For further studies   ( )

e) The remoteness of the region from Accra ( )
f) Lack of opportunity to do locum/part time in another hospital ( )
g) Lack of enjoyment of fringe benefits ( )
h) Behaviour of the people in the region ( )
i) Poor relationship with SNO/PNO/DDNS in your institution ( )

9. What do you think could be done to retain more nurses in the region?

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....
....

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