**UNIVERSITY OF KWAZULU-NATAL**

**HUMAN RESOURCE MANAGEMENT: RECRUITMENT, SELECTION AND RETENTION OF PUBLIC HEALTHCARE SPECIALISTS IN SELECTED HOSPITALS IN KWAZULU-NATAL**

By

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# DECLARATION

I, Bongani Joseph Mtshali declare that:

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(ii)  This thesis has not been submitted for any degree or examination at any other university.

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# ABSTRACT

This study focuses on the recruitment, selection and retention within the context of human resource management (HRM) in the South African Public Service focusing on the Ngwelezane Regional Hospital, the Lower Umfolozi War Memorial Regional Hospital/Queen Nandi Regional Hospital and the Stanger Regional Hospital. The development of HRM post-1994 in South Africa was highlighted by explaining the statutory and regulatory context that support the implementation of human resource (HR) practice. The introduction of the White Paper on HRM in the Public Service (WPHRMPS) (1997) outlined the need for a change in HRM. The need for change contained the transformation agenda which compelled a transition from Personnel Management (PM) to HRM. The main aim of this study was to determine the factors that influence the recruitment, selection and retention of public healthcare specialists in the selected hospitals. To realise the aim of this study, a conceptual and theoretical framework that influences this HR activity was adopted. A mixed methods research (qualitative and quantitative) was used to addressing the study's research questions, expanding and strengthening the study's conclusions and recommendations, consequently contributing to the body of knowledge. Applying a simple random sampling method enabled the study to secure a sample size of 119 (79.3%) for quantitative research. From this figure, five (5) participants were selected through purposive sampling to complete the qualitative instruments.

Quantitative data was analysed using IBM SPSS Statistics (2015) and one-way analysis of the variance (ANOVA) method was used. Qualitative data was analysed using thematic analysis process to identify the connection between the variables associated with the research aims. Data analysis involved the coding process (themes and concepts). The findings of the study reveal that these hospitals used traditional bureaucratic processes and procedures when conducting recruitment, selection and retention, thereby overlooking an array of legislation governing this HR practice as well as international best practice models. Based on the findings of this study, the development of a model and checklist to assist the hospitals to attract, recruit, select and retain public healthcare specialists, was deemed essential. The study concludes with recommendations for further research into recruitment, selection and retention of public healthcare specialists.

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# LIST OF ABBREVIATIONS

AA:            Affirmative Action

AC:            Assessment Centre

AGR:           Association of Graduate Recruiters

AHA:           American Heart Association

AHP:           Africa Health Placement

AIDA:          Attention, Interest, Desire and Action

AIDS:          Acquired Immunodeficiency Syndrome

AMA:           American Medical Association

ANM:           Assistant Nurse Manager

AO:            Accounting Officer

ANC:           African National Congress

ANAO:          Australian National Audit Office

APS:           Australian Public Service

APSC:          Australian Public Service Commission

BCEA:          Basic Conditions of Employment Act

CC:            Constitutional Court

CCMA:          Commission for Conciliation, Mediation and Arbitration

CDP:           Continuous Development Programme

CEE:           Commission for Employment Equity

CEHA:          Competitive Examining Hiring Authority

CEO:           Chief Executive Officer

CFO:           Chief Financial Officer

CFR:           Council on Foreign Relations

CIPD:          Chartered Institute of Personnel Development

COAG:          Coalition of Australia Government

COE:           Compensation of Employees

COO:           Chief Operating Officer

COSATU:        Congress of South African Trade Union

CPPR:          Community Partnered Participatory Research

CV:            Curriculum Vitae

DA:            Democratic Alliance

DHA:           Department of Home Affairs

DOH:           Department of Health

DPME:          Department of Performance, Monitoring and Evaluation

DPSA:          Department of Public Service and Administration

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|---|---|
| DSTV: | Digital Satellite Television |
| EA: | Executing Authority |
| EC: | Equality Court |
| EE: | Employment Equity |
| EEA: | Employment Equity Act |
| EEC: | Equal Employment Commission |
| EEP: | Employment Equity Plan |
| EEO: | Equal Employment Opportunities |
| eNCA: | eNews Channel Africa |
| ENT: | Ear, Nose & Throat |
| EPMDS: | Employee Performance Management and Development System |
| ESA: | Employment Service Act |
| EU: | European Union |
| EXCO: | Executive Management |
| FIFO: | Fly In-Fly Out |
| FWMP: | Foreign Workforce Management Programme |
| GNU: | Government of National Unity |
| HCNI: | Health Community Neighbourhood Initiative |
| HCU: | Head of Clinical Unit |
| HCD: | Head of Clinical Department |
| HCT: | Human Capital Theory |
| HIV: | Human Immuno Virus |
| HoD: | Head of Department |
| HPCSA: | Health Profession Council of South Africa |
| HR: | Human Resource |
| HRD: | Human Resource Development |
| HRM: | Human Resource Management |
| HRP: | Human Resource Planning |
| HSRC: | Human Sciences Research Council |
| HWSETA: | Health and Welfare Sector Education and Training Authority |
| IC: | Industrial Council |
| ICA: | Industrial Conciliation Act |
| IES: | Institute for Employment Studies |
| ILO: | International Labour Organisation |
| IPD: | Institute of Personnel Development |
| IPM: | Institute of Personnel Management |
| IRO: | Industrial Relations Officer |

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|---|---|
| ISCO: | International Standard Classification of Occupations |
| ISRDS: | Integrated Strategic Rural Development Strategy |
| JEM: | Job-Embeddedness Model |
| KM: | Knowledge Management |
| KSA: | Knowledge, Skills and Abilities |
| KZN: | KwaZulu-Natal |
| KZNDOH: | KwaZulu-Natal Department of Health |
| LRA: | Labour Relations Act |
| LC: | Labour Court |
| LUWMRH: | Lower Umfolozi War Memorial Regional Hospital |
| MANCOSA: | Management College of South Africa |
| MEC: | Member of Executive Council |
| Med Profs: | Medical Professionals |
| MMI: | Multiple Mini-Interview |
| MRI: | Magnetic Resonance Imaging |
| MSPB : | Merit System Protection Board |
| MTS: | Modernisation of Tertiary Services |
| MTT: | Ministerial Task Team |
| NAC: | National Assessment Centre |
| NDoH: | National Department of Health |
| NDP: | National Development Plan |
| NDR: | National Democratic Revolution |
| NHI: | National Health Insurance |
| NHS: | National Health System |
| NMBA: | Nursing and Midwifery Board of Australia |
| NP: | Nationalist Party |
| NPM: | New Public Management |
| NRC: | Native Recruiting Corporation |
| NSD: | National Skills Development |
| OECD: | Organisation for Economic Corporation and Development |
| O & G: | Obstetrics and Gynaecology |
| OM: | Operational Manager |
| OMB: | Office of Management and Budget |
| OPM: | Office of the Personnel Management |
| OSD: | Occupational Specific Dispensation |
| PAJA: | Promotion of Administrative Justice Act |
| PCA: | Physicians of Physicians Comparability Allowances |

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|---|---|
| PEPUDA: | Promotion of Equality and Prevention of Unfair Discrimination Act |
| PERSAL: | Personnel Salary System |
| PHASA: | Public Health Association of South Africa |
| PHC: | Primary Health Care |
| PHSDSDC: | Public Health and Social Development Sector Development Council |
| PM: | Personnel Management |
| PMS: | Performance Management System |
| PSA: | Public Service Act |
| PSC: | Public Service Commission |
| PSCBC: | Public Sector Co-ordinating Bargaining Council |
| PSM: | Public Service Management |
| PSR: | Public Service Regulations |
| RBV: | Resource-based View |
| R & S: | Recruitment and Selection |
| RSA: | Republic of South Africa |
| SABC: | South African Broadcasting Corporation |
| SABPP: | South African Board of Personnel Practice |
| SAHRC: | South African Human Rights Commission |
| SAMA: | South African Medical Association |
| SANC: | South African Nursing Council |
| SAPS: | South African Police Service |
| SAQA: | South African Qualifications Authority |
| SARFU: | South African Rugby Football Union |
| SDA: | Skills Development Act |
| SDLA: | Skills Development Levies Act |
| SET: | Social Exchange Theory |
| SETA: | Skills Education and Training Authority |
| SHA: | State Health Agency |
| SHRM: | Strategic Human Resource Management |
| SPSS: | Statistical Package for the Social Sciences |
| TEBA: | The Employment Bureau of Africa |
| UK: | United Kingdom |
| UKIPM: | United Kingdom Institute of Personnel Management |
| UNSW: | University of New South Wales |
| USA: | United States of America |
| VA: | Veterans' Affairs |
| WHO: | World Health Organisation |

WLO:        Witwatersrand Labour Organisation

WPAAPS:     White Paper on Affirmative Action in Public Service

WPHRMPS:    White Paper on Human Resource Management in the Public Service

WPTPSD:     White Paper on Transforming Public Service Delivery

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# CHAPTER 1

# OVERVIEW OF THE STUDY

## 1.1 INTRODUCTION

Recruitment, selection and retention form an essential element of human resource management (HRM) underpinning the acquisition and retention of employees. Appropriate recruitment of highly competent staff, combined with knowledgeable and motivated existing workforce, would guarantee the quality of health outcomes in hospital settings. Although the acceleration of recruitment may be viewed as offsetting the shortage of staff, retention appears to be the best strategy in order to provide a high quality of healthcare service at reduced costs (Liang, Foon, Jia, Yin & Ling, 2015:3). Retention of employees is a source of competitive advantage to an institution (Katitia, 2014:2). It appears that the human resource (HR) practice of recruitment, selection and retention, are the most fundamental instruments being assessed in institutions. The intensification of employee retention is embedded in the application of recruitment and selection. Its implementation requires a strategic, integrated and coherent methodology to employment management to attain a competitive lead. Line managers and HR practitioners/specialists have become the backbone of this responsibility by using personnel techniques (Tunaiji, 2011:5). Resourcing of employees covers a wide range of methods and approaches to acquire labour for an institution to meet its goals. Having used different techniques, methods and approaches, it becomes important, to make sure that the institution appoints the right individuals, in the right place, at the right time, who possess the right knowledge, skills and motivation to deliver health services. Getting it 'right' requires the institution to mix different strategies.

For this study, the concept 'individuals' refers to public healthcare specialists who are the linchpins of health outcomes. Public healthcare specialists' refers to professional nurses with specialty training/education, advanced nurse midwives and medical specialists. The complexity of healthcare demands an appropriate mix among the different types of healthcare specialists to ensure the system's success (Dwivedi, 2013:16). Dwivedi (2013:16) argues that every institution uses experts to undertake specialist work, yet often overlooks the benefits of doing so in recruitment. Matsoso and Fryatt (2013:156) affirm that profuse consultation is necessary to ensure understanding of connotations of the greater recruitment for services from clinical specialists. This suggests that the achievement of comprehensive healthcare services is largely dependent upon the provision of clinical expertise from highly skilled and motivated public healthcare specialists.

The use of the concept 'public healthcare specialists' is derived from the World Health Organisation (WHO) and the International Standard Classification of Occupations (ISCO) set up by the International Labour Organisation (ILO) (Plotnikova, 2011:1). According to ISCO, nurses are placed in a separate category of nursing professionals; however, for purposes of this study they are categorised them under the concept 'public healthcare specialists'. In their correlational analysis of health workers and health outcomes, Anand and Bärnighausen (2007) found that health workers in summative terms (specifically physicians, nurses with specialty training and registered nurse midwives) matter a great deal in the health outcome gauges of maternal, infant, and under-five mortality rates, even after managing other variables that are routinely utilised to illuminate health outcomes.

The Ngwelezane, the Stanger and the Lower Umfolozi War Memorial (LUWMRH) (recently named Queen Nandi on 20 February 2018), Regional Hospitals, have been identified as the study sites for this research. The study opted to use the two names for the last two hospitals interchangeably to remove any misunderstanding and confusion as this research was initially approved with the name LUWMRH. KwaZulu-Natal Department of Health (KZNDoH) includes three hospitals. For purposes of this study, the concepts 'hospital' and 'institution' will be used interchangeably to refer to the above-mentioned hospitals. The choice for the selection of these hospitals was informed by the position of the discussion document 'Strategic framework for Modernisation of Tertiary Services (MTS)' (May, 2003 http://kznhealth.gov.za) which explained the difficulty experienced by these hospitals in recruiting and retaining public healthcare specialists to support health systems. In light of the National Health Insurance (NHI) policy, these hospitals are expected to deliver comprehensive healthcare that includes primary health care (PHC) services (Naidoo, 2012:149-150). Hence, these hospitals in practical terms have become 'combo' hospitals, as they render multiple health services, for example, PHC, district, regional and partially, tertiary. By virtue of their geographical position, these hospitals serve a large portion of deep rural communities of Zululand, Umkhanyakude, Ilembe and UThungulu (recently named King Cetshwayo). Khoza's article (*News24 City Press*, 27 July 2016) reported the renaming of the UThungulu District.

For these hospitals to deliver quality healthcare services, even though they may have acquired the latest technologies and systems, there must be a regular supply of skilled and motivated public healthcare specialists to support the health systems. The means to acquire this resource is through the right recruitment and selection practices. Modern options that fit the needs of the institutions have streamlined the recruitment process, thereby enhancing retention. Without this HR activity, these hospitals cannot fulfil their mandate.

This study aims to propose a model and checklist to assist the above-mentioned hospitals to become more effectual in the recruitment, selection and retaining of public healthcare specialists. The development of a model and checklist will be guided by a theoretical exposition consisting of different HRM variables and elements. A comprehensive analysis of these factors is captured in Chapters 2 and 3 of the study. Comparative research of how other countries implement HRM, is deemed necessary for two reasons (Chapter 5):

- Obtaining an international perspective is appropriate as comparison will indicate how the human resource (HR) activity is implemented in South Africa compared to that of other countries.
- International perspectives on the implementation of this HR activity could potentially assist in finding solutions to some of the challenges encountered by these hospitals.

An exploration of the statutory and regulatory framework is also necessary to determine whether the above-mentioned hospitals do comply with the existing policies and procedures in carrying out this HR activity (Chapter 4).

## 1.2 BACKGROUND AND RATIONALE OF THE STUDY

The difficulty that is experienced by rural and semi-rural hospitals in attracting and retaining, among others, public healthcare specialists, resulted in the introduction of PSCBC Resolutions No 1 and No 2 of 2004. These resolutions make provisions for a non-pensionable recruitment payment (rural allowance) and a new recruitment and retention payment (scarce skills allowance) for public healthcare specialists working in rural hospitals/institutions. As the hospitals fell within the Integrated Strategic Rural Development Strategy (ISRDS) nodes, they were declared as inhospitable hospitals, which means that public healthcare specialists working in these hospitals are entitled to receive a non-pensionable rural and scarce skills allowances aimed at attracting and retaining them in rural hospitals (KZNDoH HRM Circular 87/2004).

## 1.3 THE KWAZULU-NATAL DEPARTMENT OF HEALTH RECRUITMENT STRATEGY

It is argued that the role of KwaZulu-Natal (KZN) Provincial Treasury (PT) whose policies are influenced by external factors may also affect the recruitment, selection and retention of public healthcare specialists. For instance, the employment freeze, was a directive from the KZN Provincial Treasury as a measure to reduce the public sector projected year-end over-spending.

The Circulars provides that Cabinet approved a Provincial Recovery Plan, which is aimed at reducing the projected year-end over-expenditure in KZN (Circular PT 11, 2009/10:1-2; Circular PT 10, 2016/2017:1-2). All Accounting Officers (AOs) and Chief Financial Officers (CFOs) were given an undertaking to cut back their departmental spending, with the amounts proposed being accepted by Cabinet. KZNDoH adopted the resolution by issuing internal policies, which alluded to the cost-cutting measures (KZNDoH HRM Circular No 153 of 2009; KZNDoH HRM Circular No 58, 59 and 60 of 2015). These policies entailed, amongst others, the moratorium on the filling of posts as well as non-payment of performance bonuses. Indeed, these policies has had serious implications in the KZNDoH since many of its hospitals are situated in remote areas. However, there is no empirical evidence which suggests that these hospitals were disproportionately affected by the above-mentioned circulars. The moratorium on the filling of posts might have had some disproportionate impacts to rural hospitals *vis-à-vis* urban hospitals since the former are having difficulty in attracting public healthcare specialists (KZN DoH HRM Circular No 2 of 2009).

The disproportionate impact might include having an unhappy workforce, which is vulnerable to high labour turnover. Cameron (2008:1) holds the view that the turnover of staff is caused by a management shortcoming, either because they did not provide a productive working environment or because they employed the wrong person to begin with. Policy makers must develop strategies that are politically feasible to enhance effective recruitment, selection and retention of public healthcare specialists. Araújo and Maeda (2013:12-13) argue that policy formulators have a variety of policy options and interventions to deal with the problem of public healthcare specialist' shortages in rural and remote areas. The KZN Department of Health introduced the following strategies for recruitment of public healthcare specialists in an endeavour to fill posts, which have proven difficult to fill (KZN DoH HRM Circular No 2 of 2009):

### 1.3.1 Africa Health Placements (AHP)

The Africa Health Placement (AHP) supports the recruitment and retention of public health sector professionals in Africa and its principle purpose is to recruit local and international healthcare professionals for the South African Public Health Sector to deal with the severe shortage of scarce skills as mandated by the National DoH (NDoH). The AHP programme is designed to support healthcare delivery in rural areas particularly, at those provinces where there is a major shortage of doctors and other healthcare practitioners.

The AHP is responsible for ensuring that prospective applicants are listed on the Health Professions Council of South Africa's (HPCSA) roll and/or if not, they facilitate the registration process with the HPCSA (KZNDoH HRM Circular No 2 of 2009). It is advantageous to utilise the services of AHP to fill the scarce skills posts as there is no cost involved.

### 1.3.2 Placement of Health Professionals by the National Department of Health (NDoH)

The NDoH through its Foreign Workforce Management Programme (FWMP) support institutions with the filling of scarce skills posts. In the case of foreign applications being available for consideration, the NDoH will then forward such applications to Head Office together with a letter of support for employment. Head Office will forward the applications to the relevant institutions to proceed with the arrangements for interviews after which the undermentioned documents must be submitted to Head Office for futher processing: (a) short listing and interview minutes (b) written job offer (c) curriculum vitae and qualifications (d) copy of registration certificate (e) copy of work permit/refugee status and (f) copy of passport. The Head Office will prepare a contract for employment after which the hospital will be advised to proceed with the appointment (KZNDoH HRM Circular No 2 of 2009).

### 1.3.3 Provision for a negotiable salary

Part V, Section C.C3 of the Public Service Regulation (PSR), 2001, provides that an Executing Authority (EA) may establish the salary for a post or an employee above that of the minimum notch of the payscale indicated by the job weight, provided she or he has evaluated the job, but cannot recruit an employee with the necessary competencies at the salary indicated. KZNDoH HRM Circular No 62 of 2008 makes provision for the advertisement of posts with a negotiable salary up to the fifth salary notch in respect of specific scarce skills occupational category posts (KZNDoH HRM Circular No 2 of 2009).

### 1.3.4 Head Hunting

According to the KZNDoH HRM Circular (No 2 of 2009), if the employer has advertised the scarce skills category post(s) without success, head hunting may be employed to seek out and find suitable candidates for posts where difficulty is experienced in recruiting suitable candidates, as well as candidates from historically disadvantaged groups on the basis that: (a) no one applied for the post(s), or (b) the only applicants who have shown interest in the post(s), do not possess the minimum appointment requirements required as stipulated in the advertisement. If the candidate being head hunted meets the minimum requirements, skills and competencies of the post, he/she may be interviewed for the position (provided that the post has not been re-advertised within the 6x month period) in terms of KZNDoH HRM Circular No 136 of 2003).

### 1.3.5 Recruitment agencies

According to the KZNDoH HRM Circular (No 2 of 2009), institutions that have already employed the above-mentioned recruitment strategies, and the vacancy rate of critical scarce skilled occupational categories still stands at 60%, they may engage the services of the recruiting agencies as a last resort to supply public healthcare specialists. This engagement requires approval by the Head of Department (HoD). The scarce skills categories that will be supplied by the successful tenderer will be subjected to an interview in line with the "Guidelines setting out the procedure to be followed in the filling of posts" (KZNDoH HRM Circular, No 2 of 2009).

### 1.3.6 Bursary allocation

The KZNDoH allocates bursaries to identified scarce skills categories on a cascading scale based on the supply and demand in relation to the scarce skills vacancies in the department taking into accoung the turnover rate of employees. The granting of bursaries plays a key role in an attempt to address the shortage of scarce skills from medium to long-term basis depending on the duration of the period (years) of study required to attain a specific qualification. As a retention strategy, consideration is given to a signing of contract with a pay back clause by registrars undergoing training (KZNDoH HRM Circular No 2 of 2009). Mkhize's article (*Business Day*, 17 July 2014:3) reflected that more than 800 bursaries had been issued but it was felt this was not enough. The KZN MEC of Health, Dr Sbongiseni Dhlomo said the students who received bursaries would return to work in the public sector. In a similar vein, it was revealed that 120 bursaries worth of R200m has been granted to young people aspiring to study subjects in the medical field (*The New Age*, 16 July 2014:2).

### 1.3.7 Marketing of the Department

The KZNDoH is required to devise strategies of marketing itself to the would-be prospective employees who are final year students in order to attract them to work for the public sector with a hope that some would stay longer in the public sector. The marketing strategy of the Department should be reviewed bi-annually (January and mid-year intakes of registrars). Infrastructure development and lack of suitable accommodation are some of the challenges facing rural hospitals in attracting public healthcare specialists (KZNDoH HRM Circular No 2 of 2009). The problem of recruitment and retention of public healthcare specialists was further complicated by the maintenance of the *status quo* (KZNDoH HRM Circular, No. 60 of 2015 dated 7/10/2015). This circular put a halt in the filling of vacant positions.

