

RETENTION AND MOTIVATION STRATEGIES FOR MUNICIPAL HEALTH PROFESSIONALS: A QUALITATIVE STUDY

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-Abstract-

The retention of health professionals within local municipalities has become a topical issue for managers of health facilities in developing countries. This could be attributed in part, to the availability of alternative employment opportunities for health professionals in developed countries overseas. The aim of this study was to investigate the role of retention strategies on the motivation of municipal health professionals in Zimbabwe. A qualitative research approach was followed in which key informant interviews were conducted with 31 purposively selected municipal health professionals employed by the Municipality of Harare. The main research question in the study was “What factors are considered important for the retention of municipal health professionals in Zimbabwe?”. The study found that remuneration, training and continuation of education, recognition and appreciation, supervisory practices and communication are the factors considered by municipal health professionals to be important in their retention. The findings of the study may enable municipal health managers in developing countries to understand the importance of retention strategies when considering the service conditions of public health professionals.

Key Words: Municipal health professionals, Employee motivation, Retention strategies

JEL Classification: M12

1. INTRODUCTION AND BACKGROUND

In the past two decades, the public health system in Zimbabwe has experienced the continued high turnover of health professionals. Whilst some of these professionals move from the public to the private sector within the country, large numbers also leave the country to work elsewhere either in the region or to work in developed countries such as Australia, Canada, the United Kingdom and the United States of America. Chimbari *et al.* (2008) argue that the public health professionals' crisis in Zimbabwe was taken more seriously in 1997, when a commission of inquiry was established to investigate their turnover. Their study noted that morale among health professionals was inadequate, and cited poor remuneration and unsatisfactory conditions of service as some of the contributing factors. A previous study by Musiyambiri (2003) identifies several factors that contributed, in varying degrees, towards the frustration of those health professionals in Zimbabwe who decided to leave their jobs. These factors include perceived personal relevance, accountability and job satisfaction, conditions of service, work environment, macro-economic fundamentals and the lack of communication. Such developments have weakened the public health delivery system in terms of its effectiveness, efficiency, participation, accountability and responsiveness.

In Zimbabwe, the responsibility for public health in urban areas is shared between government institutions and privately-owned health institutions. At local government level, municipalities are the primary health providers and operate various health facilities such as clinics, hospitals and laboratories. Various health professionals are employed in these municipal facilities, and they include most categories of doctors, nurses, clinical technicians and dieticians, amongst others. Similar to any other government health facility in Zimbabwe, municipalities have also been affected by the shortage of health professionals, stemming from the medical brain drain. As reported by Chimbari *et al.* (2008) economic hardships that municipal health professionals face as the country's economy continues to deteriorate are a major factor driving the outward-migration. Likewise, Chirwa *et al.* (2014) argue that Zimbabwe's health sector is adversely affected by numerous challenges, most of which are linked to almost two decades of economic, social and political crises. The health sector in Zimbabwe has experienced sharp decreases in funding, deterioration of infrastructure, loss of experienced health professionals, drug shortages, increased burden of disease and a high demand for services (Taderera, Hendricks & Pillay, 2016). These factors have predictably resulted in the severe decline in the quality of health services available for the Zimbabwean population. Such deficiencies in the health industry and

cases of dissatisfied health professionals as well as understaffed public health facilities call for the provision of different retention strategies in municipal health institutions in the country.

2. PROBLEM STATEMENT

An unprecedented decline in the provision of health services has been experienced in Zimbabwe in the last two decades. Low staffing levels, together with limited access to facilities, poor infrastructure, inadequate drug supplies and fees have impacted adversely on health outcomes (Nyandoro *et al.*, 2016). The situation has been exacerbated by the exodus of skilled health professionals to other countries either in the region or overseas (Dieleman, Watson & Sisimayi, 2012). In municipal health facilities, the exodus of skilled health professionals to other employment destinations is linked to the existence of a serious global shortage of health professionals, with demand far exceeding supply (Peggy & Bernard, 2016). There is consensus that the movement of professionals in any field is not a problem in itself. However there is a common concern that the movement of municipal health professionals is lop-sided (from developing countries to developed countries), thereby paralysing health delivery systems in developing countries (Taderera *et al.*, 2016). Chimbari *et al.* (2008) outline that although Africa carries an estimated 26 percent of the world's disease burden, it has only three percent of the world's health professionals and one percent of the world's economic resources to meet that challenge. It is necessary then to investigate issues surrounding both the motivation and retention of skilled health professionals to generate information that can be used to improve their service conditions, as a means of reversing the current situation in municipal health facilities in Zimbabwe.