This moratorium has aggravated the deterioration of healthcare services and its negative image. This challenge appeared in an article issued by the *South African Provincial Health* (06 December 2017) which explained that at the four hospitals (Prince Mshiyeni Memorial Hospital (PMMH), Mahatma Gandhi Hospital, Addington Hospital, and King Edward VIII Hospital) assessed by the Ministerial Task Team (MTT), there was a drastic reduction of above 40% over the last number of years (three) in the registrar (specialists in training) numbers appointed in the various medical specialties. The removal of a moratorium policy which serves as an obstacle in the recruitment and retention of public healthcare specialists, may ease pressures that are confronted by these hospitals such as negative publicity. However, there is no empirical evidence within the KZNDoH context, that explains whether or not these strategies has produced competitive advantage in terms of recruiting and retaining public healthcare specialists in rural and semi-rural hospitals.

## 1.4 RESEARCH PROBLEM

Recruitment of public healthcare specialists through advertising the vacancies internally and externally in the news media, as openly as possible, has not yielded the desired results. On the contrary, the advertising of public healthcare specialist vacancies in journals outside the country has sparked noticeable interest from healthcare specialists from other countries who respond positively. However, the process of securing these public healthcare specialists has been hampered by cumbersome procedures associated with the acquisition of registration with the HPCSA and the delay in the issuing of work permits by the Department of Home Affairs (DHA) (KZNDoH, HRM No 2 of 2009:2). The recruitment, selection and retention of public healthcare specialists continue unabated since the KZNDoH is now compelled to compete with the private healthcare sector.

The employment of sessional public healthcare specialists and the granting of remunerated overtime as an alternative strategy to reduce the shortage of public healthcare specialists has not produced the desired results (KZNDoH, HRM No 2 of 2009). The three hospitals are the focal areas for this research as the researcher has identified the current issues facing them with regards to HRM practices of recruitment, selection and retention. These issues require analysis and identification of the problem and propose solutions. The main problem is ancillary issues of HRM incorporating job analysis (job descriptions and job specifications), job evaluation and HR planning. These factors will be elaborated in detail in Chapter 3. Tunaiji (2011:8) argues that line managers and HR practitioners/specialists lack knowledge of professional job analysis which is pertinent to the recruitment, selection and staff retention. According to Thebe (2014:3), senior managers indicated that the Department must significantly improve its recruitment and selection processes and practices.

Although these hospitals have HR plans at their disposal which are believed to have addressed the needs of employees including public healthcare specialists, these plans are not linked to the strategic recruitment and selection process of these hospitals. The White Paper on HRM (1997) paired with the White Paper for Transforming Public Service Delivery (WPTDPSD) (1995), contains a compendium of best recruitment, selection and retention practices that must be contextualised within the hospital HRM settings. This study is thus, making an endeavour to speak to the problem of the recruitment, selection and retention of public healthcare specialists in the above-mentioned hospitals as there is a strong belief that they are not adhering to either the statutory and regulatory framework or the international best practice guidelines. Multiple data sets provided this study with a solid base for understanding the vacancy rate for the three hospitals (see Table 1.1).

**Table 1.1: Vacancy rate – 2016/2017/2018**

| Category | Position | Filled | Vacant | Vacancy rate |
|----------|----------|--------|--------|--------------|
| Heads of Departments | Head of Clinical Unit/Dept | 26 | 14 | 35% |
| | ANM with specialty | 12 | 5 | 29% |
| | OM with specialty | 24 | 14 | 37% |
| Medical Professionals | Medical specialist | 43 | 28 | 39% |
| | Professional nurse (PN) with specialty | 285 | 215 | 43% |
| | Registered nurse midwives | Incorporated into PN's posts | | |
| **Total** | | **390** | **276** | **41%** |

**Source: Hospital records**

Table 1.1 suggests that recruiting and retaining public healthcare specialists in these hospitals is problematic. For instance, Queen Nandi Hospital has made three, two and two attempts to fill medical specialists posts for Anaesthetics (2) (HRM EMP37/2015; EMP9/2017 and EMP 29/2017), Paediatrics (4) (HRM EMP28/2015; EMP50/2015; EMP3/2017; EMP28/2017 and EMP29/2017) and Obstetrics and Gynaecology (EMP58/2015; EMP4/2017 & EMP27/2017), respectively. Unfortunately, no applications were received for the first two posts and the recommended candidate for the latter declined the offer. As a result, the selection committee recommended that prospective candidates for these posts be headhunted. Again, twenty-four (24) posts for professional nurses with specialties were advertised to no avail due to the conditions attached to re-employment of ex-Department of Health employees (HR Quarterly Report – September 2018). The perpetuation of this problem is likely to fail the three hospitals in fulfilling their constitutional mandates and strategic imperatives.

The magnitude of this problem necessitated this doctoral study. For these hospitals to fulfill their mandate, their strategic HRM (SHRM) plan must be integrated with the hospital's operational and and strategic plans. The KZNDoH has conceptualised the recruitment process in its roadmap circular (KZNDoH HRM Circular No 43 of 2011). Hence, the absence of a model and checklist to assist the above-mentioned hospitals to recruit, select and retain public healthcare specialists has deepened the scars of the skills shortage created by the apartheid system.

## 1.5 RESEARCH OBJECTIVES

The objective of this study is to investigate factors and perceptions affecting the recruitment, selection and retention of public healthcare specialists and to better understand the variables and elements affecting this HR activity. The study aims to propose strategies that will empower line managers to achieve greater effectiveness in the recruitment, selection and retention of public healthcare specialists. The general objectives of the research are:

(i)    To examine the current recruitment, selection and retention of public healthcare specialists used in these hospitals.

(ii)    To determine the factors affecting the recruitment, selection and retention of public healthcare specialists in these hospitals.

(iii)    To establish perceptions of public healthcare specialists towards public healthcare specialists' recruitment, selection and retention at these hospitals.

(iv)    To propose a model and checklist that will assist these hospitals to achieve greater effectiveness in the recruitment, selection and retention of public healthcare specialists.

## 1.6 RESEARCH QUESTIONS

In keeping with the research objectives, the following research questions were addressed through this research:

(i)    What are the current processes used in recruiting, selecting and retaining public healthcare specialists at these hospitals?

(ii)    What are the factors affecting the recruitment, selection and retention of public healthcare specialists at these hospitals?

(iii)    What are the perceptions towards public healthcare specialists' recruitment, selection and retention at these hospitals?

(iv)    What model and checklist can be proposed to assist these hospitals achieve better effectiveness in the recruitment, selection and retention of public healthcare specialists?

## 1.7 METHODOLOGY

This research adopted a mixed methods approach as it provides a better understanding of research problems and complex phenomena than either approach alone (Creswell & Plano-Clark, 2007). An interpretivist paradigm is adopted in this research to explore the factors and perceptions affecting the HR activity of the recruitment, selection and retention. Data will be collected through a survey questionnaire (N=119) and five semi-structured interviews (N=5) including public healthcare specialists. The total study sample comprised 56 respondents (47%) from Ngwelezane Hospital, 46 (39%) from Stanger Hospital and 17 (14%) from Queen Nandi. In terms of race, the study participants/respondents are predominantly Africans (86%), with Indians (10%), Whites (3%) and Coloureds (1%) making up the remainder.

## 1.8 SIGNIFICANCE OF THE STUDY

While exploring the impact of HRM on hospital's performance, various models demonstrating the links among HRM practices (recruitment, selection and retention) have been developed (Chapter 2.9). The examination of various models is dependent on the conceptual analysis and understanding that can be filtered into this study. This analysis will assist the study to identify synopses in the HRM process and procedures. Due to the perceived lack of a model and checklist in these three hospitals to implement the HRM practice of recruitment, selection and retention, there is a possibility for them to fail in achieving their overall strategic objectives. Given the significance of the topic, it is important to establish and determine the factors and perceptions affecting the recruitment, selection and retention of public healthcare specialists, respectively, with the aim of proposing a model and checklist that will assist these hospitals to become more effective in their recruitment process and in the retention of public healthcare specialists. The research is intended to provide both a theoretical and practical addition to the existing knowledge and provide valuable data for policy formulation. It will also serve as a reference to the KZNDoH officials who deal directly with the recruitment, selection and retention of public healthcare specialists.

## 1.9 CONCEPTUAL AND THEORETICAL FRAMEWORK

Wirba (2017:3) argues that no one single theory of organisational behaviour can ultimately inform HR practices. For this study, the theoretical framework with regard to concerning the proposed model and checklist for recruitment, selection and retention are elaborated in Chapter 2.7. The conceptual and theoretical framework that influences this HR activity is depicted in Figure 1.1 below:

**Figure 1.1: Conceptual framework of influences on recruitment, selection and retention**

Job analysis
- Job description
- Job specifications
- Job evaluation
- HR planning

Advertisement of posts
Applicant's response

**RECRUITMENT**

- Shortlists/initial
- Selection interview
- Selection tests
- Assessment Centres
- Reference checks
- Job offer
- Employment contract & follow-up

**SELECTION**

Strategies
- Compensation & rewards
- Training & professional development
- Job security
- Job satisfaction

**RETENTION**

**Source: Adapted from Wirba (2017:4)**

Figure 1.1 suggests that the acquisition of highly qualified and motivated employees helps the institution to achieve competitive advantage. With such acquisition, the institution is likely to perform outstandingly. Thus, for the Ngwelezane, the Stanger and the Queen Nandi Regional Hospitals to achieve outstanding performances, they need to employ the HRM practices of recruitment, selection and retention of public healthcare specialists.

## 1.10 CHAPTER OUTLINE

The research is organised into eight chapters. Each chapter commences with an introduction and concludes with a summary.

**Chapter 1** provides an overview of the study in terms of the scientific orientation and execution of the study.

**Chapter 2** provides the conceptual underpinnings of HRM that serves as a 'frame of reference' in ensuring that the Ngwelezane, the Queen Nandi and the Stanger Regional Hospitals have the best suited individuals with the best suited clinical skills in the most appropriate workplace to achieve a sustainable superior competitive advantage.

**Chapter 3** explores theoretical underpinnings of the human resource (HR) activities namely, job analysis, job description, job specification, job evaluation, human resource planning, recruitment and selection. The Chapter will also make references to the conceptual framework that provides a sound foundation for the application of the recruitment, selection and retention.

**Chapter 4** examines the statutory and regulatory context for the HR activity at these hospitals. In this context, employment practices, policies, processes and methods will be informed and guided by such a framework.

**Chapter 5** examines an international perspective management of human resources (HR) with special emphasis on the HR activity. The examination is desirable in order to establish whether South Africa's human resource management (HRM) practices are guided by international standards.

**Chapter 6** provides an overview of the research methodology. This chapter identifies various philosophical assumptions relevant for research with the purpose of placing the study within the most relevant of the paradigms, followed by a discussion on research design and research approach. An interpretive paradigm became ideal for the study due to its framework. These assumptions provide credibility and validity to the study.

**Chapter 7** presents the research analysis, discussion and interpretation of the data that will be used to establish the concepts and themes for research conclusions and recommendations.

**Chapter 8:** This chapter presents the conclusions drawn and the recommendations developed from the results discussed in the preceding chapter.

**1.11 DEFINITION OF KEY TERMS**

This section provides definitions of the essential variables used in this research to avoid distortion of the meaning of concepts. For the purpose of this research, the ensuing definitions are espoused, and they will be discussed in detail in subsequent chapters.

**1.11.1 Recruitment**

In this study, recruitment of public healthcare specialists has been identified as one of the huge challenges facing peripheral hospitals. Hence, it is defined as, "all activities directed towards locating potential employees, attracting applications from suitable candidates" (Dwivedi, 2013:9).

**1.11.2 Selection**

Wild, Wild, Han and Rammal (2009:433) explain selection as the process aimed at screening and hiring the best qualified applicant for the job. For this study, the primary aim of employee selection is to choose the best qualified public healthcare specialists for the job.

**1.11.3 Retention**

Du Plessis (2015:111) defines retention as a strategy by an institution to bring an environment which involves employees for a lasting period. From a different perspective, employee retention is defined as an institution's capability to retain key employees who are the fulcrum of the institution's success based on mutuality (Ramatswi, 2016:24). The Guide on Staff Retention (DPSA, 2006 (a):9) shares a similar definition and also attest to the fact that critical scarce skilled employees are regarded as valuable assets for the institution. In this regard, public healthcare specialists are the fulcrum of the hospital's health outcomes.

**1.11.4 Professional nurses with specialty training**

Ward (2016:4) argued that the term 'specialist nursing and advanced nursing practice' has been extensively debated in the international arena but no consensus has been reached with regard to the title and regulation. For purposes of this study, professional nurses with specialty training and advanced nurse midwives are those nurses who are employed by the health sector performing advanced practice duties in a specialist area or for a particular group of healthcare professionals or clients/patients including infection control nurse, stoma nurse, pain nurse and informatics nurse (Sharples, 2012). They must be licensed with the South African Nursing Council (SANC) to perform specialist's nursing duties.

### 1.11.5 Human Resource Management

Human Resource Management (HRM) has been outlined as "involving the productive use of people in achieving the organisation's strategic business objectives and the satisfaction of individual employee needs" (Cameron, 2008:9). In this case, people are public healthcare specialists who are the fulcrum of health outcomes.

### 1.11.6 Human Resource activities

Following Stone's (2005:860) definition (section 1.10.5), "HR activities such as job analysis, HR planning, recruitment etc." . HR undertakings for the purposes of this research have been categorised as recruitment, selection and retention of public healthcare specialists.

### 1.12 SUMMARY

This chapter provided an overview of the study in terms of the scientific orientation and execution of the study. The chapter explored the recruitment, selection and retention within the context of the public service and administration in South Africa. It also emphasised the critical nature of recruitment, selection and retention; its importance cannot be over-emphasised. Conceptualisation of HRM is discussed in the next chapter.

**CHAPTER 2**

**CONCEPTUALISING HUMAN RESOURCE MANAGEMENT**

## 2.1 INTRODUCTION

This chapter provides a theoretical perspective of human resource management (HRM) that serves to provide a 'frame of reference' in ensuring that the Ngwelezane, the Queen Nandi and the Stanger Regional Hospitals possess the right individuals with the appropriate clinical skills in the most appropriate places to achieve a long lasting superior competitive edge. The chapter will make reference to the HRM conceptual framework while examining the historical development of HRM considering various evolutionary stages which specify certain characteristics that shape its development. To fully understand how the development of HRM impacted the recruitment, selection and retention, an examination and understanding of the definitions of HRM will be provided. The study will also explore how different schools of thought, approaches and theories have influenced the thinking of this HR activity. Diverse literature on the effectiveness of various HRM models and theories underpinning HRM will be assessed. Conceptualisation of HRM models and theories will provide a sound foundation for the development of an effective model and checklist.

The chapter comprises ten (10) sections and is structured as follows: Section 2.2 explores definitions of HRM with an intention to find a working and appropriate definition for the study. Section 2.3 presents a historical perspective – changing roles to understand the impact of HRM in the public service institutions. Section 2.4 focuses on the paradigm shifts from PM to HRM while section 2.5 explores the increased need for HRM. Section 2.6 discusses the following theories underpinning HRM: (i) human capital, (ii) signaling, (iii) resource-based view and (iv) society exchange theory. These theories explain the link between the HRM strategy and institutional strategy and also the importance of contingency and universal approaches. Section 2.7 identifies a model (HRM 'soft' and HRM 'hard' approaches) that provides a sound basis for comprehending and developing the study's main objective. Section 2.8 examines the HRM 'best' practices and the HRM 'best fit' models that could be mimicked and adapted to fit the institutional cultures of the hospitals under study whereas section 2.9 reviews the HRM models with the sole intent of mimicking the HRM practice of the phenomena of recruitment, selection and retention: (i) The Fombrun, (ii) The Harvard, (iii) The Guest, and (iv) The Warwick models. This section argues that these models are linked to the HRM 'best practice' (outcomes) and the HRM 'best fit' model (contingency approach/strategic fit).

In addition, this section claims that these models are leaning towards either the 'soft' HRM approach or the 'hard' HRM approach. Section 2.10 summarises the chapter. The next section defines the concept of HRM as it is important to provide the reader with an historical overview.

## 2.2 DEFINING HUMAN RESOURCE MANAGEMENT (HRM)

An understanding of HRM is important as there are different interpretations of the concept. It covers a range of applications which lead to confusion (Price, 2011 http://hrmguide.co.za). Bach (2005:3) in his book entitled "In Managing Human Resources: Personnel Management in Transition", argued that the confusion surrounding the definition of HRM has disappeared. Agbodo-Otinpong (2015:20) maintains that the definition remains debatable due to its underlying philosophy. Different definitions are explored with an intention to find a working and appropriate definition for the study. In the absence of consensus, Sharma and Khandekar (2014) suggest that HRM is concerned with the broad range of important activities within the institution "aimed at satisfying both employee's and institution's needs, goals and objectives" (Shivadrurappa, Ramachandra, & Gopalakrishna, 2010:5), while Armstrong and Taylor (2014:5) hold the view that HRM signifies "… all those activities associated with the management of the employment relationship in the institution" such as "policies and practices involved in carrying out the 'people' or HR aspects of a management, including recruitment, screening, retention…" (Dessler, 2007). From a strategic perspective, HRM is "a distinctive approach to employment management which seeks to achieve a competitive advantage through the strategic deployment of a highly committed and capable workforce, using an array of cultural, structural and personnel techniques" (Hatcher, 2006:94).

In line with this view, Armstrong (2001:4; 2014:5) defines HRM as "a strategic, integrated and coherent approach to the management of an institution's valued assets; the people working there who individually and collectively contribute to the achievement of its objectives", while Coyle-Shapiro, Hoque, Kessler, Pepper, Richardson and Walker (2013:12), see HRM as "a process of analysing and managing an institution's HR needs to ensure satisfaction of its strategic objectives". Agbodo-Otinpong (2015:21) define HRM as "the strategic process of handling employment relations which focusses on impacting employees' abilities in giving the organisation a competitive advantage". Since several endeavours have been made to distinguish strategic HRM (SHRM) from HRM in the main, it has been established that the characterisation of HRM includes, intrinsically or explicitly, the concept of a strategic approach to the subject (Wright & McMahan, 1992). Consistent with Bach's argument, these definitions are 'a little too broad' to understand as they make highlighting the distinctive features that underpin HRM problema, such as the practice of HRM (Sharma, 2009:80).

Conversely, Buller and McEvoy (2012) argue that these characterisations provided a clearer and simpler strategy, plans and methods to achieve, an institution's strategic goals. This study has noted the following important themes from the above definitions:

(i)   The relationship between HRM and achieving an institution's strategic goals;

(ii)  The HR policies and practices such as recruitment process; and

(iii) Management role in analysing the needs of the employees and the institution.

From an ideological and philosophical assumptions perspective, the following pertinent issues have been identified (Armstrong, 2006:4) in defining HRM:

(i)   A set of particular beliefs and/ or philosophical assumptions (Chapter 6.2);

(ii)  A strategic stanza to re-orient the recruitment and selection process (section 2.4);

(iii) The central involvement of line managers in recruitment and selection processes (sections 2.4 and 2.6), and

(iv)  Dependency upon a set of HR 'bundles' to guide and mould the process of recruitment and selection (section 2.8).

From a different HRM perspective, the management of people is based on four fundamental principles, namely (Sarma, 2008:15-16):

(i)    Managers treat employees of the institution as valuable resources;

(ii)   Employee's mind-set and procedures must be linked with the achievement of the institutional objectives and goals;

(iii)  Cultivation of an institutional climate, values and atmosphere is important in order to keep a happy workforce; and

(iv)   Employees should strive towards a common goal.

These definitions highlight HRM policies and practices to attain a competitive advantage through the utilisation of employees. Bach (2011:5) suggest that all those activities associated with employment must be taken into account such as the application of high-performance HRM practices including recruitment, selection and retention. Boxall and Purcell (2003:3) state that HRM includes the institution's work systems and its model of employment. Price in his 'Human Resource Management' (2011) book, states that the work systems involve the recruitment of capable, flexible and committed workforce. According to Chimoga (2014:1), this is an act of managing the recruitment and selection process in an institution.

Fadel's (2012) article highlights that HRM is concerned with the recruitment process and utilisation of employees in an institution. As part of an employment exchange (section 2.6.4), employees must possess certain efforts, knowledge, skills and capabilities to contribute to the institutions' strategic goals (Watson, 2010:919). Contemporary institutions have adopted a strategic approach to perform the recruitment and selection process as they have recognised the fit between institutional and HR strategies (Fottler, Khatri & Savage, 2010). Strategically speaking, HRM strategy must flow from the institution's strategy which implies that "HRM cannot be conceptualised as a stand-alone business issue" (Boxall, 1992:66).

Another important variable that emerged from the above HRM definitions is the phenomenon of competitive advantage but, Ma (2000 cited in Rose, Abdullah and Ismad, 2010:489) argues that the concept of competitive advantage has been extensively applied in strategic management, yet it remains poorly defined and operationalised. Regardless of Ma's argument (2000 cited in Rose, Abdullah and Ismad, 2010:489), this study holds the view that HRM is used as a way to achieve a competitive advantage because it improves the comprehension of the practice of recruitment and selection, which is the focus of this study. The above extension illustrates that HRM is concerned with the management of employees and also aligns itself with the overall institutional strategies. A thorough understanding of HRM is a prerequisite of the recruitment and selection process which forms part of the main focus of this study. As the concept 'competitive advantage' forms the basis of superior performance (Ma, 1999a), the study seeks to briefly describe and explain the concept along the lines of the recruitment, selection and retention.

### 2.2.1 Defining competitive advantage

The notion of competitive advantage is described in terms of resources including information, highly knowledgeable and skilled employees, and attributes including rareness, imitable and valuable of an institution (Barney, 1991) that allows it to out perform its competitors who are providing similar services (Chaharbaghi & Lynch, 1999:45). Mäntymaa (2013:12) argue that institutions can only achieve competitive advantage over their competitors either through costs advantage or through differentiation advantage (Porter, 1985). Cost advantage is when an institution displays its ability to perform a similar service as its competitors, albeit at a lesser cost, while differential advantage is when an institution produces similar services as its competitors, albeit at superior customer value (Mäntymaa, 2013:12). Competitive advantage can be defined as a relatively lower retention rate than its competitors (Reichheld, Markey & Hopton, 2000). Figure 2.1 illustrates the concepts of competitive advantage.