It is against the above backdrop that this study investigated the role of retention strategies on the motivation of municipal health professionals in Zimbabwe. The main research question for the study reads as; 'What factors are considered important for the retention of municipal health professionals in Zimbabwe?'. Dieleman and Watson (2012) underscore that African municipality health systems face various challenges that include the shortage of critical staff, weak institutional leadership, distorted incentive structures, ineffective managerial practices and poor working conditions. This results in an over-burdened health workforce with low retention incentives, thereby resulting in poor health service delivery to the general public. Chirwa *et al.* (2014) highlight that attracting and

retaining health professionals continues to pose serious challenges to the health sector in Zimbabwe. In addition, there have been several studies (Dieleman *et al.*, 2012; Chirwa *et al.*, 2014; Peggy & Bernard, 2016; Nyandoro *et al.*, 2016; Taderera *et al.*, 2016) exploring the retention of municipal health professionals in developing countries in Africa. However, these studies do not provide a detailed pattern of the retention strategies used in municipal health facilities and the role of these strategies on the motivation of professional health employees. The present study was intended to address this research gap.

3. RESEARCH METHODOLOGY

3.1. Research Approach and Design

A qualitative research approach was adopted in this study. This approach was selected because the present study is rooted in the behavioural sciences where the intention is to realise the underlying motives of human behaviour and is concerned with developing explanations of a specific social phenomenon, in this case the motivation and retention of health professionals (Holstein & Gubrium, 2012). A case study design was selected to guide the research. Berg (2001) outlines that case studies direct emphases to detailed analyses of a limited number of events or circumstances and their relationships. Since the present study sought to assess the role of retention strategies on the motivation of municipal health professionals, a specific case involving the Municipality of Harare was selected as the primary concern of the study.

3.2. Data Collection and Participants

The study used a number of instruments to collect data. These instruments included an interview guide, sources of literature such as journal articles, official documents, newspapers and magazines. The use of multiple data collection methods is known as triangulation and was implemented to construct a clear picture of the issues under research and to ensure trustworthiness (Mertens & Hesse-Biber, 2012).

A semi-structured in-depth interview technique was used for the collection of primary data. Open-ended questions were used in the interviews to enable the participants to express themselves and provide detailed responses around the issues under investigation (Baškarada, 2014). To obtain detailed and unbiased

information the interviews were conducted on a face to face basis (Savin-Baden & Major, 2013). A digital data recorder was used to record all interviews. Results from the individual interviews were backed up with the information from observations at health institutions in Harare as well as data collected from literature sources.

Interviews were conducted between November 2016 and February 2017. The sessions were held during tea and lunch breaks, in order to avoid interfering with the job responsibilities of the participants during their working hours. Since it was not possible to obtain a single list of health services professionals employed by the Municipality of Harare, a non-probability convenience sampling technique was used to draw participants. This implies that only those health services professionals that were accessible and willing to participate were included in the sample (Savin-Baden & Major, 2013). Due to the wide geographic scope of the Municipality of Harare, only those participants who were based in municipal health facilities in the Mbare District were included in the study. This district was chosen ahead of other districts because it has several major municipal health facilities where the largest number (55%) of health services professionals within the Municipality of Harare are employed. Interviews were conducted until saturation was reached at 31 participants. This denotes that at 31 interviews, information being generated was now similar, making it unnecessary to continue with data collection. Therefore, the actual sample size was 31 participants (n=31).