**Figure 2.1: A Model of Competitive Advantage**
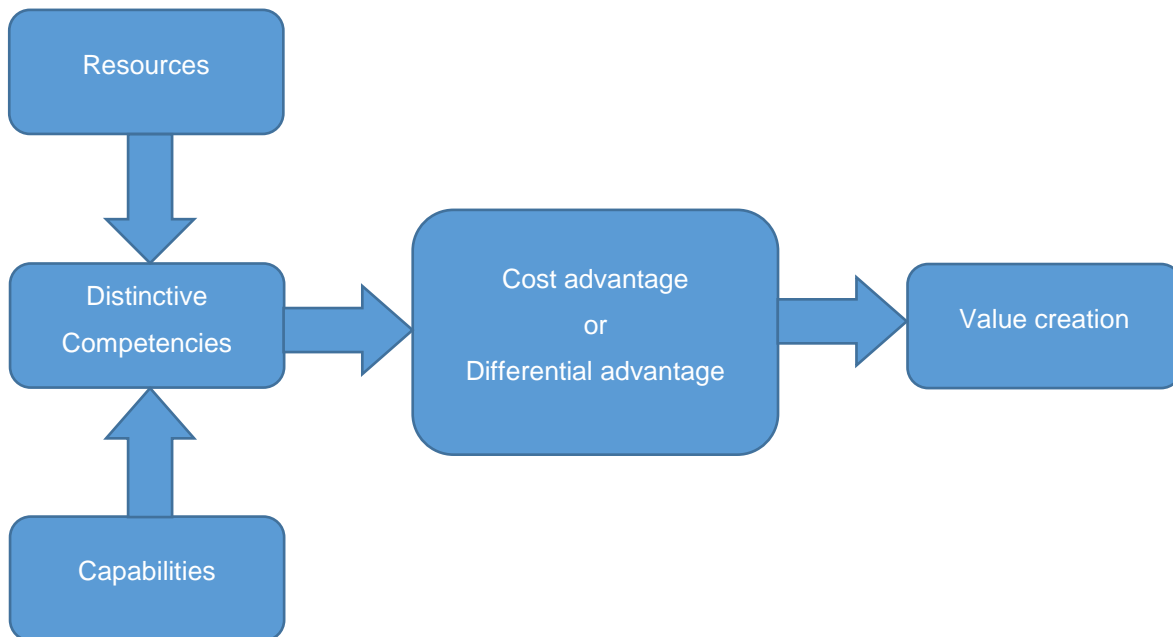


**Source: Porter (1985)** http://quickmba.com

Differentiation strategy is adopted for this study as the recent literature that is concerned with service quality (an antecedent to customer satisfaction which is key to loyalty) supported the use of differentiation approach to be a valid source of competitive advantage (Yap, Ramayah & Shahidan, 2012). From the resources perspective, human resources who are regarded as service employees play a critical role in delivering services aimed at achieving competitive advantage. The study by Reichheld (2003) contends that service employees are regarded as the face and image of the institution. Service employees are public healthcare specialists who hail from all demographics. Famakinwa (2017) explains that institutions that are diverse have a competitive advantage because much innovation that drives the business to reach superior customer value comes from diverse groups of people. For these hospitals to excel in this area of competitive advantage, they must constantly search for innovative ways to address the needs and wants for their patients. These hospitals must adopt a strategic differentiation to distance themselves from their competitors by offering services that cannot be replicated.

Competitive advantage is associated with resourced-based view (RBV) theory and hence, has had considerable influence in making it extremely difficult for competitors to replicate an entire system of aligned practices (Wright, McMahan & McWilliams, 1994; Lado & Wilson, 1994).

Although competitors may make an attempt to replicate such phenomena, they should discover that their recruitment, selection and retention strategy is not compatible with their broad institutional strategy. The RBV theory contends that the success or failure of these hospitals depend on the quality of the public healthcare specialists and the effectiveness of their working relationships. Although technology is deemed a source of competitive advantage, it can easily be replicated. This means that technology cannot be regarded as a lone source of competitive advantage; it needs to be leveraged with strategic direction so that it becomes a driver for patient care. The adoption of strategic differentiation is the only way to deliver greater value than competitors (Mäntymaa, 2013:16). Mäntymaa (2013:20-21 contend that human resources (public healthcare specialists) are the ultimate source of competitive advantage as other factors of production such as financial capital can be weakened by economic changes (Youndt, Snell, Dean & Lepak, 1996). Therefore, sustainable competitive advantage is likely to be achieved through the utilisation of public healthcare specialists as they are regarded as 'intangible knowledge-based resources' who can withstand the test of time during 'volatile environment circumstances' (Pringle & Kroll, 1997). The next section examines the historical development of HRM.

## 2.3 A HISTORICAL PERSPECTIVE – CHANGING ROLES

The study is of the view that the know-how about the history of HRM can contribute to a better understanding and performance of the public service. Therefore, any HRM practices would be incomplete without some reflection on how HRM has evolved over time in South Africa. In this regard, a lack of documented information creates a problem in understanding the impact of HRM in the public service institutions. This observation is supported by Swanepoel, Erasmus, Van Wyk and Schenk (2003:39-40), who argue that history as well as development of personnel management (PM) in the public service "is a subject on which apparently very little research has been done and few publications have seen the light". Aslam, Aslam, Ali, Habib and Jabeen (2013:128) state that "a better way to understand the philosophy of HRM demands a thorough understanding about the evolution of the concept itself from the ancestral concept of PM". Loggenberg (2015:14) asserted that the beginnings of the concept of HRM can be tracked back to precolonial times and continued developing through to the postcolonial era.

Nayab's (2011) article explains that the evolution of HRM dates back to the industrial revolution when factories established personnel departments to look into wages and the welfare of workers. Chimoga (2014:1) agrees that the origin of HRM has moved from a welfare concern to the 'modern environment' which put emphasis on strategic management. This evolution is linked to the history of PM and labour legislation. Bach (2005) attests that labour management had a propensity of disregarding the interests of the employees.

This implies that HRM issues were managed through labour management because systematic HRM did not exist. Ulrich, Brockbank and Johnson (2008) indicates that significant differences of evolution and development lie in the early phases of HRM. The emergence of HRM determines how recruitment, selection and retention adds value to these hospitals (Ulrich, Brockbank, Younger & Ulrich, 2012). South Africa adopted almost a similar approach as Western countries in the development of HRM but the most noticeable difference lies in the phases of development which has been influenced by political and industrial relations factors. For instance, HRM in South Africa evolved prior to industrial revolution and continued developing through to post-apartheid era as a result of political ideological shifts. In relation to the recruitment, selection and retention, Loggenberg (2015:14) hold the view that labour legislation can be adapted to suit specific employment relationships. The paradigm shift from Personnel Management (PM) to HRM in public service institutions is discussed in the next section.

## 2.4 PARADIGM SHIFT: PERSONNEL MANAGEMENT TO HUMAN RESOURCE MANAGEMENT IN PUBLIC SERVICE INSTITUTIONS

Furthermore, Cannel (2004) suggests management theorists such as Douglas McGregor (Theory X and Theory Y, 1960) and Abraham (Maslow's Hierarchy of Needs, 1954) led the transition from the administrative and passive PM to HRM. According to Akinnusi (2008:25), in South Africa PM was metamorphosed into HRM in recognition of the employment regulations and strategic objectives of the public service institutions during the 1990s (Gerber, Nel & van Dyk, 1996). In South Africa post-1994, the stark realities of the country's socio-political background prompted the GNU to pass laws that would bring radical changes to both PM and labour relations including the White Paper on Human Resource Management in the Public Service (HRMPS), (1997 and 2000). The HRMPS embraced the paradigm shift of focus from PM to HRM (Van Dijk, 2005:161). The HRM is explained by, for instance, staffing, that is, recruitment and selection practices.

Nonetheless, the evolution of HRM has been vehemently criticised by many antagonists who argue that the concept has not brought any changes in the philosophy and practices of PM. The concept of HRM is perceived as a mere 'retitling' or 're-labelling' (Legge, 1989:20) of sound PM practices, argue Maycock, Allaputa, Waripanye, Geraghty and Chikafa (2015:14) hence, there is no difference in the content of HRM (Doaei & Najminia, 2012:161). The study advances the notion that the whole matter is about the applicability of the concepts and not syntax. Deriving from Fleming's (2000) suggestion, Storey (1989) identifies the main factors that distinguish HRM from traditional PM and these factors include but are not limited to the following:

(i)      HRM is clearly connected with institutional strategic plans;

(ii)     HRM discards the traditional administrative, compliance and service role embedded in PM and thereafter, adopts a strategic role intended to secure maximum commitment of employees;

(iii)    Integrated HR approaches (policies, systems, practices and procedures) increase employee commitment and competences as they are considered as agent of change, and

(iv)    Line managers are the custodians of HRM as a means of fostering integration whereas PM is primarily the domain of personnel specialists/practitioners.

The argument surrounding whether the concept of PM has been rebranded or not, does not constitute part of the discussions as scholars are unable to reach a consensus on whether HRM and PM is the same or different (Maycock et al., 2015:15). As public service institutions are expected to adopt a strategic approach to secure maximum commitment of employees, an increased need for HRM has been identified and is discussed in the next section.

## 2.5 INCREASED NEED FOR HUMAN RESOURCES MANAGEMENT

The WPHRMPS (2000) considers HRM as a critical component to the accomplishment of public service institutional goals. Human Resource Management is generally characterised by four objectives and staffing is one of them and comprises the implementation of the recruitment and selection process. This means that the Ngwelezane, the LURWMH and the Stanger Hospitals must ensure that the best suited public healthcare specialists are available at the most appropriate time in the correct place. Retention of such personnel becomes critically important as they are vulnerable to poaching by private institutions. Retention strategy can take the form of either an increased reward package (Occupational Specific Dispensation (OSD)) and/or career development programmes (CDPs). The discussion surrounding how these objectives (recruitment, selection and retention) are achieved will be dealt with in Chapter 3.

To achieve these objectives, the SABPP proposed a bill, the Human Resource Profession Bill (2005) aimed at professionalising the practice of HRM in South Africa (Akinnusi, 2008:26). The Bill identified recruitment and selection as high-performance work practices (Akinnusi, 2008:28) that may have an impact on the competitive advantage of the institution. To gain a competitive advantage, public service institutions must account for employee's uniqueness in relation to the recruitment and selection of public healthcare specialists. The employee's uniqueness involves personality traits such as knowledge, skills, education, background, experience and abilities (Chapter 3.1.5.2).

The WPHRMPS (2000) dictates that the performance of recruitment and selection needs to move beyond the boundaries of HRM to involve all line managers within an institution. In compliance with the policy, KZNDoH issued, among others, the KZNDoH HRM Circular No 105 of 2007 (Delegation of Authority) to affirm the involvement of line managers in the performance of recruitment and selection processes. The issuance of the Circular was aligned with the HRM mix of philosophy, policies, systems, practices and procedures (Rodwell & Teo, 2000) for the KZNDoH. The sole purpose of this HRM practice was to find the best people for the job when needed (Rodwell & Teo, 2000). The involvement of line managers in HRM practices required the change of mindset for HR practitioners/specialists as their roles had to change to provide a more strategic role. As HR practitioners/specialists have to work closely with line managers, they are faced with a challenge of understanding the concept 'strategic business partners' (King, 2002): what does it really mean in the context of recruitment and selection? Strategic partnering is an important aspect for HRM as it enables institutions to adopt a more strategic HRM approach (Rodwell & Teo, 2000) to achieve competitive advantage.

Gilbert, De Winne and Sels (2010:2) explain that strategic HRM approach involves the devolution and decentralisation of the recruitment and selection process to line managers. Robbins, Bergman, Stagg and Coulter (2000:359) describe decentralisation as "the handing down of decision-making authority to lower levels in an institution". It is rather unfortunate that some antagonists such as Kanter (2003) view this approach as constraining the autonomy of HRM. Decentralisation of HRM practices should not be viewed as taking away day-to-day responsibilities of HR practitioners/specialists as it provides line managers with multi-skilling. Business partnership between HR practitioners/specialists and line managers is essential to managing the recruitment process and retention (Jackson & Schuler, 2000). Qadeer, Shafique and Rehman (2010:2516) argue that from a practical stanza, line managers are highly unlikely to accept the HR responsibility due to time constraints, lack of the latest knowledge, a strategic overview of the institution and policy making expertise. It should clearly be explained that line managers are only responsible for HR issues in their line departments whereas HR practitioners/specialists are responsible for HR issues across the institution. Decentralisation and devolution of powers enable institutions to make quick decisions. As decentralisation is becoming prevalent in public service institutions, the role of HR practitioners/specialists is then limited to the provision of highly specialised, technical HRM functions such as rendering advisory, mentoring, educating and coaching services to line management on HRM aspects such as the recruitment and selection (Armstrong, 2006:72).

These services are deemed to be the core of the HR practitioners/specialists strategic responsibilities which include developing and establishing HRM policies, procedures and methods aimed at recruiting and retaining public healthcare specialists. Although KZNDoH HRM Circular No 2 of 2009 (Recruitment and Selection) provides guidelines for recruitment and selection processes and procedures, line managers still require formal training on areas such as statutory and regulatory frameworks (Chapter 4), employment interview techniques, and selection procedures (how to score applicants) (Pieterse & Rothmann, 2009:371). Line managers, in turn, provide HR practitioners/specialists with appropriate input for modifying the HR practice as they are responsible for carrying out the selection process (interviewing job applicants). Allied with this strategic approach is the idea of 'social exchange theory' (Armstrong, 2014:7) which fosters the establishment of a social exchange relationship between the most important actors, namely; the HR department and line managers (Purcell & Kinnie, 2007) responsible for the execution of the recruitment and selection practices. The interplay between the HR practitioners/specialists and line managers has been widely accepted (Gilbert, De Winne & Sels, 2010:2) as it provides value-adding to the institution.

For this reason, HRM practices including recruitment and selection has to be shared as each partner brings unique and distinctive skills. Qadeer, Shafique and Rehman (2011:2514) argues that this HRM practice is too important to be left solely to the discretion HR practitioners/specialists. The interplay required HR practitioners/specialists to provide intelligent and thoughtful advice to line managers. However, Qadeer, Shafique and Rehman (2011:2520) observe that "neither HR managers have offered the necessary support and advice to line managers nor have the latter willingly accepted involvement in HR issues". The latter does not perceive HRM to be a strategic partner. Lack of support is based on the belief that the devolution of HRM practices including the recruitment and selection might constrain the autonomy and existence of the HRM (see Cunningham & Hyman, 1999; Kanter, 2003) thus, leading the future of HRM to hang in the balance. This belief is accompanied by the fear of the unknown, that is, reduction of influence and inability to train seasoned line managers to conduct interviews. Line managers in turn, question the credibility of HRM practices (Brockett, 2009) as they fear criticism of poorly conducting interviews that might lead to the appointment of incompetent candidates. On the flip side, line managers could experience difficulties when making an endeavour to develop a 'soft' HRM approach for recruitment and selection within a 'hard' HRM approach (Fleming, 2000). To complete the overall strategic responsibilities of HRM, HR practitioners/specialists should monitor and appraise the performance of the recruitment, selection and retention of public healthcare specialists. The next section explores the international perspective of recruitment, selection and retention with a view to benchmark the best model. The theories underpinning HRM are discussed in the next section.

## 2.6 THEORIES UNDERPINNING HRM

From a strategic perspective, HRM embraces a conceptual framework that is supported by a number of theories (Guest, 1987:505) based on strategic HRM and management, and human capital (Jackson, Schuler, Lepak & Tarique, 2011:7). Armstrong (2014:6) affirms the notion that HRM has a strong theoretical base and theory which is a prerequisite for each and every step of the research (Sajeevanie, 2015:5). In addition, theories shape and guide the integration of HRM and institutional strategy. Based on the main objective of the study (Chapter 1), this section identifies theories that are dealing with the integration of HRM and institutional strategy such as behavioural theories (Dhar, 2010). For this study, behavioural theories assume that the enhancement of institutional strategy can be achieved through the application of the recruitment and selection process. Drawing on Sajeevanie (2015:5) above, this section will make an endeavour "…to model some aspect of the empirical world" by exploring the following theories that describe the link between HRM strategy and institutional strategy which according to Wright and Mcmahan (1992), they define either the contingency approach or universal approach: (i) human capital, (ii) signaling, (iii) resource-based view, and (iv) society exchange theory.

### 2.6.1 Human capital theory (HCT)

Human capital theory (HCT) is grounded and resurged primarily through the work of Adam Smith (1723-1790 cited in Teixeira, 2002) and the premise of HCT considers the value of human knowledge (Kern, 2009) because people possess skills, useful abilities and experience (Becker & Huselid, 1998a; Lepak & Snell, 1999) that contribute to the institutional success (Armstrong, 2014:7). In contrast, Ekwoaba, Ikeije and Ufoma (2015:23) regard humans as fixed capitals just like robots who through the utilisation of their skills and useful abilities have to yield profits. The most important feature of HCT is the value attached to an employee's human capital which increases his/her employability. For example, if a public healthcare specialist obtains multiple clinical knowledge and skills in different disciplines, the HCT suggests that when one clinical department experience problems of labour, that particular individual can be transferred between positions to apply his/her additional clinical skills to respond to the demands of the failing department.

Inter-job flexibility as well as the acquisition of investment in clinical knowledge, skills and health would increase the hospital's human capital resource pool. Such a pool is grounded in the logic of HCT (Jackson et al., 2011:7) which indicates that it is generally accepted that for the hospital to be competitive in high-value-added clinical services, its public healthcare specialists should be sourced through the recruitment, selection and retention practices.

It is important for the Ngwelezane, LURWMH and Stanger Hospitals to hire employees who will bring specific clinical knowledge, analytical capabilities and advanced diagnostic skills. The hiring of employees with such requisite skills will yield better health outcomes.

### 2.6.2 Signaling theory

Generally speaking, prospective applicants will always search for jobs that best fit their criteria and needs. The institutional fit will also come to the fore and this fit can be stated as person-organisation fit (P-O) or person-job fit (P-J) (Wright, 2010:4). Wright (2010:4) describes this fit as the ability for applicants to be attracted to, selected, and retained in an institution (Cable & Judge, 1994). Of necessity, their attraction is based on the environment which matches their individual or personal characteristics. Therefore, the institutional fit must be combined with the signaling theory to explain its effect. The latter describes the recruitment process (Connelly, Certo, Ireland & Reutzel, 2011:40) within the scope of the applicants' perceptions about the institution as an employer of choice. Ashuri and Bar-Ilan (2017:72) regard this recruitment perception as a game of trust between recruiter and recruit which might be attributed to inadequate information and/or data (recruitment advertisements and recruiters) about the job choices (Rynes & Miller, 1983).

This means that signaling theory involves the interaction of two-parties, where one party requires information regarding one or more of the other party's characteristics that otherwise would not readily be discernible (Ashuri & Bar-Ilan, 2017:73). To entice applicants to join the institutions, Chapman, Uggerslev, Carrol, Piasentin and Jones (2005) conducted a meta-analysis to explain processes that are involved in job choice and their overall findings revealed that applicants are attracted to jobs by anticipated job-organisation characteristics, recruiter behaviour, the way the recruiting process and the job-fit is perceived, and hiring expectations. However, this analysis did not take into account the signaling theory which highlights the importance of institutional reputation and image. In the context of this research, signaling theory explains the pull and push factors that lead the potential applicants to either join or leave the hospitals. From a behavioural perspective, the manner in which the recruitment officer presents himself/herself to the candidate(s) mirrors the image of the institution which could actually be linked to the actual job decision.

### 2.6.3 Resource-Based View (RBV)

The resource-based view (RBV) theory has positioned itself within the strategic HRM (Rose, Abdullah and Ismad, 2010:489) of the institution regarding how best the recruitment and selection of public healthcare specialists can improve the performance of these hospitals in terms of health outcomes.

Within HRM, RBV has brought new insights for understanding how institutions should attract and 'control rare, valuable, and irreplaceable resources' (Barney, 1990; Porter, 1980) such as the public healthcare specialists. Flowing from Barney's deliberations, the Ngwelezane, the LURWMH and the Stanger Hospitals can improve their performance if they have public healthcare specialists who cannot be poached by competitors. In line with Barney's (2001) edition, these hospitals should constantly conduct skills audits to make sure that they still have suitable people with the required skills in the appropriate places. In the case of a deficit, the recruitment and selection criteria must be tackled. Ekwoaba et al. (2015:23) suggests that institutions recruiting and retaining high talented staff can achieve a human capital advantage. In this regard, the coherence and cohesiveness of the recruitment, selection and retention must be executed in such a manner that the competitors find it difficult to replicate such an HR activity. The resource-based view (RBV) theory has had considerable influence in making extremely difficult for competitors to replicate an entire system of aligned practices (Wright, McMahan & McWilliams, 1994; Lado & Wilson, 1994), even if competitors make an attempt to replicate such an HR practice they should discover that their recruitment, selection and retention strategy is not compatible with their broad institutional strategy. The theory contends that the success or failure of these hospitals is reliant on the quality of public healthcare specialists and the effectiveness of their working relationships.

### 2.6.4 Social exchange theory (SET)

From observation, these hospitals are experiencing a high attrition rate of public healthcare specialists and therefore, it would be appropriate to incorporate the social exchange theory (SET) (McGregor, Parker, LeBlanc & King, 2010:75) into recruitment, selection and retention criteria to enhance long lasting relationships. As the theory involves human interactions certain competencies such as trust and credibility are of great necessity to lure prospective applicants to join the hospitals. Careful attention must be given to details especially during the interview process because if the interviewer comes to the interview unprepared he/she is likely to lose both trust and credibility and it will be difficult to regain it. The next section explains a model that provides a sound basis for comprehending and developing the study's main objective (Chapter 1).

### 2.7 'HARD' AND 'SOFT' MODELS

This study aims to identify the HRM best practices and/or HRM best 'fit' model applicable to public sector institutions. The distinction between HRM and PM (section 2.4) indicated that HRM involves a 'fit' (Legge, 1995) between employee, management and the institution's strategic direction (Gabbai, 2001).