A letter of authorisation for data collection was issued by management at the Harare City Health Department, indicating that permission to collect data at health facilities within Harare had been granted. During the process of data collection, the identities of participants were kept anonymous and all participants participated in the study voluntarily. Participants were not compensated for taking part in the research.

3.3.Trustworthiness

Trustworthiness is intended to ascertain the truthfulness, credibility or believability of findings (Wahl, Avery & Henry, 2013). To establish the trustworthiness, triangulation and the creation of counterfactual scenarios were undertaken during the study. The information and/or evidence presented in the study was gathered from data that were cross-referenced between interviews and documentary sources, as well as within the data types. Multiple sources

of evidence and methods were used to substantiate the credibility of the findings and the interpretation of the data. Exact information obtained from different sources of data was used in the research report and all constructs employed in the study were clearly conceptualised.

3.4.Data Analysis

Data collected through in-depth interviews were transcribed from the voice format to a text format using the services of a professional transcriber. At the end of this process, there were 31 word interview transcripts that had to be analysed. An audit track was conducted in which a sample of seven interview transcripts were sent back to relevant participants for cross-checking. All participants confirmed that the word transcripts were a true reflection of the interview proceedings. After this confirmation, thematic analysis was employed to analyse responses from participants. Guest, MacQueen and Namey (2012) suggest that thematic analysis is arguably the most common qualitative data analysis technique employed in qualitative business research. The procedure of thematic analysis involved reading through the interview transcripts repeatedly and categorising themes in the data, and then interpreting the structure and content of the theme. Through thematic analysis, patterns were identified through a painstaking procedure of data familiarisation, data coding, and theme development and revision. The process of reading the interview transcripts, categorising the emerging patterns and coding them was done repeatedly until a point of saturation was reached. This was the point at which only similar data themes were now derived from the process, indicating that no new themes could be extracted (Hancock, Windridge & Ockleford, 2009). A total of six themes were extracted, which represented the retention strategies considered important for the motivation of health services professionals.

4. DEMOGRAPHIC CHARACTERISTICS OF PARTICIPANTS

A total of 31 health professionals participated in the study. An analysis of the demographic profiles of these participants indicates that 17 of the participants were state registered nurses, five were medical doctors, four were midwives and five were other support staff such as medical technicians, radiographers and dieticians. There were two male and four female participants aged between 19 and 30 years. There were four male and seven female participants aged between 31 and 40. In addition, there was only one male participant and seven female

participants aged between 41 and 50 years. At ages 51 to 59 years, there were only four female participants while only two females aged above 60 years were included as participants.

5. FINDINGS AND DISCUSSIONS

The data analysis process resulted in the identified six themes, namely remuneration, training and continuation of education, recognition and appreciation, supervisory practices and communication.

Theme 1: Remuneration

Remuneration emerged as the first theme in the study. Remuneration refers to rewards for employment in the form of a salary, or wage, including allowances, benefits (Armstrong & Taylor, 2014). Examples of remuneration include basic pay, medical cover, pension plan, bonuses and share ownership schemes, amongst others (Al Jenaibi, 2010). Although participants indicated that they were satisfied with the levels and competitiveness of their present remuneration, they lamented that they were not paid on time, to the extent that they sometimes have to wait several months before receiving their salaries. These issues are captured by the following quote from a midwife;

“The salaries we receive are actually satisfying. The only problem we are facing as health professionals employed by the municipality is that, our monthly payment schedules are not followed. We are now in December 2016 and last received pay last in August 2016. This is very demotivating and forces us to look for better opportunities elsewhere. Those who can get jobs outside the country are leaving in search for job opportunities where one receives his/her salary on a monthly basis.”

A senior clinical radiographer added a similar sentiment with regards to the late disbursements of salaries;

“Whilst we understand that the economic situation in Zimbabwe is in a crisis right now, it is still unacceptable that the municipality has not paid our salaries for the last three months. With the kind of risks we face as we perform our work, I really think the least the municipality can do for us is to pay us our salaries every month-end, since we deserve that much. The only reason why most of us are staying with the municipality is that there really are no jobs in Zimbabwe and for

people such as myself who have served for more than 25 years, if I leave I will forfeit my pension contributions. This is why I stay on in this job.”