Gabbai (2001) argues that successful institutions have shaped their institutional culture to fit the overall strategy by integrating the employment practices and policies. While exploring the concept of 'fit' it became very clear that the concept HRM has frequently been described as a term with two dichotomies within the normative model: 'hard' model of HRM and 'soft' model of HRM (Alam & Mukherjee, 2014:33) which were applied to HRM rhetoric and HRM reality (Gill, 2002:2). Gill (2002:2) argues that the internal contradiction of hard and soft within HRM leads to a gap between theory and practice. Although the two dimensions are viewed as contrasting (Fleming, 2000), Edgar (2003) holds that it is possible to include elements of both models in the study's main objective (Radcliffe, 2005:52).

It will be problematic to incorporate elements of both models in a single model or theory because they each embrace different intellectual traditions which are largely dependent upon what is known as 'diametrically opposed assumptions' (Truss, Gratton, Hope-Halley and McGovern, 1997:55), namely: developmental-humanistic and utilitarian-instrumentalist. The argument surrounding whether or not to include elements of both models in a single model does not constitutes part of the discussion. Consistent with Edgar (2003) above, Thebe (2014:50) agree that recruitment and selection should incorporate the elements of both 'soft' HRM and 'hard' HRM. Table 2.1 depicts the distinction between 'soft' HRM and 'hard' HRM when applied in HRM rhetoric and HRM reality.

**Table 2.1: Differences between HRM rhetoric and HRM reality**

| Dimension | HRM Rhetoric | HRM Reality |
|---|---|---|
| Soft | - Termed as "Developmental Humanism" (Legge, 1995:66-67) due to its emphasis on "human" (Storey, 1987).<br>- Employees are treated as 'valued assets' and a 'source of competitive advantage' to derive high performance, high commitment, flexibility and high quality skills | - Highlights effective communication, sharing risks & rewards.<br>- Employees are united and have a strong feeling of identity (Vaughan, 1994:26). |
| Hard | - Stresses "Utilitarian instrumentalism" which regard employees as "resource aspect" (Legge, 1995:66-67).<br>- Employees are viewed as a cost that needs to be minimised<br>- Employees are treated as numbers with skills that should be deployed at the right price.<br>- Operates against 'human' interests as opposed to 'management' interests | - Employee are performing within the strategic control environment and hard framework, which is rule-bound. |

**Source: Adapted from Gill (1999:4)**

### 2.7.1 Soft approach to HRM

The 'soft' model of HRM, is known as the Harvard Model (Beer, Spector, Lawrence, Mills & Walton, 1984) and it suggests that individuals must be managed according to developmental-humanist principles (section 2.7). It regards employees as 'valued assets' and as a 'source of competitive advantage' (Köster, 2002) compared to 'resource'. They are seen as the most capable and worthy resource to achieve institutional goals (Fleming, 2000) and therefore, they have earned management trusts which in turn granted them autonomy to perform their duties with confidence (Köster, 2002). The model contained distinctive methods and approaches to managing human resources because of its roots to human-relations school and McGregor's Theory X or notions of `hermeneutical man' (Truss et al.,1997:54). Truss, Gratton, Hope-Hailey, McGovern and Stiles (1997:54) equated these theories with the notion of a `high commitment work system' (Walton, 1985b), that attempts to obtain a commitment that will prompt behaviour that is primarily self-regulated as distinct from behaviour that is controlled by censure and condemnation.

Based on the foregoing, the 'soft' model of HRM embraces the notion of empathy where, executive management recognise the employee's needs as articulated in Maslow's hierarchy of needs. In lieu of recognition, institutions attain competitive advantage through high performance and high commitment from employees because of the notion that employees deliver quality services if they are made to feel as business partners. Their happiness at work is critical to achieving competitive advantage and consequently, contributing to retention strategy. From the employment perspective, the model focuses on critical areas which management must take into account as a source of competitive advantage including the inflow and outflow of human resource in the institution (Ihuah, 2014:19; Rotich, 2015:69). Thus, human resource flow embraces the recruitment and selection processes that attempt to ensure that suitable candidates are posted to appropriate positions timeously. The institutions need to ensure that these individuals are retained for the sake of continuity and sustainability of services. Relevant to the section, the Harvard model suggests various situational factors and stakeholder interests which influence the HR policy choices (Maycock et al., 2015:15) and such stakeholder interests include government departments, executive management and trade unions (Fleming, 2000). There is an assumption that if these key stakeholders are unable to influence the HR policies, these hospitals would not be able to yield effective recruitment, selection and retention strategy for public healthcare specialists.

**2.7.2 'Hard' approach to HRM**

In contrast to the 'soft' HRM model, the 'hard' HRM model seeks to suggest that employees must be managed according to utilitarian-instrumentalism principles. This approach view employees as a 'resource' rather than 'humans' (Guest, 1987; Storey, 1992; Kessler & Bayliss, 1998) and therefore, they should be used and treated dispassionately like any factors of production (Gill, 2002:6). In this regard, the 'hard' model of HRM stresses 'quantitative, strategic aspects of the management of resources' in a 'rational' way (Armstrong, 2014:10). Based on the foregoing, employees can be bought from an auction as cheaply as possible and be exploited as much as possible (http://www.itc.scix.net). The 'hard' model of HRM consider employees as a cost (expense) that needs to be minimised rather than a potential competitive advantage (Gill, 2002:6). The danger is that they can be regarded merely as a passive objects that are treated as numbers with skills that need to be deployed at the best price.

As the performance of the 'hard' model of HRM is dependent in the strategic model of HRM developed by Fombrun, Tichy and Devanna (1984) which highlights the importance of the HRM strategy to achieve institutional goals and objectives (Ihuah, 2014:17), Truss et al., (1997:55) stress how important it is to achieve a `strategic fit' with regard to HR policies and practices. The HRM practices are linked to the institution's strategic objectives (external fit), that for a unity of purpose among themselves (internal fit) (Baird & Meshoulam, 1988; Hendry & Pettigrew, 1986), with the ultimate aim of achieving a competitive advantage (Alpander & Botter, 1981; Devanna et al., 1984; Lengnick-Hall & Lengnick-Hall, 1990; Miles & Snow, 1984; Storey & Sisson, 1993; Tyson & Fell, 1986). The study noted that the 'hard model of HRM operates against 'human' interests as opposed to 'management' interests as a way of achieving competitive advantage (Köster, 2002).

The 'hard' model of HRM may prove worthwhile in achieving competitive advantage for these hospitals, but treating individuals as commodities in a labour market (Kaye, 1999) might prove difficult in attracting and retaining public healthcare specialists for long periods. Fombrun et al. (1984) posits that the recruitment and selection has been identified as a critical HR practice to attract and retain public healthcare specialists to undertake the clinical tasks as determined by the hierarchical structure of these hospitals. As the institutional philosophy is linked to the 'hard' model of HRM, recruitment and selection strategy should be used to ensure that only those applicants that meet the institutional goals and objectives are recruited. The application of intelligent or psychometric assessment tests might prove useful in selecting the right candidates for the institutions.

As recruitment and selection process of public healthcare specialists is deemed to be an expensive and time-consuming process, retention plays a key role in sustaining the clinical services and therefore, management should strive to keep them happy.

### 2.7.3 Critical analysis of 'soft' and 'hard' HRM

Table 2.2 indicates that although HRM can be 'soft' in reality it is almost always 'hard', with the interests of the institution being placed above those of the individual (Armstrong, 2014:10). Interestingly, both Guest (1987) and Storey (1992) incorporated elements of soft HRM (commitment, flexibility and quality) and hard HRM (strategic integration, commitment and flexibility) when they constructed their HRM models. For example, Guest's model contains 'strategic integration' (section 2.9.3) as one of the four policy goals which is closely linked to 'hard' HRM and `commitment' (section 2.7.2) and is associated with 'soft' model. In a similar context, Storey's model also captures 'commitment' as 'soft' HRM and 'strategic direction' (section 2.7.1) as 'hard' HRM. However, these models will be explained in detail in the subsequent headings (section 2.9). Based on Table 2.2, almost all institutions have a combination of both hard and soft approaches. Hence, Thebe (2014:50) suggested that recruitment and selection should incorporate the 'soft' and 'hard' dimensions of HRM. Careful attention must be given to both internal and external factors as each institution possesses unique and distinct features. The typology of soft' HRM and 'hard' HRM have formed the basis of what is to be known as universal HRM 'best practice' and HRM 'best  fit' model. The next section examines the HRM 'best' practices and the HRM 'best fit' models that could be replicated and adapted to fit the institutional cultures of the hospitals.

### 2.8 OVERVIEW OF HRM 'BEST PRACTICE' AND HRM 'BEST FIT' MODEL

The study sought to identify the 'best' practice HRM and/or HRM 'best fit' model to enable the three hospitals to remain competitive in the open labour market. According to Paauwe and Boselie (2005:6), HRM 'best practices' are considered universalistic in nature (Pfeffer, 1994) but there are others who argue that there are only 'best fit' practices involved in HRM (Wood, 1999), and that HR practices should depend on the specific (internal and external) context. Paauwe and Boselie (2005:6) argue that both streams might be correct in their own individual contexts. Both concepts of HRM 'best fit' model and HRM 'best practice' have been widely used in strategic management due to their association with RBV (Sajeevanie, 2015:5). Strategic management will be discussed at length in the subsequent sections. Strategic management seeks to identify the resources that can make the hospitals achieve competitive advantage (Maijoor & Witteloostuijn, 1996) such as the employment of public healthcare specialists. To achieve competitive advantage requires the application of the 'fit' theory which may be logical but it is difficult to prove (Strauss, 2001:889).

Paauwe and Boselie (2005:7) makes a distinction between: internal fit, organisational fit, strategic fit and environmental fit. The 'fit' that involve employees' perceptions on whether the HR praxis is aligned with institutional values and objectives, is missing in the distinction. Several authors in HRM have mentioned the importance of the fit between institutional strategy and HRM strategy (Armstrong, 2006:138). Strategies must focus on achieving the needs of both the individuals and the institution. This idea has been captured by Fombrun et al. (1984). They propose Michigan or 'Matching' model of HRM (Armstrong, 2014:9). Although strategy has been used by many institutions including government sectors as a way of survival to achieve competitive advantage, there is no compelling evidence to support this proposition (Purcell, 2004). Huselid (1995) reports that he cannot find any empirical evidence to support the claim of increased performance as a result of aligning the institutional with the HR strategy of an institution. This theme will be elaborated on in the discussion of both streams (sections 2.8.1 & 2.8.2) (Bowen & Ostroff, 2004).

**2.8.1 HRM 'best practice' approach**
The HRM 'best practice' approach is assumed to be universalistic in nature hence, Keegan and Francis (2010:873) noted that HRM 'best practices' have become a business issue and they are presumed to be the best in any environment. The human capital theory informs universalistic approaches (section 2.6.1), thus, stressing 'the notion that HR practices are a linear relationship with employee knowledge, skills, and abilities' (Innes & Wiesner 2012:33). It is assumed that the universality of the HRM 'best practices' is likely to influence institutional performance (Timiyo, 2014:9). This implies that certain HRM practices such as the recruitment, selection and retention exist in all institutions regardless of the size (Sajeevanie, 2015:3) and the collective use of this HR activity is perceived to have a potential of reaching a competitive advantage (Redman & Wilkinson, 2009). Clearly, these hospitals are likely to benefit if they adopt this HRM practice in terms of producing better health outcomes (Armstrong, 2006:95 & 138). Waiganjo, Mukulu and Kahiri (2012:64) asserted that the notion of universality of the HRM 'best practices' has been overstated because every institution has unique and distinctive HRM practices. This implies that the strategy that works well for one institution might not work well in another institution. In spite of the argument, Swanepoel et al. (2000:8-10) explain that the bundles of HR practices are new and very distinct to managing people and are contained in Pfeffer's model which serves as an example of HRM 'best practices'. The model specifies seven (7) important HR practices:

    (i)      employment security;
    (ii)     selective hiring;
    (iii)    self-managed teams;

(iv)     high compensation contingent on performance;

(v)     training;

(vi)     reduction of status differentials; and

(vii)     sharing information (Armstrong, 2006:65).

Chow (2004) also identified and categorised HRM 'best practices' into seven (7) important HR practices which include formalised HR system, and recruitment and selection (Timiyo, 2014:9). These characteristics constitutes the HRM 'best practice', explains Radcliffe (2005:52). The principle underpinning HRM 'best practice' is the valuing and rewarding of employee performance (Radcliffe, 2005:52). From an observational point of view, the HRM 'best practices' are concerned with the issues affecting the employment relationships such as the HR policies guiding the effective implementation of the recruitment and selection process. Emanating from Timiyo's (2014:10) assertions, the HRM 'best practices' involved three (3) important areas (Sung, Ashton & Britain, 2005), namely: reward and commitment, high employee involvement and HR practices. This is an indication that HRM 'best practice' is leaning towards the 'soft' model of HRM. The study of Paauwe and Boselie (2003) seems to suggest a strong link between HR practices (recruitment, selection and retention) and institutional performance, thereby enhancing high commitment and flexibility of management.

Although the relationship between HR practices and strategy has been studied extensively (Wright & McMahan, 1992, Wright & Snell, 1998), Wei (2006) affirmed that in the absence of empirical evidence, this fit is relatively weak by comparison with the relationships that exist between internal HR practices. From the perspective of RBV (section 2.6.3), Wei (2006) further argued that the HR systems must be aligned with the institution's strategy to achieve competitive advantage. Careful recruitment and selection should be supported by relevant HR systems and procedures (Ofori, Sekyere-Abankwa & Borquaye, 2012:159). The HR systems and procedures enable HRM practices to function in a coherent fashion by utilising its policies, programmes and strategies. It is therefore, assumed that effective implementation of such policies and strategies could enable these hospitals to enhance the recruitment, selection and retention. However, the antagonists of HRM warns that the bundles of HRM 'best practices' which are claimed to be universalistic in nature exist 'in theory and not in practice' (Timiyo, 2014:8) and therefore, they might take the institutions into a utopian (idealistic) *cul-de-sac.* Nonetheless, the study does not doubt the cordial relationship that exists between the bundles of HRM 'best practices' particularly, the recruitment and selection and institutional performance. Institutional performance depends on the type and calibre of employees recruited and retained by the institution.

**2.8.2 HRM 'Best Fit' Approach**

Whilst the HRM 'best practices' approach claims to be universalistic in nature, the HRM 'best fit' approach (Delery & Doty, 1996) refutes the idea that there is a universal panacea for HRM issues (Arachchige & Robertson, 2015:18), hence, they take the form of a contingency approach (Boon, 2008:15). From the perspective of contingency theory, the relationship between HRM policies and practices, on one hand, and on the other, institutional performance will depend on factors such as the size of the institution, location, use of technology and degree of unionisation (Paauwe, 2004:53). According to Arachchige and Robertson (2015:18), the contingency approach tailors the HRM practices including the recruitment, selection and retention to the context of an institution's strategy. The contingency approach emphasises the interactivity of variables within the context of HRM. According to Marques (2012:98), there is no formal relationship between HRM practices such as the recruitment, selection and retention, and institutional strategy (Delery & Doty, 1996; Guest, 1997). The HRM practice form part of the HR strategies that should be aligned with institutional strategies (section 2.7). The former is concerned with delivery of high quality health outcomes while the latter is concerned with matching the employee's role behaviour in terms of the hospital's mission statement, values and goals (Wilton, 2011). The alignment is intended to achieve the needs of both the hospital and public healthcare specialists (see Schuler & Jackson, 1987; Redman & Wilkinson, 2009).

This view is supported by Boxall and Purcell (2008) who maintain that institutions are likely to fail in achieving their objectives if they do not adapt to their environment (culture, structure, technology and processes). There is sufficient empirical evidence which suggests that the linkage between HR strategy and institutional strategy leads to improved institutional performance. For example, Phanwattana and U-on (2017:29) reported that the study of Andersen, Cooper and Zhu (2007) found that in Australia, the alignment of institutional strategy with HR strategy has positive effects on institutional performance. Phanwattana and U-on (2017:29) also report that the application of the same strategy in Greece resulted in improved institutional performance (Katou & Budhwar, 2010) while in Turkey the strategy influenced the employees' skills (Collings, Demirbag, Mellahi & Tatogluet, 2010). The three studies suggest that the dimension of strategic HRM (SHRM) (Muduli, 2012) plays a critical role in achieving increased institutional performance. From the perspective of HRM 'best fit' approach, the contingency approach stresses the paradigm shift from HRM universalistic approach (micro) to a more HRM holistic approach (macro) (Marques, 2012:98). This shift is associated with the SHRM (Marques, 2012:99) which has a strong implication of RBV (Allen & Wright, 2006:6).

Agbodo-Otinpong (2015:30-31) explain that SHRM should be seen as a way in which HR practices are linked to the institution's strategic objectives to improve performance. Strategic HRM scholars such as Farnham (2010) and Boxall and Purcell (2011) maintain that the calibre of the employees determines an institution's performance in carrying out strategies of the institution. It is crystal clear from the above discussion that SHRM is concerned that the HR practices, policies and programmes should align with the institution's strategic plans (Paauwe, 2009). The bundles of HR practices consist of, for example, the recruitment, selection and retention, and are minted in the HR policies. The contemplation of the bundles of HR practice requires strong connection between the recruitment, selection and retention, and HR policy choices to achieve the goals and objectives of the institutions. The aforementioned idea is supported by Armstrong (2006:95 & 138) who also advances the notion that the recruitment, selection and retention contained in the bundles of HR activities can be employed to increase service delivery outcomes.

From the strategic perspective, the performance of the recruitment, selection and retention is in the hands of the HR practitioners/specialists who are regarded as the first-level strategic partners in the process of management decision-making. It is of critical importance that HR practitioners/specialists consider the social, economic, political and technological aspects when developing HR strategies aimed at attracting, recruiting and retaining public healthcare specialists in these hospitals. The study by Legge (2005) cautioned the HR practitioners/specialists about the complexity of linking the HR strategy with institutional strategy in the changing environment. In a highly competitive labour market, these hospitals should adopt a strategic approach to retain public healthcare specialists as they are regarded as the essence of health outcomes.

### 2.8.3 Perspective of HRM 'best fit' approach and HRM 'best practice' approach

Theoretically, the hospitals under study are in an ideal context for the successful implementation of the HRM 'best fit' and HRM 'best practices' approaches as they attract, recruit and retain highly skilled public healthcare specialists. Both approaches seek to offer these hospitals powerful instruments for shaping the recruitment, selection and retention. From the above section, the study has observed a series of disadvantages. For example, it is not possible for the application of bundles of HRM best practices to yield positive outcomes for the institutions due to, for example, language differences (Sims, 2007). Milkovich and Newman (2002) argue that HRM best practices is silent with regards to the linkages between HR and institutional strategies.

The HRM best practices is minted by the belief that the institutional strategy will be influenced by employees who are deemed to be high performers. The analysis of HRM best practices approach suggests that a 'one size fits all' strategy might be harmful to the institution's strategic objectives (Morris & Maloney, 2005). Similarly, HRM 'best fit' approach due to its reliance on contingency approach (section 2.8.2) tend to overlook the environmental factors that can lead to the failure of the HR practice, that is, the recruitment, selection and retention (UK Essays, 2013). Boxall and Purcell (2003) explain that institutions should adjust their entire HR systems to suit new challenges presented by a changing environment. In the absence of a single HRM best strategy, HR practitioners/specialists should analyse and adapt both concepts of HRM 'best fit' and HRM 'best practices' to the needs of the hospitals under study to achieve competitive advantage through the recruitment, selection and retention.

In contrast to this revelation, Purcell's assertion above indicated that institutions should not pay much attention to both HRM 'best fit' approach and HRM 'best practice' approach but rather focus on processes of HRM practice, namely, the recruitment, selection and retention so that they can 'avoid being trapped in the logic of rational choice' (Boxall & Purcell, 2003). The search for the best model is constrained by the variation of contingent variables which are impacting on one another thus, raising difficulty of linkage. The absence of mutual consensus on what constitutes the HRM 'best fit' model or HRM 'best practices' (Radcliffe, 2005:53) renders difficultly in replicating the framework that could be adapted to fit the institutional cultures of these hospitals. The absence of such a framework creates the need for this study to add value to the existing body of knowledge. It is deemed necessary to examine the theoretical perspective that explains various models that provide validation of HRM practices (Dyer & Reeves, 1995; Delaney & Huselid; 1996; Becker & Gerhart, 1996).

## 2.9 THEORETICAL PERSPECTIVE: MODELS FOR HUMAN RESOURCE MANAGEMENT

The proliferation of ideas between the 19th and 21st centuries led to the introduction of the concept HRM in the USA (Chapter 5). The concept recognises human resources as a vital resource in strategic management. According to Price (2007), HRM is the attraction, selection, retention to achieve both employee and institutional objectives. While exploring the impact of HRM on institutional performance, various models showing the links between HRM practices (recruitment, selection and retention) has been developed. This study will offer an analysis of the following four (4) models: (i) The Fombrun, (ii) The Harvard, (iii) The Guest, and (iv) The Warwick. The first two models were pioneered during the 1980s and are assumed as the basis of future models of HRM. Agyepong, Fugar & Tuuli (2010:526) emphasised that these models are linked to the HRM 'best practice' (outcomes) and the HRM 'best fit' model (contingency approach/strategic fit) (Hope-Hailey et al., 1997).

This implies that each of these models is leaning towards either 'soft' HRM approach or 'hard' HRM approach. Bratton and Gold (2012:18) hold that these models represent four (4) or more important intellectual contributions to HRM:

(i) They provide an analytical framework for studying aspects of HRM such as HR practices, situational factors, stakeholders, strategic choice levels and performance outcomes;

(ii) They legitimise HRM. For those advocating 'Invest in People', the models help to demonstrate to sceptics the legitimacy and effectiveness of HRM. A key issue here is the distinctiveness of HRM practices: 'it is not the presence of selection or training but a distinctive approach to recruitment, selection and retention that matters. It is the use of high performance or high commitment HRM practices' (Guest, 1997:273);

(iii) They provide a characterisation of HRM that establishes the variables and relationships to be researched; and

(iv) They serve as a heuristic device – something to help us discover and understand the world of work – for explaining the nature and significance of key HR practices and HR outcomes.