Two streams of findings were portrayed in the study. First, health professionals were satisfied with the levels of their present remuneration. This finding contradicts previous studies by Agyepong *et al.* (2004) and Dartey-Baah and Amoako (2011) which established that low salaries are the commonly mentioned workplace barrier in health services. Melkidezek *et al.* (2008) pointed out that in Kenya, it was observed that most employees cited low salaries as the reason of dissatisfaction with their work, forcing them to leave their jobs for better paying institutions. Previous studies by Henderson and Tulloch (2008) noted that enhanced salaries and benefits, jointly with better working conditions, supervision and management and education and training opportunities are significant in motivating and retaining health professionals in municipalities. The findings of the present study could be attributed to the non-availability of better salaries elsewhere within Zimbabwe, which allows health professionals to feel that they are well paid, even though the municipality has a huge backlog in salaries.

The second finding pertains to the late payment schedules for salaries. Although remuneration is adequate, the major demotivating factor is that the municipality is failing to pay employees monthly, as should be the case, leading to extended salary arrears accruing to the health professionals. According to Henderson and Tulloch (2008), one of the most important obligations when an organisation hires employees is to make sure that they are paid correctly, on time, and in compliance with government regulations. Leshabari *et al.* (2008) reiterate that the failure to meet payroll schedules results in the lack of confidence of the employees towards the organisation, leading to higher intentions to quit. However, in this case, health professionals have to resort to a wait and see attitude as they contemplate their next moves, such as seeking employment outside Zimbabwe since there is currently no alternative employment in the country.

Theme 2: Training and Continuation of Education

Training and continuation of education emerged as the second theme in the study. Training and continuous education refer to planned and organised processes that develop an individual's ability to perform a function in order to achieve a goal (Smith & Mazin, 2014). Participants highlighted that the availability of opportunities for training and continuation of education are one of the major

reasons why most municipal health professionals remain on their jobs. Participants indicated that training and continuation of education is a very essential motivational factor as it fosters their personal and professional goals. They mentioned that training as an incentive can assist them in coping with newly arising job demands, and enable them to take on more difficult duties and situations to achieve certified goals. This is supported by the following comment from one of the registered nurses;

“Training enables us as health professionals to learn about new things and it capacitates us with knowledge on how to handle difficult situations and even how to operate new medical machinery.”

In addition, participants indicated that the continuation of education for professional advancement for health services professionals is an important incentive and a top priority as it enhances their work related knowledge and facilitates their promotions. This sentiment is rooted in the following comment from one of the doctors;

“Training and continuation of education enabled me to gain knowledge in some areas I was lacking and it facilitated my promotion from a junior doctor to a senior doctor”.

Other participants indicated that they consider training in areas such as the treatment of HIV/AIDS and male circumcision to be of great significance to municipal health professionals, since these are some of the most topical issues currently. Some also indicated their need for municipal health professionals to be trained in areas such as counselling, testing and the prevention of various diseases. These feelings demonstrate that training and continuation of education are important motivational factors for health professionals in municipalities.

The above findings are consistent with a study by Henderson and Tulloch (2008) which highlights that opportunities to continue education, training and professional development have been identified as key motivating factors for municipal health professionals. Goethals and Dorfman (2008) are of the opinion that when training and continuous education programs are conducted effectively for municipal health professionals, they enhance their work performance by improving their abilities to identify health problems, provide personal health care, promote acceptable health behaviour and perform administrative duties in health facilities. These competencies have a motivational effect on municipal health

professionals as it enables them to feel that they are capable and competitive in their work (Mash, Rhode & Zwarenstein, 2014). Singh, Cumming and Negin (2015) further advise that training builds knowledge, skills and attitudes in municipal health professionals, three qualities that are essential in developing a sense of accomplishment in these professionals. Therefore, training and continuation of education motivates municipal health professionals by fostering their understanding of know how to produce quality work outputs and imparting in them the skills and willingness or desire to do perform their work competently (Osawaa, Kodamab & Kundishora, 2010).