### 2.9.1 The Fombrun, Tichy and Devanna model of HRM

Fombrun, Tichy and Devanna (1984) propounded the Michigan or Matching model of HRM (Armstrong, 2014:9) or HRM 'best fit' approach (Sharma, 2009:82) which emphasises the importance of establishing a close relationship between both HR strategy and institutional strategy (section 2.8). This is an indication that Michigan/Matching model is inclined to lean towards the 'hard' HRM approach. Based on the 'tight fit' strategy, employees must be matched with jobs according to the hierarchical structure of the institution. The hierarchical structure developed in terms of the HR strategy will determine the quantity of the individuals required to achieve the institutional objectives. Both the pre-eminence and pre-dominance of the institutional strategy seek to suggest that employees should be regarded as 'resource' that must be used and treated dispassionately like any other factors of production such as equipment and raw materials. It is unfortunate that the Michigan/Matching model adopted a similar approach as that of 'hard' HRM model which view employees as a 'resource' that can be bought from an auction as cheaply as possible and be exploited as much as possible to achieve institutional goals (section 2.8.2).

In fact, the Michigan/Matching model is less humanistic in nature and hard as it relies heavily on instrumental values. Jackson (2000:3) argued that in South Africa, HRM practices must be structured along 'humanistic' values (Saunders, 1998) to address the needs and expectations for indigenous African people. Humanism value employees as an end in themselves, and having a value for themselves and of themselves within an institutional context (Jackson, 2000:3). HRM is the attraction, selection, retention of human resources to achieve both employee and institutional objectives (section 2.9). From an HRM perspective, the Michigan/Matching model argues that within the HR cycle, there exists the four (4) interrelated HR processes which are performed in all institutions irrespective of the size, namely (Sharma, 2009:82):

(i)  Selection -  similarly with 'tight fit', selection emphasises matching the individuals to jobs as per the hierarchical structure;
(ii)  Appraisal - the performance of individuals must be appraised in terms of performance management systems (PMS) to earn rewards;
(iii) Rewards - the reward system drives the institutional performance and its focus is on short- and long-term achievements; and
(iv) Development -  to achieve institutional performance in terms of superior competitive advantage individuals must be developed to acquire new fresh skills.

The institutional objectives can be achieved, meaningfully, through application of these four HRM practices. However, their contributions are viewed rather elusive due to the incompleteness of the model which revolves around selection only. These processes are schematically depicted in Figure 2.2.

**Figure 2.2: The Michigan/Matching Model**
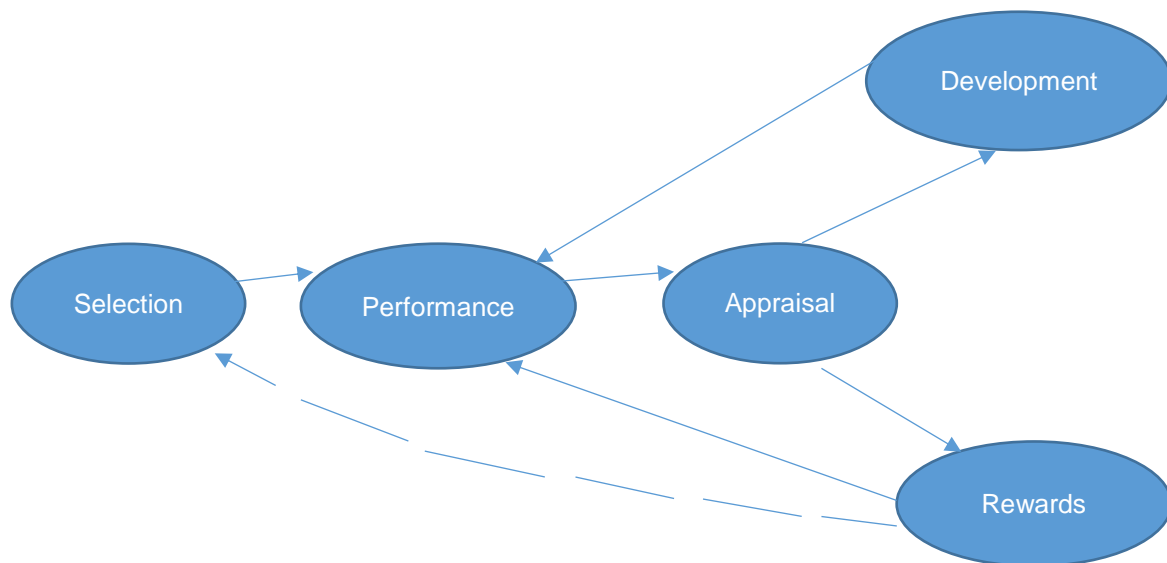


**Source: Fombrun, Tichy & Devanna (1984)**

From the employment perspective, selection is a process of exchange or negotiation between the interviewer and the interviewee (Quader & Jin, 2011:10). This process is inconsistent with the social exchange theory (section 2.6.4). The main aim of a selection process is to determine whether an element of P-O fit or P-J fit exists. This determination would signal whether an applicant can be selected, and retained in an institution. The signaling theory explained that attraction is based on the environment which matches the individual or personal characteristics. In this regard, a constellation of values and beliefs (Chapter 6.2) plays a critical role in making a decision. For successful high commitment, flexibility and quality from the applicant, the institution must become receptive to the new recruit. On completion of the selection process both parties should establish whether an element of fit exists thus, retention strategy comes to the fore. However, in certain circumstances it will be necessary to complement the interview process with a cognitive test to increase the predictive validity (Quader & Jin, 2011:27). Apart from cognitive tests, assessment centres have been suggested and praised as they are able to draw a variety of skills from the applicant compared to, for example, one-to-one semi-structured interviews.

Although the model stresses the cohesiveness and coherent of HR processes, it ignores the most strategic aspects of HRM practices, that is, the recruitment and retention which are the focus of this study. The study believes that the incorporation of these strategic aspects into the model could assist the institutions in their quest to achieve their strategic objectives (Chapter 1). Moreover, this model did not consider the environmental and contingency factors as well as stakeholders interest affecting the recruitment and retention.

However, Bratton and Gold (2012) argue that the model did capture the alignment of HR bundles with external situational factors and institutional strategy. The HR bundles are considered as precursors to HRM in practice. The model is viewed as too prescriptive as it focuses on the selection only in terms of the recruitment, selection and retention's investigation.

### 2.9.2 The Harvard model of HRM

The Harvard model/map of HRM as pioneered by Beer, Spector, Lawrence, Quin, Mills and Walton (1984) was dubbed by Boxall (1992) as 'Harvard Framework' (Figure 2-3) based on the belief that institutions demand 'longer-term' strategic and comprehensive approach towards managing human resources (Agyepong et al., 2010:526). The model emphasises the element of the human factor (soft HRM) in HRM and acknowledges that employees are not only the production resources but there is individuality within themselves. The Harvard model therefore, requires line managers to take responsibility for four (4) HR policy areas that are of major concerns for various stakeholders including the government and the trade unions. These concerns are demonstrated in Figure 2.3.

**Figure 2.3: The human resource cycle**
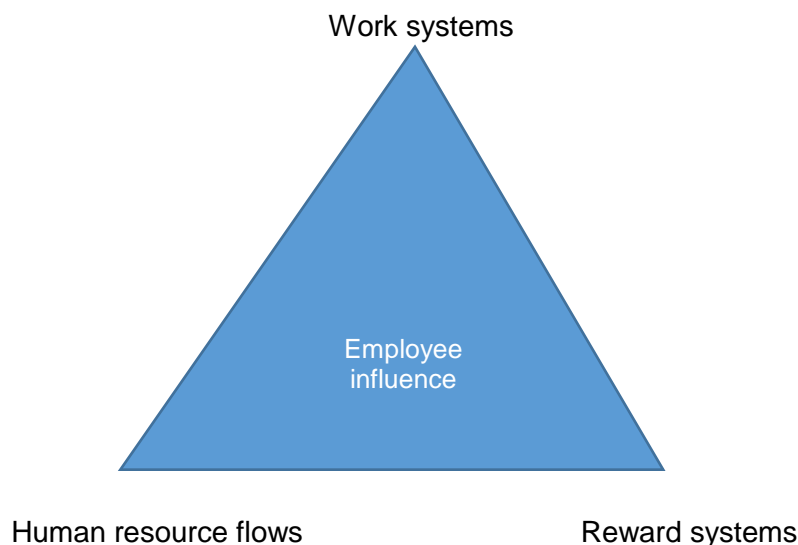


**Source: Beer, Spector, Lawrence, Quin, Mills & Walton (1984)**

(i)    Human resource flows - recruitment, selection, placement, promotion, appraisal and assessment, promotion and termination.
(ii)   Reward systems - pay systems and motivation.
(iii)  Employee influence - delegated levels of authority, responsibility and power.

(iv) Work systems - definition/design of work and alignment of people (http://www.ijetsr.com)

For purposes of this study human resource flows are utilised for recruitment and selection (Chapter 3) to place public healthcare specialists against a well-defined hierarchical structure of the hospitals to achieve institutional objectives. Having recruited and placed them on the establishment of the institutions, they become entitled to either monetary or non-monetary rewards. To retain them longer, the government introduced the payment of scarce skills and Occupations Specific Dispensation (OSD) allowances for critical scarce skills employees including public healthcare specialists as part of the reward system. Employee influence has been exemplified by the delegation of the recruitment and selection to line managers (section 2.5). Job descriptions and job specifications clarify the work of public healthcare specialists instead of tasks as with classical approaches. The Harvard model (see Figure 2.4) is acknowledged for enhancing high employee commitment that leads to better job performance (Beardwell, Holden & Claydon, 2004). In terms of recruitment and selection, the model embraced the elements of suitability and flexibility in its selection criteria which are compatible with the best fit strategy for public healthcare specialists. Consistent with the thrust of the study, Beer et al. (1984) emphasised the role of line managers in the recruitment and selection process.

Beer et al. (1984) suggest that line managers should be responsible for promoting the 'alignment of competitive strategy and HR policies' (Agyepong et al., 2010:526). These HR policies should shape and guide the recruitment and selection process. The aspect of mutuality in terms of mutual responsibility elicits commitment from employees (Wood, 1995), thus yielding both better health outcomes and developmental-humanism. The Harvard model is viewed as too prescriptive as it focuses on recruitment and selection only in terms of the phenomena's investigation, thus neglecting the retention which is the focus of this study as well. The study believes that the incorporation of all three strategic aspects into the model could assist these hospitals in their quest to achieve their strategic main objective (Chapter 1). From the Asian-Pacific perspective, the Harvard model has been implemented by the public service institutions and has been considered as an ideal model in Australia. It is believed that the model has been instrumental in addressing problems relating to inappropriate working conditions which are deemed to be the constraint to recruiting and retaining public healthcare specialists in these hospitals. The model places emphasis on healthy practices that help to create a sustainable intervention that will last for a longer period of time. This approach has helped both the employees and institutions grow simultaneously, thus leading to the benefit of

four C's, namely: congruence, commitment, cost effectiveness and competence because they are strategically linked to institutional objectives (Nyambegera, 2017:27).

The Harvard model comprises six interrelated components: situational factors, stakeholder interests, HRM policy choices, HR outcomes, long-term consequences and a feedback loop through which the outputs flow directly into the institution and to the stakeholders (Agyepong et al., 2010:526). Figure 2.4 below portrays the interrelationship of HRM activities which are embodied in the strategic direction and those include: recruitment, selection, human resource policies, employees' wellness, reward system and institutional strategy.

**Figure 2.4: The Harvard Model**
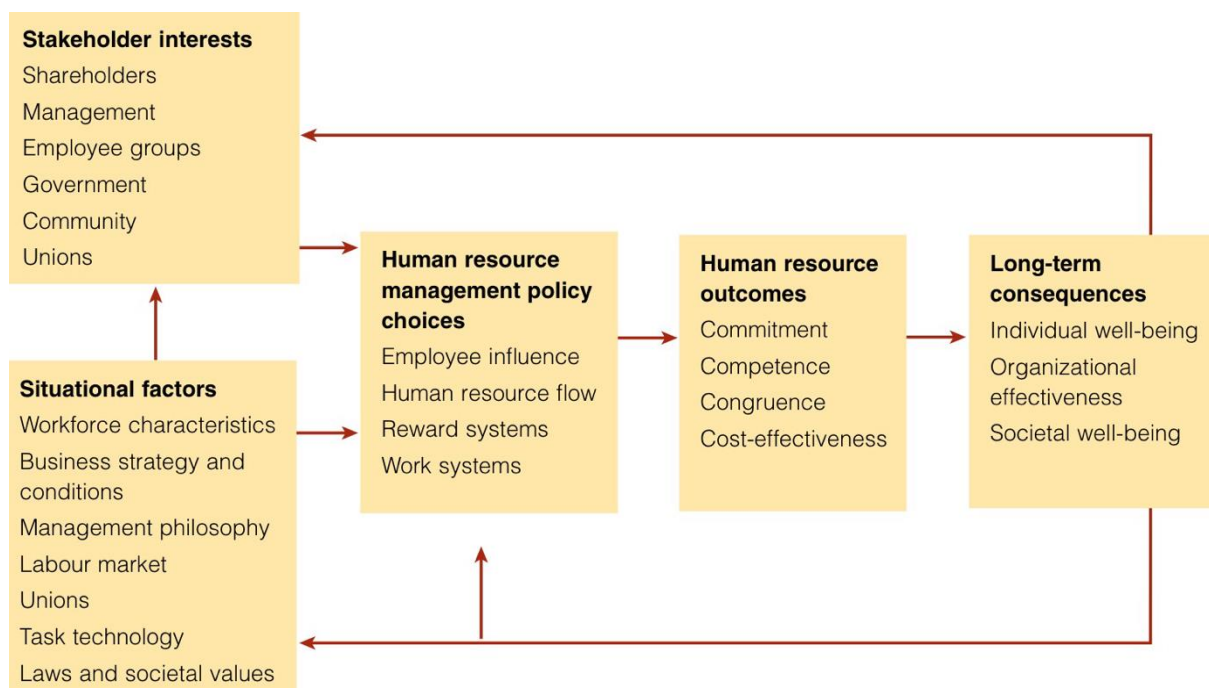


**Source: Beer et al. (1984 cited in Agyepong et al., 2010:526)**

Although the following discussion does not fall within the ambit of the concerns of this study, it is worth highlighting the key aspects of the model as they have an impact on recruitment and selection. The model acknowledges that employees have their own needs and concerns, similarly to shareholders, government, trade unions and community. According to Beer et al (1984), these stakeholders play an important role in influencing HR policies. Beer et al. (1984) argue that if not, "the enterprise will fail to meet the needs of these stakeholders in the long run and it will fail as an institution". Apart from stakeholders' roles, there are situational factors which are likely to constrain the development of HR policies, while they may influence its development. These situational factors include: laws and societal values, labour market

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conditions, trade unions, work-force characteristics, business strategies, management philosophy, and task technology.

To conclude, the Harvard model is a valuable analytical tool with which to study HRM as it contains analytical elements such as situational factors, stakeholders concerns, strategic choice levels and it is prescriptive in the sense that it promotes commitment and competence (Bratton & Gold, 2012:20). The Harvard model combines HR practices of recruitment and selection with the exception of the retention which is vital for this study. Based on the Harvard model, it appears that the relationship among the three variables, namely: recruitment, selection and retention is rather elusive because institutions are struggling to make policy choices in a structured and consistent manner to attract and retain public healthcare specialists.

### 2.9.3 The Guest model of HRM

To achieve institutional goals, require institutions to develop the strategic framework to manage employees. The framework is embedded in the SHRM, and therefore, it is expected that these hospitals apply a strategic model to achieve their objectives. These objectives could be achieved through the use of the Guest model to identify public healthcare specialists as well as policy development. Based on the model, the executive management (EXCO) should prioritise the recruitment, selection and retention of public healthcare specialists to improve health service outcomes. Consistent with the model, the HR managers should help in analysing the utilisation of current human resources to identify the shortage or surplus of advanced clinical skills. For this purpose, the HR managers rely on the information supplied by line managers to analyse the issues that impact on the recruitment and selection. This information enables the Heads of Clinical Departments/Units (HoDs), Assistant Nurse Managers (ANMs) and Operational Manager (OM) to plan staff allocation.

Based on SHRM, the application of recruitment and selection should enhance the elements of consistency, transparency and suitability (Kirton & Greene, 2015). Such analysis is guided by the provisions of section of 11(1)(a)(b) of *The Public Service Act, 1994*, as amended (Chapter 4.5.9) which forbids discrimination and bias in the recruitment process, particularly during the interview process. These hospitals have statutory and regulatory framework at their disposal to guide and manage fair recruitment and selection processes. It is assumed that discrimination is inherent in the recruitment and selection processes, on one hand while on the other, the Constitution embraces elements of fairness, equality and diversity. Therefore, the role of the HR managers in these hospitals is of paramount importance in monitoring such processes to maintain transparency, openness and suitability according to the prescribed criteria. Of necessity is the training of selection panels to manage the process effectively. The

training would enable the selection panel to select the appropriate individuals at the particular jobs (Beer et al., 1984).

For this study, the Fombrun et al. (1984) and Beer et al. (1984) models identified 'selection' (section 2.9.1) and 'recruitment and selection' (section 2.9.2) as HR practices responsible for the achievement of the institutional strategic objectives, respectively. As shown in Figure 2.5, Guest (1987) share similar sentiments with Fombrun et al. (1984) (Bratton & Gold, 2012:21).

**Figure 2.5: The Guest model of human resource management**.

| HRM strategy | HRM practices | HRM outcomes | Behaviour outcomes | Performance outcomes | Financial outcomes |
|---|---|---|---|---|---|
| Differentiation (innovation) | Selection | | Effort/ motivation | High: Productivity Quality Innovation | Profits |
| | Training | Commitment | | | |
| Focus (quality) | Appraisal | | Cooperation | | |
| | Rewards | Quality | | Low: | Return on investment |
| Cost (cost-reduction) | | | Involvement | Absence | |
| | Job design | | | Labour turnover Conflict | |
| | Involvement | Flexibility | Organizational citizenship | Customer complaints | |
| | Status and security | | | | |

**Source: Guest (1987)**

Marsden (2002:21) holds the view that all seven (7) HR policy practices are interrelated and that they enhance the output of the high-quality employees who are adaptable and who show commitment to their institutions. In this research context, 'high-quality employees' refer to public healthcare specialists who are the essence of health outcomes. According to the Guest model, institutions should ensure that all three (3) HRM outcomes (commitment, quality and flexibility) are achieved to realise an improved behavioural outcomes of increased effort/motivation, co-operation, involvement and institutional citizenship and performance outcomes. For clarity purposes, employee commitment refers to the idea of binding employees to the institutions. These HR policy practices must be integrated with institutional strategies to realise their effectiveness which will ultimately, increase health outcomes. This thinking is in line with the Guest model which also emphasises the relationships between HRM practices (recruitment, selection and retention) and institutional strategy whereas Fombrun et al (1984) stressed that the HRM practices are interrelated in nature (section 2.9.1). The Guest model has suggested that HRM should focus not only on selection and recruitment but should also develop a plan to retain public healthcare specialists to complete the model in terms of the recruitment, selection and retention's investigation. The strength of this model lies in the fact

that it shows coherence, cohesion and concurrent of HRM policies and HRM practices aligned to the institutional strategy.

For these hospitals, the performance of the recruitment, selection and retention is key to the achievement of quality health outcomes. Job descriptions and job specifications form the basis of the recruitment, selection and retention (Zaki, 2014:18). It is expected that job descriptions should provide the competencies required to perform the job effectively by encouraging the flexibility of public healthcare specialists. Lastly, the above analysis suggests that the overall performance of these institutions is dependent on the functioning of each component as well as their alignment with the institutional strategy.

### 2.9.4 The Warwick model of HRM

Hendry and Pettigrew (1990) pioneered the development of the Warwick model at the Centre for Corporate Strategy and Change, University of Warwick, United Kingdom (Bratton & Gold, 2012:22). The model draws on the Harvard and Guest models to analyse HR practices. The model reflects the integration of inner and outer contexts with institutional strategy. According to the Guest model, HR practices of the recruitment, selection and retention enable the internal and external contexts to be integrated with institutional strategy. Thebe (2014:57) confirms the integration of the recruitment, selection and retention with institutional strategy. Figure 2.6 illustrates the external and internal environmental factors of the Warwick model.

**Figure 2.6: Warwick model**
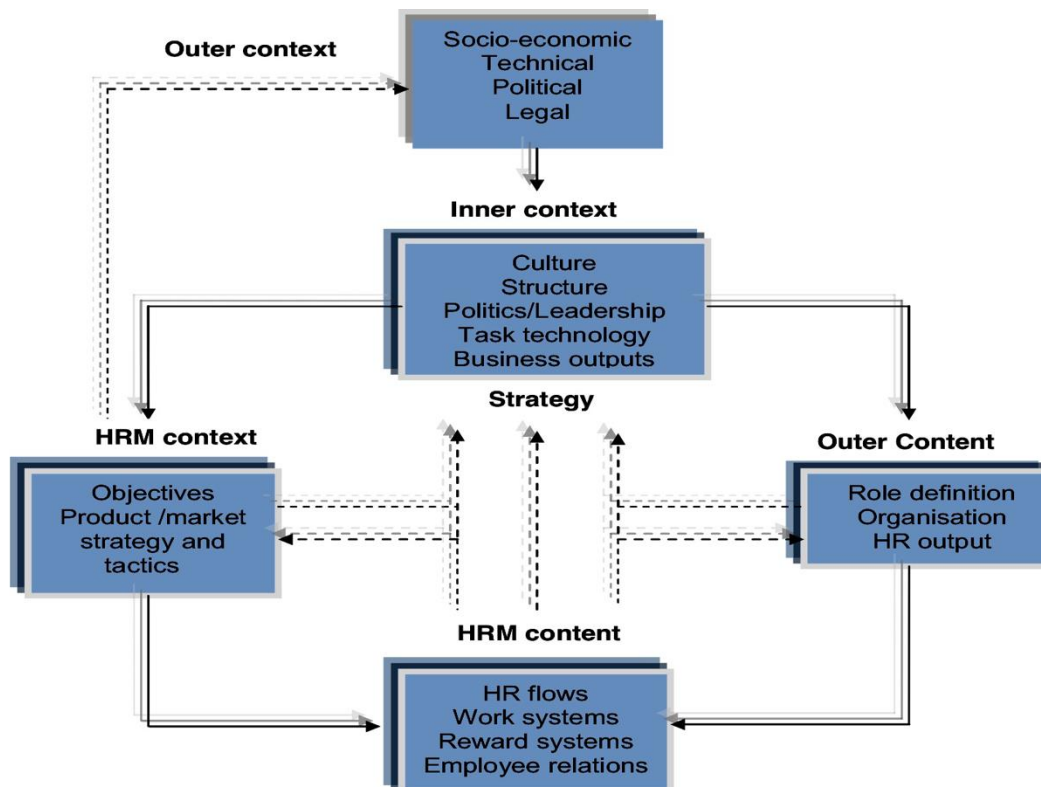
**Source: Hendry and Pettigrew (1990; Legge, 2005 cited in Thebe, 2014:58)**

The Warwick model has five elements:

(i) Outer context: socioeconomic, technical, political-legal, competitive

(ii) Inner context: culture, structure, leadership, task-technology, business outputs

(iii) Business strategy content: objectives, product market, strategy and tactics

(iv) HRM context: role, definition, organization, HR outputs; and

(v) HRM content: HR flows, work systems, reward systems, employee relations.

Figure 2.6 suggests that the HR flows of the recruitment, selection and retention are influenced by internal and external contexts. Given that the Warwick model does not fall under the domain of the study, the connections between the outer and the inner contexts remains important as it impacts on the recruitment, selection and retention. The model explains how the recruitment, selection and retention adapt to changes within context. Paradoxically, the model does not show the linkages between the internal HR practices and institutional performance such as health outcomes. The study attests that the paradigmatic development of the models (sections 2.9.1 – 2.9.4) have embraced the theoretical exposition of the recruitment, selection and retention (Chapter 1). These models highlighted different strategies to attract employees into the workplace. The following commonalities have emerged from the analysis of the HRM models discussed above:

(i)     The integration of HR strategy with institutional strategy;

(ii)    Recognition of the HRM 'hard' and HRM 'soft' approaches with regards to HRM models; and

(iii)   Recruitment and selection practices were used to attract, select and retain the employees.

For purposes of this study, the models provided an analytical framework for the recruitment, selection and retention and these factors are regarded as interrelated. The interrelationship of these factors suggests that these hospitals should develop an instrument that will elicit and explain this HR activity.

## 2.10 SUMMARY

This Chapter explored definitions of HRM with the intention of identifying an appropriate working definition for the study. The chapter focused on the paradigm shifts from PM to HRM whilst simultaneously, exaploring the increased need for HRM. The  exploration was followed

by a discussion on the following theories underpinning HRM: (i) human capital, (ii) signaling, (iii) resource-based view and (iv) society exchange theory.

These theories explained the relationship between the HRM and the institutional strategies as well as the importance of contingency and universal approaches. The chapter also identified a model that provided a sound basis for comprehending and developing the study's main objective with emphasis on the HRM 'soft' and HRM 'hard' approaches. It examined the HRM 'best' practices and the HRM 'best fit' models that could be replicated and adapted to fit the institutional cultures of the hospitals under study as well as the HRM models, namely: (i) The Fombrun, (ii) The Harvard, (iii) The Guest, and (iv) The Warwick. These models were examined with the intent of mimicking the HRM practice of recruitment, selection and retention. The Chapter found that the models are leaning towards either 'soft' HRM approach or 'hard' HRM approach. The next chapter explores HRM with particular focus on the recruitment, selection and retention.

**CHAPTER 3**

**THEORETICAL PERSPECTIVES:  RECRUITMENT, SELECTION AND RETENTION**

## 3. INTRODUCTION

Chapter 2 conceptualised HRM. This chapter explores how different schools of thought, approaches and theories have influenced the thinking around HR activities namely, job analysis, job description, job specification, job evaluation, human resource planning, recruitment and selection. Recruitment and selection methods has changed dramatically as institutions in the 21st century seek to obtain the perfect method of recruitment and selection of employees instead of focusing on the filling of vacant position(s) as was the case with personnel management (PM). Quinn (2014:12) agrees that methods of recruitment and selection have evolved over the years. Heynes (2007:9) affirm that a new model for HRM will lead to a shift in approaches toward the management of human resources including recruitment and selection. Cook (2004) suggested a classic trio of requirements for recruitment and selection. Firstly, an application form including a Curriculum Vitae (CV), secondly an interview, and additionally references. This study contends that there are better methods which are strategic in nature to attract and predict the suitability of employees.

The three hospitals are faced with a challenge of securing critical scarce skilled employees with appropriate advanced clinical qualifications and skills and therefore, health outcomes are likely to be affected. The above challenge exists because there is a lack of systematic method for recruiting and selecting employees (Ekwoaba et al., 2015:24). The human resource factors that are entailed in the systematic recruitment process, involve the identification of vacancies, job specifications, required candidate qualities and advertising, on one hand whilst on the other hand there should be a systematic research undertaken into the selection process. This process involves the recruiting process, gathering information about suitable applicants, evaluating the qualifications of each applicant and finally making decisions regarding a possible offer of employment (Gamage, 2014 cited in Ekwoaba et al, 2015:24).

The chapter comprises eight (8) sections and is structured as follows: Section 3.2 provides the theoretical background to the recruitment, selection and retention. Section 3.3 examines the strategic framework of recruitment, selection and retention that supports the institutions objectives and section 3.4 explores the strategic approach to recruitment, namely: job

analysis, job description, job specification, job evaluation and HR planning. This section also discusses an applicant's attraction and, response as well as analyses of the recruitment steps. Section 3.5 focuses on systematic selection process involving initial screening of applications, selection interviews, selection tests, reference checks, job offers, employment contracts and follow-ups. Section 3.6 deals with the recruitment sources and methods as well as its advantages and disadvantages. In this section, e-recruitment is also explored. Section 3.7 discusses the practice of retention with particular attention to the theoretical foundation: job embeddedness theory and Herzberg's Motivation-Hygiene theory. The section also explores compensation and rewards, training and professional development, job security and job satisfaction as a retention strategy. Section 3.8 summarises the chapter. The next section examines the theoretical background of the recruitment, selection and retention.

**3.2 THEORETICAL CONTEXT FOR RECRUITMENT, SELECTION AND RETENTION** The concept HRM is relatively new and very distinct to people (employees) management and the strength of HRM is that it acknowledges employees as valuable resources in the institution since there is individuality within themselves. This new approach stems from the idea of effective communication (Mckenna & Beech, 1995:1) which increases commitment, quality and flexibility rather than managing employees according to the utilitarian-instrumentalism principles. The concept HRM seek to suggest that HRM extends to a strategic plan to attract, select and retain critical scarce skilled employees to achieve both employee and institutional objectives (Price, 2007). The Guest model suggests that HRM should not only focus on recruitment and selection but should also develop a plan to retain employees to complete the model in terms of the recruitment, selection and retention. Strategic plans have been developed in public service institutions through which innovative HRM strategies can create a competitive advantage in the labour market (Nde, 2012:10). This section considers HRM as a critical component to the accomplishment of public service institutions' goals. As this research is undertaken in the healthcare environment, recruiting, selecting and retaining critical scarce skilled employees continue to be a challenge. These hospitals are faced with enormous challenges from a recruitment and selection point of view. The challenges according to Fried and Gates (2008:229), include searching for employees who:

(i) have specialised clinical skills but are flexible and motivated to occupy positions in the hierarchical structure, recognising that traditional upward mobility may be difficult;

(ii) bring in clinical expertise and are able to work in groups with individuals who come from different cultural backgrounds; and

(iii) represemt diversity yet also fit into the institutional culture.

Apart from recruitment and selection, retention comes to the fore. It is therefore expected that these hospitals should identify and develop innovative strategies aimed at improving the retention of public healthcare specialists. By so doing, they will be better prepared to face various challenges in the next century, let alone next decade. This Chapter explores these three dimensions as they are integrally related to each other. The next section examines the strategic framework of the recruitment, selection and retention that supports the institutions objectives.

## 3.3 RECRUITMENT, SELECTION AND RETENTION AS A STRATEGIC INTENT

The HR practice is provided within a strategic framework that support the institutions' objectives (Chapter 2.8.2) hence, institutions regardless of their size have recognised the importance of managing their human resources effectively (Argue, 2015:18). The strategic HRM (SHRM) is concerned with the integration of HR practices with institutional strategy to achieve competitive advantage over competitors (Phanwattana & U-on, 2017:25). Sangeetha (2010:94) identified recruitment and selection as the vital functions for any institution to achieve its goals. Peters (2014:12) argue that careful attention must be given to talented individuals as they are playing a key role in creating the conditions that are needed for innovation. Through effective employment practices, highly talented employees become the source of new ideas in the institution's innovative process (Peters, 2014:12).

To achieve competitive advantage, institutions must pay careful attention to each and every step of the recruitment and selection process as bad hiring decisions may cost the institution dearly. This thinking is in line with the SHRM (Henderson, 2011:84) which has entrusted the HR department with the responsibility of searching for prospective employees. However, HRM 'best practices' bundle which is universalistic in nature (Chapter 2.8.1) serves as a guideline for the recruitment and selection as it stipulates the fit strategy that needs to be adopted and adapted to achieve competitive advantage (Armstrong, 2014:30). Armstrong (2014:234) enumerate the steps that must be considered when planning the recruitment and selection of candidates, namely:

(i)     Analysis of recruitment strengths and weaknesses;
(ii)    Analysis of the requirements; and
(iii)   Identifying sources for candidates.

Recruitment is regarded as the first phase towards the process of filling posts and plays a crucial foundation for the selection process. In other words, recruitment involves any process that an institution employs to seek applicants and to attract potential employees.

The institution then identifies those applicants with suitable knowledge, skills, abilities, (KSA) and other characteristics that could help it to its institutional goals (De Cieri & Kramar, 2008:30). Karim, Miah and Khatun, 2015:34) confirm that recruitment identifies and entice potential applicants, whereas selection make decisions to select the potential applicants. The recruitment and selection process has as its objective the effective obtaining of the number and quality of employees needed to satisfy the human resource needs of the institution (Armstrong, 2003:395). Recruitment searches for potential candidates through advertisements and those found to be qualifying proceeds to the selection process. Drawing on Nde (2012:11), selection is the process that elicit the background information of the candidate which is subjected to evaluation to choose the right candidate for the job (Dowling & Welch 2004:83). On completion of the recruitment and selection processes, retention becomes essential. Retention could be enhanced through employee development programmes which will in turn ensure a lasting employment relationship. This strategy could serve as a basis for employee retention as it has a potential to minimise the sudden departures of hired employee(s). Although recruitment, selection and retention are closely related (Erasmus, Swanepoel, Schenk, Van der Westhuizen & Wessels, 2005:207), they each require particular expertise and competencies, based on specific knowledge and skills. The next section discusses the recruitment process.

## 3.4 STRATEGIC APPROACH TO RECRUITMENT

Recruitment is one of the most important variable of HRM as it is used to acquire labour. Recruitment can be defined as a process of searching out and employing candidates for the job who are suitable and willing to offer their services to an institution (Kanyemba, 2014:13). For the institution to attract suitable candidates, there should be a large pool of applicants who show a willingness to join the institution. The pool should include diverse applicants from different racial backgrounds. A well-planned recruitment programme is likely to attract a number and quality of prospective candidates that would satisfy the strategic objectives of the institution, at minimal cost (Ekwoaba et al., 2015:24). Position(s) that became vacant as a result of (i) resignation (ii) retirement (iii) death or (iv) recently created vacant position (Nde, 2012:20) determine the recruitment programme. In the quest to fill vacant positions, institutions should embark on a systematic process aimed at attracting and choosing the right candidates for the job (Cowling & James, 1994:29). The candidates should possess certain skills necessary to perform the job (Bratton & Gold, 2003:223). In pursuit of this objective, the

strategic approach to recruitment must be developed. Therefore, job analysis becomes the cornerstone of the recruitment and selection process (Hoi, 2013:12).

### 3.4.1 Job analysis

Consistent with Ballantine's articulation, job analysis occurs when the institution intends to fill vacancies. Job analysis is associated with the HRM 'best fit' approach and it aligns the job into the hierarchical structure of the institution. The process of job analysis should be conducted prior to the commencement of the recruitment and selection process of new employees. Guo's (2007) article describes job analysis as the steps that are undertaken to define a job and it outlines the specific tasks and responsibilities involved. It also stipulates the abilities, skills and qualifications needed to perform the job successfully (Stone 2005:10). For clarity purposes, the work to be performed is broken down into tasks and duties according to a detailed and systematic process (Heron, 2005). From a different angle, Jain (2014:203) argues that the main purpose of job analysis is to ascertain and to document the 'job relatedness' of employment procedures of HR practices including selection. Argue (2015:21) enumerates data collection instruments for the job analysis as including: questionnaires, observations, interviews and employee logbooks.

According to Hoi (2013:12), this information can be drawn from the employees as they are regarded as a reliable source, thus making the system acceptable and plausible (Sanchez, 2000). It is important to ensure that the relevant stakeholders participate in the job analysis process to ensure that all appropriate duties and responsibilities have been fairly captured. The information collected will provide the HR practitioners/specialists with a clear picture of the job to be filled as they are responsible for the recruitment process of prospective applicants (Chanda, Bansal & Chanda, 2010:4). As job analysis is regarded as the first phase in the recruitment process, Talukder (2014:80) cautions that selection will only be enhanced and achieved, if and only if, effective recruitment is embarked upon. Besides understanding recruitment and selection, job analysis is regarded as an instrument for improving and developing the learning process in any of the institutions (Tunaiji, 2011:37), though it is not the focus of the study. Penceliah (2010:288) suggests that learning institutions attempt to develop the potential that is lying dormant and undeveloped to improve their performance.

Sometimes job analyses may depend on subjective judgement. Dick and Nadin (2006) explain that with regard to employment practices, gender discrimination often commences with job analysis. For instance, if the job analysis would prescribe masculinity as the prerequisite for appointment, this factor is tantamount to discrimination against women. Bias and prejudice

may take the form of personality (Cucina, Vasilopoulos and Sehgal, 2005) in which case, individuals tend to expect the job to align itself with their own personality traits. Following Hoi's discussion, the choice of words is of critical importance, when conducting job analysis. According to Zaki (2014:13), job analysis process produces three outcomes:

### 3.4.1.1 Job description

A job description is a detailed written statement that describes the responsibilities of the jobholder, the working conditions of employment and any safety hazards that may be involved (Dessler, 2003:62), the purpose of performing the job and the surrounding environment (Noe, Hollenbeck, Gerhart & Wright, 2006). Marder-Clark (2008:3) suggests that job descriptions should always provide the working hours, travel requirements, reporting relations and location of the position. Hoi (2013:13) adds the job title, overall purpose of job, duties, grading/rate of pay, remuneration and the benefits. Tunaiji (2011:41) suggests that the job description should entail:

- Job title;
- Grade/rate of pay;
- Main location;
- Supervisor name/post;
- Details of any subordinates;
- Summary of the main purpose of the job;
- List of principal job duties together with very brief descriptions; and
- Reference to other documents that may clarify or expand other items.

In the case of Ngwelezane, the Queen Nandi and the Stanger Regional Hospitals, job descriptions are also used in the application of Employee Performance Management and Development Systems (EPMDS) (KZNDOH Human Resource Management Circular, No 4 of 2015) when line managers assess the employee's actual performance against the set criteria. Lack of proper job description could lead to wrong hiring of new recruits. It is an instrument used by many institutions to market the jobs to applicants (Bach 2005:119). Whilst the job description provides a summary of the job, it should also give a clearer view of the environment and conditions of employment (Heynes, 2007:14). From a reverse angle, job descriptions are used to eliminate unqualified candidates by discouraging them to apply for posts.

### 3.4.1.2 Job specification

The job specification follows immediately after the job description has been completed. It specifies the minimum acceptable requirements that are needed to perform a given job

successfully. Job specification is an extension of the job description as it emphasises personality traits such as: knowledge, skills, education, background, experience and abilities (Heynes, 2007:14; Taylor, 2010). The aim of job specification is to identify the role of the likely suitable candidate by matching his/her skills and competencies to the post (Gareth, 2004). The following factors are covered in the job description (Tunaiji, 2011:41): (i) skills, (ii) experience, (iii) qualifications, (iv) education and (v) personal attributes. Job specification enables the selection panel to perform the shortlisting with ease. Suitable candidates are easily identifiable. Sourcing for the person to do the job could be viewed as a daunting task because there are five job specification criteria that needs to be met (Tunaiji, 2011:42): (a) Physical makeup. General appearance and health status must be pleasing; (b) Attainments. Professional and practical experience is of paramount importance; (c) Special aptitudes. In the case of regional/tertiary hospitals, advanced clinical skills are of necessity; (iv) Disposition. In terms of the HRM 'best fit' model (Chapter 2.9.2), the personality traits of the potential candidates should fit both the institutional culture and the requirements of the job, and (v) circumstances. Adaptation is a very important attribute as in most cases domestic welfare issues seem to be at loggerheads with the requirements of the job. Quinn (2014:16-17) added a two-point plan to the framework: (vi) General intelligence: ability to reason, plan, solve complex problems, think abstractly and learn quickly; and (vii) Interests: This factor involve curiosity of a person to, for instance, physical activity.

The study argues that this framework seems to be outdated as it is not congruent with the provisions of statutory and regulatory frameworks (Chapter 4). For example, point (i) is tantamount to discrimination as masculinity is considered as one of the discriminatory factors. The adoption of the framework could lead to preconceived or entrenched attitudes, prejudices and assumptions (Beardwell & Holden, 2001:237) which might affect, consciously or unconsciously, the requirements of the job. Identification of stakeholders to be involved in the recruitment process is very important as they should acquaint themselves with the job and person specification. The involvement of stakeholders will provide them with an idea of the type of individuals to be hired.

### 3.4.1.3 Job evaluation

If the institution intends to have an equitable reward system, jobs that have similar characteristics must be grouped together and be placed in the same compensation groups (Heynes, 2007:15). For instance, Public Sector Co-ordinating Bargaining Council (PSCBC) Resolution No. 1 of 2007 introduced revised salary structures per identified occupation that caters for career pathing, pay progression, grade progression, seniority, increased competencies and performance with a view to attracting and retaining professionals and those

with special expertise. According to paragraph 4.3 of the Resolution, the system declares the salary structure for each job. Therefore, job evaluation should be viewed as a strategy that minimises the expenses of the recruitment and selection, thus helping in retaining employees. This assertion suggests that job evaluation reduces labour turnover and, in this regard, the need for recruitment and selection is minimal. Following systematic analysis of job evaluation, HR practitioners/specialists should ensure that the recruitment process matches the personality traits such as, the qualification, skills, knowledge, abilities and competencies of the candidate. Moreover, job evaluation allow comparison between jobs within and outside the institution to determine the fairness of the institution's reward systems.

### 3.4.1.4 Human resource planning

As institutions will need employees to achieve their objectives and goals, human resource planning (HRP) becomes essential to plan on how to acquire staff since the challenge for scarce skills is on. Although there is a shortage of labour in the labour market, the nature of reality suggests that labour is available 'out there' (Chapter 6.2.1). In this case, labour is available from both internal and external sources. With proper HRP in place, these hospitals may be in a position to attract applicants with appropriate clinical knowledge, skills, experience and expertise to enter the selection process through recruitment (Bratton & Gold, 2003:223). In this regard, Stone (2011:202) asserts that HRP helps in ensuring that suitable individuals are in the correct place at the appropriate time 'in a cost-effective manner' (Chanda, Bansal & Chanda, 2010:4). Chanda et al. (2010:4) state that HRP is the feature responsible for converting institutional strategy into HRM policies and practices, namely: recruitment and selection.

The aim is to achieve institutional goals through an integrated and holistic resource planning process. Stone's assertion highlights the importance of HRP which dictates that the demand and supply of the scarce skills category must be determined in order to inform the recruitment and selection processes. Human Resource planning is also used to downsize, redeploy or train and develop existing employees. In certain circumstances, the granting of incentives such as severance packages is applied for the reduction of employees. In line with Sharma and Khandekar (2014) above, these steps are not yet HRM because HRM commences with recruitment and selection. Emanating from Nde's assertion (2012:11) (section 3.4), it is therefore, logical that the recruitment and selection processes begin when a post becomes vacant and authority has also been granted to fill it. Consistent with Bach's (2005:7) assertion (section 3.4.1.1), prospective applicants should be sourced through the application of a systematic approach which is illustrated in Figure 3.1: the mind-map of the recruitment, selection and retention.