Theme 3: Recognition and Appreciation

The issue of recognition and appreciation was commonly indicated by participants, and hence emerged as the third theme. Participants highlighted that how their work efforts were recognised and appreciated by their superiors was significantly related to their willingness to remain on their jobs. Most participants concurred that both work place and community recognition and appreciation have a great impact on the discharge of duties by municipal health professionals, and improve their motivation as well. However, despite the friendliness of their supervisors, some participants focused on the lack of reassurance and the nonexistence of considerations of the views of staff. Some participants did not feel reasonably supported and recognised by their superiors as noted from the following except by one of the registered nurses;

“As a nurse working in the Infectious Diseases Department, I have come to realise that it is difficult to work without being appreciated’. This is because I deal with patients with various contagious and dangerous diseases such as cholera, typhoid and tuberculosis. I have the obligation to attend to these patients with a happy face all the time because I cannot show any negative attitudes to patients as it takes away their drive to survive. At the end of the day, when we have won over these kinds of diseases, my employers don’t appreciate me and the hard work I have done. It is very discouraging and demotivating and explains why most of health professionals leave for organisations that offer better incentives. This is why you see that those who leave the Municipality of Harare Health Department never come back.”

A female doctor further revealed that she feels important and honoured when her supervisors recognise her work, as indicated in the following except:

“I feel honoured when my supervisor recognise, my work and passes encouraging comments for my performance. It makes me want to tell my family all about my hard work and achievements during dinner. Despite the fact we are not paid our monthly salaries as expected, being recognised for what I do just makes me want to stay on my job even longer”.

Other participants pointed out that they receive most recognition from their patients, who are grateful for assisting them. This illustrates that municipal health professionals feel that they feel more recognised and appreciated by their patients than by their managers. The findings show that although recognition and appreciation by management is essential in motivating municipal health professionals, positive feedback is absent when they excel in their work, and tends to discourage them. According to Henderson and Tulloch (2008) management strategies to increase recognition and social acceptance of municipal health professionals have been shown to increase job satisfaction, motivation and retention. Another study by Glenton, Inger and Pradhan (2010) concluded that appreciation by managers, colleagues and the community is a significant motivator for the retention of municipal health professionals. Besides supervisor recognition, social recognition is also important as it improves job satisfaction and the retention of municipal health professionals (Nyanzi, Manneh & Walraven, 2007). It is thus necessary to direct efforts towards the strengthening of recognition and appreciation as incentives to stimulate help municipal health professionals motivation and retention, which improves overall health service delivery.

Theme 4: Supervisory Practices

Supervision emerged as the fourth theme in the study. According to Armstrong and Taylor (2014) supervision is a formalised human resource management tool intended to correct shortcomings and to support good practice, to improve individual and facility performance, and is an essential non-financial incentive in promoting the motivation of employees. Participants criticised the dysfunctional approaches used by some supervisors, the low regularity and unplanned supervisory inspections as well as the top-down approach used by supervisors. Some of the participants regarded supervision as unhelpful and distant rather than supportive. Participants further revealed that not knowing when the next supervisory inspections will be carried out has a positive effect on their commitment to effectively perform their duties, whilst others argued that it makes

them nervous and inattentive. The following sentiment shared by a midwife unpacks these concerns;

“Supervision is not that very useful at this clinic because the supervisors remind you of the things that you already know. In my case supervision is a waste of my time and a distraction to my work because all that the supervisors do is to harass you without giving any productive responses to the work I do. After checking my work, supervisors should provide feedback reports on time so that I can adjust to my shortcomings based on the report. However, supervisors in this hospital do not return reports in time and so there is no feedback”.