**Figure: 3.1: Mind map of recruitment and selection process and retention**
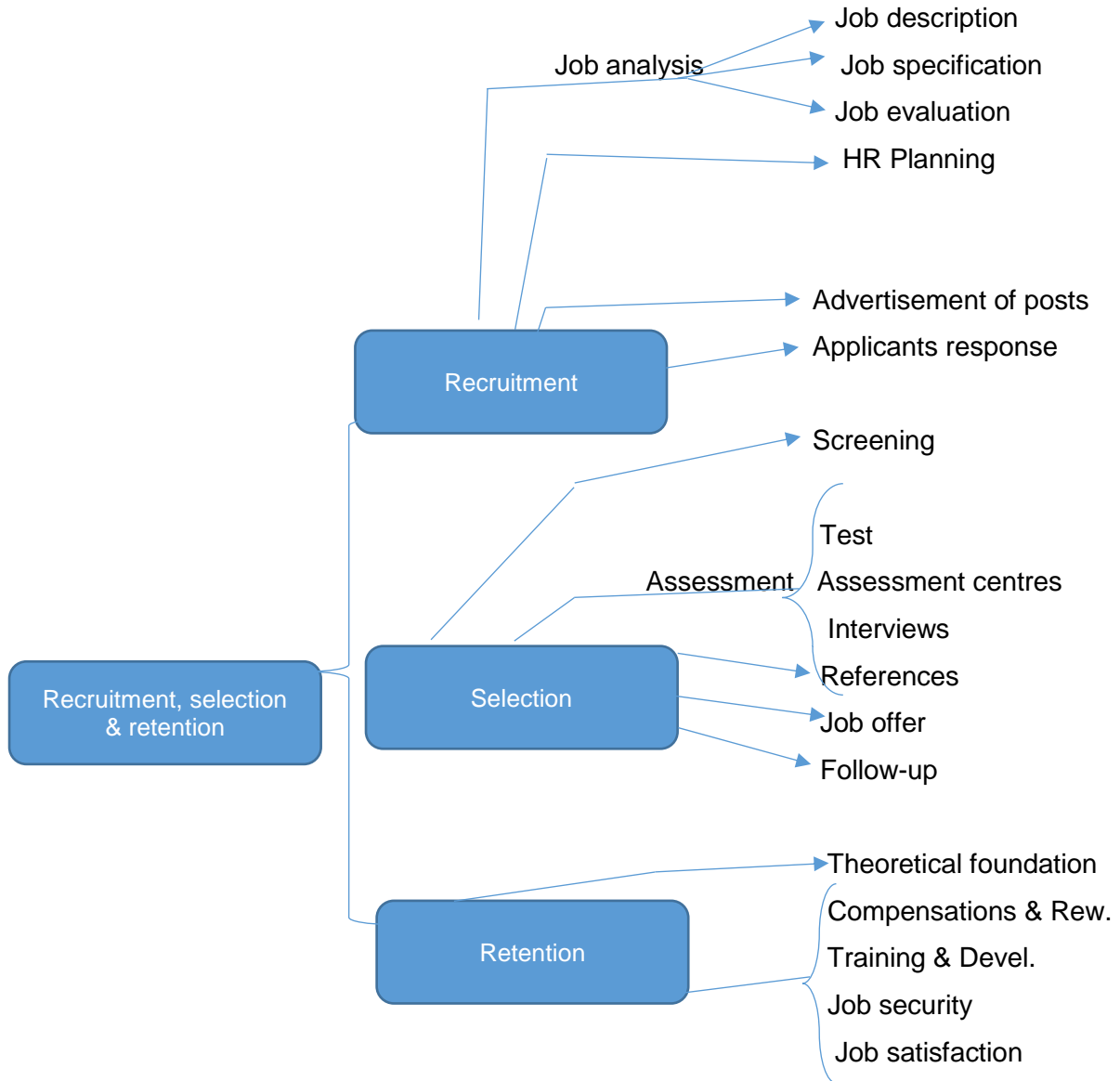


Source: Adapted from Nde (2012:12)

### 3.4.2 Applicants' attraction

Recruitment and selection processes begin when a post becomes vacant and authority has also been granted to fill it (section 3.5.1.1). Following a systematic process (section 3.4) to fill posts, job advertisements become the first step to attract the applicant's attention, interest, desire and action (AIDA) (Nel, Werner, Du Plessis, Ngalo, Poisat, Sono, Van Hoek & Botha, 2011:172). The AIDA prescribes that the advertisement should eliminate all discriminatory elements and it should project a favourable image of the hospital and of the job. The key

aspect of the advertisement is the specification of the minimum acceptable requirements (skills and competencies) that are required to undertake a given job successfully (Lepak & Gowan, 2010:155).

In this case, the job advertisement would provide an opportunity for qualifying candidates to apply for the position. For this to happen, the medium of advertisement should be carefully chosen. Foot and Hook (2008:158) suggest that the recruitment advertisement should contain:

- *The name of the institution and information*

  The advertisement should contain the relevant information as prospective applicants become curious about the institution's image such as the institution's performance or success measures.

- *Job title and major duties*

  The job title and the summary of major duties should be extracted from the job evaluation results (section 3.5.1.3) in the case of public service institutions as well as job descriptions (section 3.5.1.1).

- *Competencies required*

  The key competencies, abilities and skills that are required to perform the job should be provided (section 3.5.1.2).

- *Opportunities and challenges*

  For scarce skilled categories, it is ideal for the advertisement to highlight both the opportunities and challenges since this category of staff enjoys and treasure developmental opportunities (Figure 3.1).

- *Salary and benefits*

  The salary package should include all the benefits such as housing, subsidised motor vehicle, if any, medical aid and vacation leave in order to entice the prospective applicants.

Slezak (2016) suggests that institutions should adopt the following strategies to sharpen their advertisements to attract the most qualified candidates.

- *Be specific about the role*

  This will enable candidates to self-eject in terms of comparing themselves with the minimum requirements of the job. Self-ejecting discourages unqualified applicants from applying. This means that the job title should spontaneously, catch the eye of the prospective applicant but it should never misrepresent the job or mislead the applicant in any way.

- *Distinguish 'must haves' from 'nice-to-haves'*

  Nice-to-haves such as qualifications, experiences and skills, if any, must be clearly specified.

- *Don't Exaggerate*

  The job must be written in a simple language without any exaggeration because the latter might attract applicants who are credulous and lacking in discernment.

- *Offer challenges, not rewards*

  The advertisement should attract applicants who are enthusiastic, ambitious and these characteristics should be complemented with drive and energy to perform a given job.

- *Tell them about the institution*

  Provide a brief profile about the institution to enhance the institution's reputation. The profile should include the performance or success measures.

- *Provide a phone number for enquiries*

  Unsuitable candidates can easily be eliminated from telephone enquiries and a prospective candidate can easily be identified over the phone.

- *Ask for a cover letter*

  A cover letter is regarded as part of the application as it provides useful clues about the applicant's character and education level. It allows the selection panel to filter unqualified applicants prior to interview.

- *Talk to the reader*

  When writing the advertisement, avoid phrases like 'the successful candidate' or 'the ideal applicant' since this will make even the most suitable candidate question whether they're right for the role. Rather say something along the lines of, 'In this exciting role you will be working with …' or 'Coming from a strong sales background, you will be expected to …'.

- *Talk to the reader. Use the word* 'you'.

  Nail the short description.

The aforementioned strategies are relevant to e-recruitment in which case one is restricted by the number of characters to state the job description. In such cases, you put a snapshot of the advertisement and let prospective applicants click through the advertisement itself by pressing '*Apply Now*' and thereafter, once the job application is complete, submit the application by clicking '*Submit*'. If the application is successfully submitted, an automated acknowledgment will be generated by e-mail. Also note that once an application has been submitted it cannot be altered for that specific job opening. It is suggested that the job advertisement should contain the following wording at the bottom as a disclaimer:

*Only applicants meeting the strict criteria outlined above will be contacted as part of the shortlisting process.*

The quality of responses depends on a well-written advertisement as it serves as a mirror of the institution. If the advertisement is not well-structured, it will be difficult to attract the right employees to apply for the job even if the right medium of advertisement is used. A well-structured advertisement encourages individuals to eliminate themselves thereby eliminating the problem of having dissatisfied candidates who will end up with a negative impression for the institution. This strategy would reduce the time and cost of dealing with many unqualified applicants. Once the HR department has satisfied itself about the chosen medium of advertisement as well as the content of the job position, the next step would be to wait for responses from the candidates.

### 3.4.2.1 Applicants response

The KZNDoH HRM Circular (No 43 of 2011, par. 14.1(b)(i)-(v)) dictates the time that should be allowed for responses from job applicants. The policy sets clear deadlines but remains flexible to ensure the maximum number of responses. Having posted the advertisement in the right medium, expectation of receiving quality applications become high. Hence, the effectiveness of the job advertisements is measured through a number of quality responses received from the applicants. The Circular requires that applications for positions should be submitted in a prescribed Z83 form which must be accompanied by CVs. The Circular is consistent with the classic trio (Quinn, 2014:19), which gives an applicant an opportunity to martial his/her thoughts (Roberts, 2005:103) in a well structured-manner (Taylor, 2008:259), and thus hiding his/her shortcomings. Although most institutions use the classic trio to attract, recruit and select the core of their employees, there are better and more reliable methods of recruitment and selection such as assessment centres or psychometric tests to predict the suitability of the candidate(s) (Callinan & Robertson, 2000).

The standard application Z83 form is used to collect biographical data. Noe, Hollenbeck, Gerhart, Wright (2010:252) suggest that 'the evidence on the utility of biographical information collected directly from job applicants is much more positive, especially for certain outcomes like turnover'. Biographical data includes education, work history, personal data and medical history. The application form should not contain discriminatory questions such as those that relate to race, gender, pregnancy, marital status, family responsibility, ethnic or social origin, colour, belief, political opinion, culture, language and birth (Chapter 4.4.2). Nel, Werner, Botha, Du Plessis, Mey, Ngalo, Poisat and Van Hoek (2014:92 hold the view that 'the general rule is

that if the question on the application form is not relevant in terms of the position for which the applicant is applying, then it could be discriminatory, and should be removed from the form'. Compliance to *The Employment Equity Act (EEA) (No. 55 of 1998), The Labour Relations Act (LRA) (No. 66 of 1995) and The Basic Conditions of Employment Act (BCEA) (No. 75 of 1997)* is inevitable. Noe et al. (2010:252) highlight that although it is not a panacea, to some extent, requiring that applicants to explain their responses to biodata questions further can be helpful in some instances. The utilisation of the Z83 form provides the mechanism for screening and reference sources (Gareth, 2004:9). However, the validity and reliability of the references are questionable as they sometimes provide conflicting information which is not appropriate to the institution (Quinn, 2014:20). Nevertheless, generating applications from individuals who are unqualified for the job or perhaps, non-responses, could be a challenging experience taking into account the resources spent on the advertisement.

### 3.4.3 ANALYSIS OF STEPS IN THE RECRUITMENT PROCESS

The analysis stemming from the above discussion suggest that a systematic strategic approach to recruitment should adopt the following recruitment steps (Amos et al., 2008:115-120; Swanepoel's et al., 2008:270-273) that have been synergised to develop a model that will be used for effective recruitment and selection as part of the study's main objective (Chapter 1). These steps are illustrated in Table 3.1.

**Table 3.1: Recruitment steps**

Step 1: Identify the need to recruit/determine whether vacancy exists/job opening

Step 2: Obtain approval

Step 3: Consult the recruitment policy and procedure

Step 4: Update the job description, specification and profile

Step 5: Determine the key performance areas of the job/recruitment

Step 6: Consider the sources of recruitment (searching)

Step 7: Develop the recruitment advertisement/strategy development

Step 8: Choose the appropriate recruitment method

Step 9: Place the advertisement in the most appropriate and suitable communication medium/implement a decision

**Source: Thebe (2014:71)**

Recruitment is regarded as the first phase towards the process of filling the posts and plays a crucial foundation for the selection process. This implies that selection follows recruitment, and is discussed in the next section.

## 3.5 A SYSTEMATIC STRATEGIC APPROACH TO SELECTION

Securing the best job applicant is a complex and daunting task since it involves immaculate data gathering and decision-making which 'does not occur through a sudden awareness of some insight' (Nel Werner, Botha, Du Plessis, Mey, Ngalo, Poisat & Van Hoek, 2014:86). Therefore, the selection committee (see, KZNDOH HRM Circular No. 43 of 2011) needs to be careful when taking a selection decision because it can cost or save enormous amounts of money for the hospital. The selection committee is faced with a challenge of predicting the best applicant(s) from the pool of candidates because if they make a right decision the hospital will accrue savings and if not, it will incur costs. Wild, Wild, Han and Rammal (2009:433) define selection as the process aimed at screening and hiring the best qualified applicant for the job. In other words, the process of selection is conducted to match the employee's knowledge, skills and experience to the advertised job. In view of the complexity of selection, drawing from Erasmus et al. (2005:233) (section 3.4), it logically follows that the selection process needs to be systematically and strategically planned. For instance, the selection committee requires training in interviewing skills. Also, a follow-up system in the selection process to evaluate whether appointments that have been made have turned out well in practice needs to be incorporated. Conceptualising the meaning and understanding of the implications of reliability and validity for employee selection is essential.

Although the primary aim of employee selection is choosing the best candidate for the post, there are other factors that could impact in the selection process such as the physical, economic and social environment in which the labour force is expected to work (Nde, 2012:26). Globalisation, deregulation and new technology factors demand the change of strategy rather than matching individuals to the job. Therefore, the selection committee should ensure that there is an element of congruence between the post and the candidate so as to ensure that the candidate does not resign after only a short period of employment. The assertion by Nel et al. (2014:86) above, further indicates that there are very many tools that are available for making such decisions and these differ primarily in the type, quality and quantity, of information they provide. These tools include screening, assessment through interviews, tests, and the use of assessment centres (Chanda et al. 2010:4). Once tests have been conducted, reference checks follow after which an offer of employment will be made to qualifying candidates. Once consensus is reached, two processes chronologically takes place: follow-ups and the signing of an employment contract. In line with Gareth's (2004:3) (section

3.5.2.1) thinking, the use of these methods and techniques shall determine the suitable candidates for the job. This reasoning is associated with the strategic selection process. The next section examines the steps of the selection process in detail.

### 3.5.1 Initial screening

Initial screening of the applications should take place according to the initial criteria set for the job (KZNDOH HRM Circular, No. 43 of 2011), and it should follow immediately after the closing date of the advertisement. Cascio and Aguinis (2010:48) reminds us that initial screening can be a daunting and a difficult task depending on the policy strategy adopted by the institution. The duly appointed selection panel should screen already-completed application forms and/or CV (section 3.4.2.1). Observation seeks to suggest that it is time consuming to scrutinise the pile of CVs that do not meet the job requirements. Noe et al. (2010:232) argue that the screening process is too important to be left to the whim of the HR practitioners/specialists because they are perceived to be untrained for this task. The policy strategy dictates that the selection panel including the HR practitioner/specialist should possess the necessary competencies and skills to screen already-completed application forms and/ or CVs. These competencies and skills will enable the selection panel to guard against prejudice and subjective opinions. These factors can sometimes, lead to discrimination against applicants (Chapter 4) which in turn, may result in 'negligent hiring' (Mondy, 2012). The appointment of unsuitable candidate(s) could affect the institutional performance.

Public service institutions utilise different methods and techniques to select suitable candidates for different positions. For example, candidates who are applying for positions from the Director level and above in terms of the job evaluation results (section 3.4.1.3) may be subjected to psychometric tests while in some cases, the use of assessment centres might be viewed as ideal techniques (Lepak & Gowan, 2010:190). This study regards both selection interviews and tests as ideal methods/techniques to elicit knowledge, skills and abilities from the applicants. Generally speaking, the purpose of the screening process is to eliminate applicants who are not suitable for the job. Recruiters will create a short-list of possible suitable candidate(s) who will proceed to the next phase of the selection process, namely: interviews. The strategy policy does not indicate either the minimum or maximum number of candidates who should be short-listed; the decision is left entirely to the discretion of the selection panel.

### 3.5.2 Selection interviews

Interviewing technique continues to be the most common and popular method of selecting employees throughout the world (Posthuma, Morgeson & Campion, 2002:1; Lunenburg, 2010:1). Interviews are associated with the 'social exchange theory' (Chapter 2.6.4) which

advocates a dialogue (exchange of ideas) between one or more persons for the purpose of eliciting a particular information (Opayemi & Oyesola, 2013:96). This view is consistent with epistemological position which fosters the researcher-participant dialogue.

Following Nel et al. (2014:95) (section 3.6), the selection interview has two purposes: (i) to obtain information from the applicant, and (ii) to evaluate the applicant on the basis of this information. This information will be used to assess educational qualifications and work experience of potentially suitable candidates (Noe, Hollenbeck, Gerhart & Wright, 2013:247). Interviews range from structured, through semi-structured, to unstructured (non-directive) interviews (Chapter 6.6.1.1). Noe et al. (2010:248) suggest the adoption of structured, standardised and focused interviews to obtain information. For this study, the semi-structured interviews were adopted to generate information because they are widely accepted in the research for different healthcare professionals (Jamshed, 2014:3). From an epistemological perspective, the interviewer is interested in assessing behaviour-based aspects such as the applicant's social ease and self-confidence, speaking ability, and manner of interacting based on his/her interaction with colleagues and patients. To achieve the overall goal, the strategy policy demands that the selection committee should prepare a set of questions that assess the applicants against the predetermined selection criteria. The University of South Wales (UNSW) http://hr.unsw.edu.au suggests that the questions should be congruent with the job description. The questions should:

(i)     Assess the applicant's knowledge, skills, education, background, experience and abilities in relation to the job;

(ii)    Exclude discriminatory factors: age, gender, disability, marital status, political/ religious affiliations;

(iii)   Avoid a sequence of questioning which puts undue pressure on local knowledge or experience and

(iv)    Enable probing.

The selection committee should agree on the structure of the interview questions. The strategy policy suggests that the selection committee must adopt quantitative rating to evaluate behavioural dimensions, for example, interrelationships and communication skills. The selection panel must be wary of the questions that have to do with capabilities and abilities such as intelligence and aptitude (section 3.5.3). These factors can only be measured by the use of either tests or assessment centres. It is a prerequisite that the selection committee take notes during the interview process for purposes of justifying their ratings. Having elaborated on the interview techniques, Lunenburg (2010:2) has identified the interviewing problems that should be avoided during the selection process:

(i)　*Unfamiliarity with the job*

The selection panel usually is not familiar with the position being filled. This problem leads to asking wrong questions, interpreting the information supplied by the candidate differently and spend much time on matters which are less important to the job.

(ii)　*Premature decisions*

Some members of the panel tend to be judgmental about the interviewee before he/ she presents his/ her candidature (Dougherty, Turban & Callender, 1994). The interview then becomes just a mere formality because a decision had already been made. The continuation of the interview will be to seek information that will confirm their judgment.

(iii)　*Emphasis on negative information*

Interviewers tend to search for negative information from the interviewee. Evidence suggests that in most cases, change of mind by the interviewer is usually from positive to negative rather than vice versa (Dougherty, Turban, & Callender, 1994).

(iv)　*Personal Biases*

This aspect is characterised by preconceptions and prejudices about applicants. For example, an interviewer may consciously or unconsciously make utterances which may influence his/ her decision (Schmidt & Hunter, 1998) such as, 'people from the squatter camps are drug dealers'. The prejudices are proclaimed as ridiculous because at times, some members get overly impressed with, for example, dress code and physical appearance (Luxen & van de Vijver, 2006).

(v)　*Applicant Order*

The order in which candidates are interviewed has an influence on the ratings. For example, when an applicant who is assessed as average is interviewed immediately after a below-average applicant, the average applicant is usually evaluated well above average. The process also works in reverse. If an average applicant is interviewed immediately after an outstanding applicant, the former can be rated below average.

(vi)　*Hiring Quotas*

Hiring quotas are diminishing the purpose of the interview because applicants whose status fulfill the quota requirement are rated higher than those who are not even if they are not performing well in the interview. This hiring quota influences the interviewer's judgment of the interviewee.

For the purpose of this study; circumvention of these problems is essential as they are viewed as an obstacle towards attracting, selecting and retaining public healthcare specialists in these hospitals. To complement the selection interview process, the use of the selection tests to predict prospective employee outcomes would be necessary (Opayemi & Oyesola, 2013:96). In other words, there is a link between selection interview, selection tests and employee outcomes, and combined together, they produce the highest predictive value (Schmidt & Hunter, 1981) in terms of the strategic SHRM. SHRM suggests that institutions that have better congruence between their HR praxis and strategies are likely to achieve competitive advantage over their competitors through the utilisation of employees (Chapter 2.7.2). The stakeholders including trade unions have recognised the concept of competitive advantage as they have realised the need to increase employee retention, which is part of the focus of the study. Based on the HRM 'best practices' model (Chapter 2.8.2), the selection process requires that candidates short-listed for the job be subjected to a comprehensive selection tests and assessment centres.

### 3.5.3 Selection tests

The selection test is an instrument designed to discover hidden information about the candidate which has not been disclosed in the Z83 application form (section 3.4.2.1) and selection interview (section 3.5.2). A test enquires basically into an aspect of an individual's behaviour, their performance and their attitude (Dessler, 2011:17) which is regulated in South Africa by the Professional Board for Psychology, and the Test Commission of South Africa (Nel et al., 2014:93). According to the Equal Employment Opportunity Commission (EEOC), the Uniform Selection Guidelines prescribe that any employment requirement is a 'test' (Opayemi & Oyesola, 2013:96). Tests can serve as an aid in the selection process, and if used properly and responsibly, they can provide information that was not easily gleaned in the selection interviews (Van der Merwe, 2002:77). Van der Merwe (2002:77) suggests that tests provide a more valid and reliable information compared to other selection techniques such as Z83 'application forms, reference checks and selection interviews' (Friedenberg, 1995). He claims that tests are about four times more effective than screening interviews. In South Africa, the use of psychological tests and other similar assessments are prohibited unless they have according to *Section 8 of the Employment Equity Act (EEA) (No 55 of 1998)* been:

(i)     Scientifically proven to be valid and reliable;
(ii)    Applied fairly to all employees;
(iii)   Proved not to be biased against any employee or group; and

(iv) Certified by the *Health Professions Council of South Africa* established by section 2 of the *Health Professions Act, 1974 (Act 56 of 1974)*, or any other body which may be authorised by law to certify those tests or assessments."

From the perspective of labour legislation, there is a move towards the utilisation of scientific methods such as psychometric tests and other psychological assessment in taking selection decisions. The Employment Equity Act (EEA), (No. 55 of 1998) highlights the importance of the validity and reliability of the instrument to be used for selection purposes (Eckstein, 1998). These sentiments have also been echoed by Van der Merwe (2002:77-78) and Kleynhans, Markham, Meyer, Van Aswegan and Pilbeam (2009:104). For the enhancement of the recruitment, selection and retention, the study would need accurate tests to evaluate the competencies of public healthcare specialists. As there is no prescribed fixed selection test used by all public service institutions, these hospitals, depending on their philosophy, may adopt a fairly simple or very complex procedure. From the foregoing, the psychometric tests have been incorporated into the HRM praxis and it serves as an aid in decision making, particularly with regards to selection purposes. Psychometric tests cannot be applied in isolation due to their association with other HRM practices, namely: placement, promotion, transfers, training and development, however these practices are not the domain of the study.