Some of the participants bemoaned that supervisors were in the habit of giving them instructions in the presence of patients, which was both embarrassing and demotivating. The following excerpt by a junior doctor supports this view;

“Supervision must be implemented as an encouraging tool and the results of the supervision must be positive rather than negative. Supervisors must not take supervision as an opportunity to payback for silly work resentments. Supervisors should not curse at workers in front of patients or big crowds as this really is demoralising, humiliating and it makes us as junior health professionals very nervous and distracted.”

Responses by participants demonstrate that there is potential for improvement in the supervision of health professionals in municipalities. Apart from more frequent, regular, reliable and scheduled inspections by supervisors, participants requested for a different approach to supervision, indicating that supervisory practices were far from encouraging, instructive, reliable, participatory, need oriented and providing feedback. Some participants bemoaned the unreasonably severe tendencies and counterproductive attitudes of their supervisors. According to Kofi (2011), effective supervision and management together with adequate technical support and feedback, recognition of achievements, good communication, clear roles and responsibilities, norms and codes of conduct are critical to the performance of health systems and the quality of healthcare. Yumkella (2005) further argues that improved supervisory practices lead to measured improvement in the quality of outputs and in productivity.

It appears that supervisory practices currently existing shape the motivation and retention of municipal health professionals. It is important then to strengthen

retention of these professionals through more noble supervisory practices and routine follow ups to ensure that the desired effects are attained.

Theme 5: Communication

Communication emerged as the fifth theme, which was an important factor in the motivation and retention of municipal health professionals. Participants pointed out how effective internal and external communication with staff in other medical facilities and government institutions encourages them to exert optimum effort in their work. They indicated the importance of inter and intra-organisational communication, which enables the sharing of ideas between staff from different departments and from different organisations as pointed out in the following responses.

“Communication between us [officials at the hospital] and officials from other medical institutions such as municipal clinics and hospitals and government hospitals enables us to share ideas on some professional topics. With the outbreak of diseases such as typhoid and cholera, communication is very strong and this alone is motivation enough for one to appreciate working at this hospital.”

“Communication with other workers at this clinic is very effective and it makes work easier. We communicate as if we are one big family. We do not treat each other as just workmates but as sisters and brothers, mothers and fathers. We share ideas with each other and the grapevine is not very active here. This alone motivates me to proceed in this stressful job, even though we are not paid every month”

The above responses show that there exists a positive link between effective communications and the motivation and retention of municipal health professionals. Findings from the research show that such communication between workers facilitates the sharing of ideas and creates a sense of camaraderie or a team spirit, which is beneficial to both municipal health professionals and the organisation. Employees who are given opportunities for upward communication are more satisfied and committed to their work (Parker, 2011). Absenteeism and turnover rates are likely to drop when employees feel secure since they are receiving truthful and updated information from their superiors (Baxter, Egbert & Ho, 2008). Abrams and Maibach (2008) state that workplace politics and other counterproductive behaviours are minimum in organisations where organisational communication is emphasised. Given that municipal health professionals work

with people in need of medical assistance, it is important that they have access to useful and adequate information that enables them to provide an effective service (Freimuth & Quinn, 2004). This information can be passed on to patients and the public with the intention of promoting better health. In this manner, communication remains a tool of primary importance to the health industry and an important component to the motivation and retention of municipal health professionals.

6. CONCLUSIONS

The aim of this study was to investigate the role of retention strategies on the motivation of municipal health professionals in Zimbabwe. Through qualitative interviews, the study identified remuneration, training and continuation of education, recognition and appreciation, supervisory practices and communication as the factors considered to be important for the motivation and retention of health professionals employed by Zimbabwean municipalities. Conclusively, it can be noted from the findings of the study that the results show that both financial and non-financial incentives are significant to the retention of municipal health professionals. However the focus should not be on applying any of these incentives apart from the others as this cannot motivate municipal health professionals significantly. It is rather more important to provide combinations of these incentives which has a greater effect on the motivation and retention of health professionals. Municipalities should therefore be careful in their selection of the most appropriate strategies for resolving the problem of staff motivation and retention.

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