Therefore, the material used for these tests ought to be validated and distributed by the Human Sciences Research Council (HSRC). The EEA prescribes that psychometric testing in South Africa must be administered by trained and qualified test users, namely, psychologists who understand the rules and regulations governing such a test. In the absence of such personnel in the institutions, the services of external consultants could be explored. Mokwayi (2018) reported that in the recent decision of *Association of Test Publishers of South Africa v President of the Republic of South Africa*, the proclamation that added the additional requirement that psychometric tests be certified by the Health Professions Council of South Africa was determined to be null and void. Accordingly, Section 8(d) of the EEA is no longer a requirement for the valid use of a psychometric test. The other requirements in Section 8 still apply, and would need to be met for the psychometric test to be validly used. Moreover, institutions are expected to ensure that the applicant qualifies for the physical requirements of the position, and also to identify any medical limitations of the applicant. Pachman (2009) states that health assessment should be relevant to the requirements of the job http://doi:10.2471/BLT.08.052605. Usually, medical examination should be conducted before the applicant is offered a contract. Du Plessis (2015) suggests that pre-placement medical examination should be designed to determine if the person can perform the job safely without putting himself or herself or others at undue risk of injury.

It can only be performed, if and only if, the candidate will be exposed to working in hazardous environments. Moreover, the law should allow such medical examination to take place.

### 3.5.4 Reference checks

Reference checks as part of the selection process should be combined with other selection methods such as selection interviews and selection tests. It logically follows that reference checks cannot be solely used as selection criteria because of its limited scope in providing the competencies and abilities required for the job. Reference checks are intended to confirm the accuracy of information supplied by the applicant in his/her Z83 application form and CV. However, there is an assumption that data supplied through these two instruments might be biased, for which reason, additional information is needed. Nel et al. (2014:99) also maintain that letters of recommendation from previous employers should not be highly rated as indicators of job performance because most of these are extremely positive. Taylor (2008:281) found that the reference letter from the previous employer has low validity with regards to predicting job performance. Hence, additional information could also help in clarifying and verifying data supplied in the application blanks, CVs, selection interviews and selection tests. Even though people tend to be cynical about job references (Dessler, 2003:146), the information supplied by the previous employer should be kept confidential. Under no circumstances should it be leaked to the candidate. The study of Dessler (2013) considered this method as less expensive and as a straightforward procedure.

From a SHRM standpoint, the selection committee in its initial selection planning should agree as to when the reference check will be elicited. The UNSW article (section 3.5.2) asserts that the selection panel should decide whether reference check should be sought from all shortlisted candidates prior to or after the selection interview/selection tests to enable the selection panel to consider any additional information provided as part of the decision-making process. Alternatively, the selection committee may consider conducting a reference check for a recommended candidate who will be offered a post, if satisfactory references are received. If the former strategy is adopted, the selection panel should ensure that references for all applicants are received on time, otherwise, non-response could impact negatively on the candidates. As references take many forms (Nde, 2012:29), it is necessary to plan and structure the request to obtain the necessary information. The plan will assist in ensuring that the information received is directly linked to the posts such as the candidate's abilities and capabilities. The panel should decide whether to use open or structured approach for this purpose. The latter differentiates between facts and opinions, hence, gaining popularity within the strategic employment practices. The structured approach reduces bias which is inherent in unstructured references.

The former is perceived as a one of the tools used in getting rid of non-productive employees by marketing them positively. The advantage of structured references is that it does not request off the record information and it only focuses on the specific requirements of the job including work behavioural attributes. Within the structured approach, it is fairly common that the Chairperson of the Selection Committee is entrusted with the responsibility of conducting reference checks. However, the rest of the panel should be fully informed on the information obtained during the reference check. The feedback should include the type of questions that were asked as well as a summary of the responses. In modern HRM, all panel members participate in the reference check through telephone or video conferencing. This approach requires that all panel members must take notes which will be used during panel's discussion as evidence. The candidate must be informed of the intention of contacting the referees. However, it should be explained that the decision to hire has not been made and this process does not indicate offering the job.

### 3.5.5 Job offer

Having collected all the necessary data and information regarding the suitability of the candidate(s), the HR will have to make a decision in making job offers to suitable candidate(s). The decision will have to be based on knowledge, skills, competencies, prior learning, experience, qualifications to meet the requirements of the job, and the hospital's affirmative action (AA) programme (*Section D.5 of the Public Service Regulation, 2001, as amended*). The HR department will have to issue a formal job offer letter to selected candidate(s), stating the details of the offer of employment: job title, date of assumption, salary package, reporting structure, hours of work and job description. Doyle (2017) argued that in making a job offer the hiring manager will more often than not call the nominated candidate(s) to inform them that they are offered the job [http://thebalance.com](http://thebalance.com). The strategy policy (KZNDOH HRM Circular No. 43 of 2011) requires that the telephone call should be followed by written job offers. The formal job letter could be sent via email or alternatively, be delivered in-person. The strategy policy provides options for the candidate to either choose or accept the job offer. In either case, he/she will be expected to sign and return the letter of choice to the HR department. The *Public Service Regulation, 2001*, as amended, makes provisions for counter offering should the candidate decide to decline the offer due to salary benefits. Consistent with Gareth's (2004:15) assertion (3.5.2.1), the candidate would then be offered an employment contract once he/she accepts the position.

### 3.5.6 Employment contract

The employment contract originated from the *locatio conductio operarum* principles (Chapter 4.3.1) which fosters the relationship between an employer and an employee. For the employment contract to be binding, it must be in writing (*section 29 of the Basic Conditions of Employment Act (BCEA), No. 75 of 1997*) (see Chapter 4.3.1). Therefore, the employer must supply the employees with written information of employment (Smit, 2010:78). Basically, the employment contract is based on voluntarism. This implies that the employee will provide labour to the employer in exchange of remuneration (Smit, 2010:78). Smit (2010:78) further highlights that in terms of the BCEA, any of the two parties can decide to terminate the services of a contract of employment without providing any reasons, as long as the law recognises such an action (Grogan, 2003:3). The BCEA requires that the terms and conditions of employment must be included in the employment contract.

However, the employer should ensure that the terms and conditions of employment are explicitly clear. For instance, it should contain the following requirements: (i) date of commencement, (ii) type of a contract whether fixed or temporary, (iii) working hours, (iv) leave and housing benefits, and (v) salary packages. In offering the employment contract, the employer should always uphold the Constitutional values and principles which prohibit, among other things, discrimination in the employment sphere. This refers to offering employment on the basis of race, gender or disability, and this practice is construed as unlawful. Therefore, the content of the employment contract should follow the provisions of the statutory and regulatory framework (Chapter 4). Once both parties reach agreement on the content of the employment contract, it can be duly signed, and the employee assumes duties immediately. Training and development programmes such as mentoring and coaching emerge to guide an employee.

### 3.5.7 Follow-ups

The next stage following the selection process is the orientation and induction of the employee. The information collected during the recruitment and selection process must be used to determine the employee's strengths and weaknesses of the employee in order to structure his/her integration into the institution. The very same information is used to deal with complaints and grievances (*Labour Relations Act, 66 of 1995*) arising out of the recruitment and selection process. Besides recruiting an appropriate individual for correct placement timeously, the selection process aims to ensure the person-job fit and institutional-fit to achieve competitive advantage.

### 3.5.8 Conclusion of selection process

The selection process is illustrated in Figure 3.2.

**Figure 3.2: Selection process**

```
                    ┌─────────────────────┐
                    │ Screen applications │
                    └─────────────────────┘
                              │
                              ▼
                    ┌─────────────────────┐      ┌─────────────────────┐
                    │ Short-list applicants│─────▶│ Rejection of applicants│
                    └─────────────────────┘      └─────────────────────┘
                              │
                              ▼
   ┌──────────────────┐  ┌─────────────────────┐  ┌──────────┐
   │Assessment centres│◀─│Assessment of applicants│─▶│   Tests  │
   └──────────────────┘  └─────────────────────┘  └──────────┘
            │                │         ┌────────────┐    │
            │                │         │ Interviews │    │
            │                │         └────────────┘    │
            │                ▼              │            │
            │         ┌─────────────────────┐◀───────────┘
            └────────▶│  Selected applicants │
                      └─────────────────────┘
                              │
                              ▼
                      ┌─────────────────────┐
                      │  Reference checks   │
                      └─────────────────────┘
                              │
                              ▼
                      ┌─────────────────────┐
                      │      Job offer      │
                      └─────────────────────┘
                              │
                              ▼
                      ┌─────────────────────┐
                      │Employment contracts │
                      └─────────────────────┘
                              │
                              ▼
                      ┌─────────────────────┐
                      │     Follow-ups      │
                      └─────────────────────┘
```

**Source: Adapted from Nde (2012:32)**

Figure 3.2 has brought insights with regards to how the Ngwelezane, the Queen Nandi and the Stanger Regional Hospitals should manage their recruitment and selection process. A study conducted by Ekweoba et al. (2015:27) has stressed the value of a quality recruitment and selection process taking into account the fact that public healthcare specialists are hard to find in the labour market. Although Ekweoba et al. (2015:27) contends that skills deficiency 'is unrelated to huge population', from the South African perspective it was thwarted by inferior education and training accorded to black people (see also Chapter 4). Research indicates that institutions that have adopted a qualitative system in recruitment and selection have been able to attract and select the appropriate individuals timeously for correct placement (Sinha & Thaly, 2013). Recruitment and selection still remain an important function in any hospital as superior health outcomes are largely dependent on the quality of public healthcare specialists recruited into the hospitals. Indeed, the recruitment and selection process should withstand the test of validity and reliability in order to secure skillful and quality public healthcare specialists.

However, compliance with the statutory and regulatory framework (Chapter 4) should always be upheld. Compliance to the legal requirements will to a certain extent ensure that all applicants are afforded equal and fair treatment. It remains important for all officials responsible for the recruitment and selection to be conversant with the policies and procedures guiding such a phenomenon so that they will be able to take an informed decision. The study advances the notion that the adoption of the appropriate recruitment and selection criteria should increase the likelihood of selecting the best candidate for the job which in turn, will improve delivery of health outcomes. The next section explores the recruitment sources.

## 3.6 RECRUITMENT SOURCES

Recruitment of public healthcare specialists is fiercely competitive in the current global labour market. This competition compels public hospitals to develop a recruitment strategy that will enable them to search for public healthcare specialists who fit best in their culture and work ethics (Terpstra, 1994). The most important decision is to identify the recruitment source that will effectively attract the hard-to-find highly-skilled public healthcare specialists' applicants. According to Ekwoaba et al., 2015:25), sourcing of potential applicants can be done through various advertising methods. Gberevbie (2008:40) classified the recruitment sources into two categories (2), namely: internal and external (Khalid, Malik & Malik, 2009:189; Wilton, 2013:158; Adu-Darkoh, 2014:12). Osoian and Zaharie (2014:134) classified internal and external sources as informal and formal, respectively. Sardar and Talat (2015:14) assert that in recent times, various studies have been published regarding the effectiveness and efficiency of recruitment sources (DeVaro & Morita, 2013).

Unfortunately, none of these two sources can be regarded as the best in terms of attracting the hard-to-find high-skilled public healthcare specialists applicants since decisions to hire are based on the hospital's needs, features of the positions, the size, image, budget of the institution and the supply of the critical scarce skilled employees (Osoian & Zaharie, 2014:133). Peters (2014:12) suggested a multi-method approach to stimulate innovation (Zhou, Hong & Liu, 2013). This view is supported by the *Institute for Employment Studies (IES)* (*2015:94)* which view the multi-method approach as the combination of face-to-face with online approaches (Chapter 3). According to the IES's (2015:94) view, online approaches refer to job-boards and social media.

### 3.6.1 INTERNAL RECRUITMENT SOURCES

Internal recruitment sources are largely under the control of the institution and they relate to the filling of the position by the existing employees. An existing employee refers to a staff member who appears in the hospital's Personnel Salary (PERSAL) records. Existing employees are usually informed about the job opening by internal advertisement and circulars (Booi, 2005:17). Internal recruitment source, according to Malik et al., (2009:189), enables the institution to identify individuals whose talent have been neglected by line managers (Compton & Nankervis, 1998:71). The benefits of the internal recruitment sources are that the existing (inside) applicant(s) is/are likely to possess more information about the job and institution compared to external candidates. In this regard, internal recruitment source becomes a favoured effective method for the selection of new employees. Sardar (2015:16) have identified different methods of recruitment to make internal recruitment effective in different situations. Akrani (2011) unveiled the sources of internal recruitment as follows (http://kylan-city.blogspot.co.za).

### 3.6.1.1 Promotions

As a means to motivate and encourage the employees, the vacancy is filled up by promoting an employee who has been identified as the most deserving suitable employee for the job. The person-job (P-J) fit strategy is considered due to its psychological impact on the job. An employee who has been promoted from one level to another, receive higher status and prestige, salary increases as well as higher functional responsibilities. The post vacated by the newly promoted incumbent may be filled by the internal employee via the internal advertisement.

**3.6.1.2 Transfer**

A transfer is considered as the most important and inexpensive source of filling positions in the institution. Lateral movement takes place within the same grade, from one job to another. A transfer is the reallocation of an employee to a similar job with with comparable pay, status, duties and responsibilities, and working conditions (Anyim, Ikemefuna & Shadare, 2011:38).

**3.6.1.3 Existing employees**

*Skills inventory*: Applications may be solicited from the existing employees through skills inventories: current qualifications, job competencies, work experience and abilities (Kanyemba, 2014:15). Erasmus et al. (2005:215) adds career development systems. This implies that if there is a shortage of higher-level employees, use can be made of a skill inventory system that can be used to search for appropriate candidates for, employment who may be identified from a career development system. Job postings refer to vacancies within the institution that are advertised on notice boards that are included in information bulletins, institutional newsletters, and the institution's intranet sites. Supervisor's recommendations are considered because supervisors know the performance of their employees and can nominate employees for a specific job. Supervisors are normally in a good position to know the strengths and weaknesses of employees, but it could be that the supervisor's opinion is subjective, and thus susceptible to bias and discrimination (Erasmus & Schenk, 2008:265).

*Internal moonlighting*: Institutions may utilise internal moonlighting strategy if there is additional work that needs to be done within the institution (Kanyemba, 2014:15). For instance, surgical procedures may require extra professional nurses with operating theatre technique skills. In this regard, these hospitals may use the existing staff who are either on leave or off-duty to assist in the performance of such a procedure and thereafter, be paid bonuses or remunerated overtime.

**3.6.1.4 Former employees**

Employees may leave an institution for another institution of their own accord. Kanyemba (2014:16) identifies former staff as persons who were once staff members of the institution, but were for example, laid off or were seasonal workers. Kanyemba (2014:16) is of the view that former employees should be considered as internal sources of recruitment, as they are acquainted with the policies and practices of the institution. Hiring former employees has its own advantages and disadvantages. From the perspective of this research, former employees who are expected to be in possession of advanced clinical knowledge and experience, can easily be recruited and become productive quickly. They are well acquainted with the institutional culture which makes adaptation easy.

Institutions should, however, be cautious in hiring former employees who were either dismissed or were allowed to resign. But if you offer former employees higher positions to attract them back to the institution, existing employees may get the idea that the best way to get ahead is to resign and then wait for a better offer (Dessler, 2005:163).

### 3.6.1.5 Referrals from existing employees

Existing employees would refer or recommend prospective candidates who meet the prerequisites for appointments to be considered by the institution (Rao, 2010). The main aim is to foster lasting relationships with the institutions as well as displaying loyalty to the institution. Drawing on the assertion of Nel et al (2014:68) above, existing employees are perceived as having a tendency of referring individuals who have similar demographics as themselves and thus, leads to complexities especially if the institution has an employment affirmative action policy. As suggested by Van der Westhuizen (2000:100), the institution should always uphold the principles of equal employment opportunities (EEO) with regards to recruitment to ensure representativeness within the institution. In keeping with the deliberations of Swanepoel et al. (2008:264), institutions should be very careful in engaging any form of favouritism or potentially unfair discriminatory practices when utilising this source.

### 3.6.2 EXTERNAL RECRUITMENT SOURCES

External recruitment sources refer to searching for prospective applicants outside of the institution who may be willing to offer their services to the institution. As there is a high demand for public healthcare specialists in the labour market, external recruitment must be well planned and coordinated (Muscalu, 2015:355) from the level of executive management (EXCO). External sources of recruitment create an opportunity for individuals who are not members of the institution to apply for positions. The purpose of external recruitment is to obtain skills that are missing in the current workforce (Klementová, Hvolková, & Klement, 2016:3). Klementová et al. (2016:3) further contend that new employees are likely to bring a wide variety of ideas as they come from different backgrounds. External recruitment methods are perceived as one of the most credible and effective source for the selection of new employees. Some of the examples of external recruitment sources that are used in public service institutions are described below.

### 3.6.2.1 Tertiary institution recruiting

Public service institutions usually target potential candidates from colleges or universities through on-campus interviewing. Noe et al. (2010:220-221) state that it is understandable that institutions focus on tertiary institutions that have strong reputations in those areas where a critical need exists in those institutions but, approaches should be made to all universities and not just to the traditionally 'white' universities' (Erasmus et al., 2005:216). It should be noted that the advent of democracy in 1994 in South Africa spearheaded rationalisation of, for instance, schools of medicine in local universities. Rationalisation and restructuring processes has to a certain extent brought equitable resources to uplift the standard of medicine throughout the South African universities. The enhancement of the institution's reputation is highly critical since prospective graduates tend to obtain information about the work life in the institution. Bad publicity might jeopardise effective recruitment and placement of potential candidates. For instance, it will be ideal if institutions could embark on initiating online group/ interactive chat sessions with completing medical students and registrars in order to exchange relevant information about the hospital (Nguyen, 2012:9). The information may include the profile of the hospital that entails, among other things, its successes and specialist's services rendered. This strategy could encourage students to do their registrar programmes in these hospitals, and often get an opportunity to be employed on full-time basis when they graduate.

The imposition of the moratorium on the filling of posts (KZNDoH HRM Circular No. 60 of 2015 dated 7 October 2015) has created difficulty for these hospitals to recruit public healthcare specialists. Viranna (2015) lamented about the unilateral changes made by KZNDoH to the conditions of employment of all doctors by freezing critical posts and creating unfunded posts, leaving some doctors unemployed. Viranna (2015) claims that there is no urgency from the KZNDoH in filling a total of 93 funded positions which are still vacant. In response to the claim, the Member of Executive Council (MEC) for KZN Health, Dr Sibongiseni Dhlomo, replied to parliamentary questions that although there remains a moratorium on the filling of posts due to financial constraints, provisions have been made for critical scarce skilled employees including medical officers. The response also confirms the following specialist numbers at KZN's regional hospitals;

- 241 filled funded specialist posts;
- 71 funded unfilled specialist posts; and
- 433 frozen unfunded specialist posts.

In KZN's two tertiary hospitals there are;

- 123 filled funded specialist posts
- 22 funded unfilled specialist posts and
- 78 frozen unfunded specialist posts.

According to Anil Bramdev of the KZN Specialists Network, the situation had been aggravated by the fact that the KZNDoH recruited 40 Libyan doctors to train as specialists - at no cost to the government whereas, the local registrars (specialist interns) cannot be absorbed or appointed due to the moratorium on the filling of posts (Shaikh, 2017). Dr Mvuyisi Mzukwa, South African Medical Association (SAMA), KZN Coastal Branch chairperson shared similar sentiments and cautioned that departments of oncology, ENT, urology and anaesthetics had collapsed due to the mass resignations and the relocation of doctors to other provinces. This problem requires political intervention as the National Minister of Health, Dr Aaron Motsoaledi said: "KZN Health was given a budget to train specialists but used it for other things" (*Sunday Tribune*, 15 January, 2017). This is an unfortunate situation for these hospitals as it puts them under severe strain to recruit registrars from colleges of medicine and universities.

### 3.6.2.2 The unemployed

Sometimes qualified applicants may struggle to secure jobs and become unemployed for different reasons. According to the *Sunday Tribune* (15 January, 2017), the KZNDOH financial constraints has also hit 51 new doctors in KwaZulu-Natal. They have not been appointed to any posts and are sitting at home. To add to the discontent, senior consultants have been informed that there is no money to pay for their overtime. Although the focus of the study is not on junior doctors, this information is pivotal as it gives the reader the perspective of the severity of the problem within the KZNDOH. The above article further states that KwaZulu-Natal is one of the worst resourced province in terms of the number of specialists available. Again, the above article reports that a total of 126 doctors are jobless, and 136 have completed their degrees but have not been placed as interns. Dr Anil Bramdev of the KZN Specialists Network argues that whilst in other provinces, jobs are being created here (KZNDOH) posts are frozen. The magnitude of this problem has prompted specialists to leave the province because they regard the local working conditions appalling. There is a perception that most specialists and junior doctors have been poached by other provinces and others have started private practices in spite of the huge capital required for this project.

For the purpose of this study, the above problem should be addressed through effective and efficient financial management systems. The system involves proper financial planning and budgeting process. However, there must be a political will to implement such a strategy.

### 3.6.2.3 Employee referrals

Employee referrals refer to a word-of-mouth strategy whereby existing employees refer prospective applicants outside the institution. Behera and Pathy (2013:1) argued that employee referral is one of the internal recruitment methods where existing employees are encouraged and rewarded for bringing recruits who meet the requirements of the position. The study disagrees with Behera and Pathy's (2010:1) argument in that employee referral form part of the internal recruitment methods as applicants are recruited from outside the institution. As Stockman, Van Hoye and Carpentier (2017:599) state that active involvement of existing employees can substantially improve the recruitment process of the institutions (Chapman, Uggerslev, Carroll, Piasentin, & Jones, 2005). Stockman et al. (2017:599) indicated that existing employees refer candidates that are better qualified than candidates recruited from newspaper advertisements and other sources (Pieper, 2015). Based on the credibility theory, the information supplied by the existing employees is regarded as credible and effective (Eisend, 2004) as it has an impact on an institution's attractiveness (Van Hoye & Lievens, 2009). The above information seems to indicate that the application of this technique is inexpensive and quick *vis-à-vis* other recruitment sources, like advertising and employment agencies (Nguyen, 2012:9). According to Bogatova (2017:7), employee referrals could save up to 70% of the costs to the institution compared to other recruitment sources mentioned above. To stimulate positive employee referrals, some institutions offer existing employees incentives and rewards for a recommended candidate who was successfully appointed by the institution (WorldatWork, 2014). This technique acts as a motivator and morale booster to employees.

### 3.6.2.4 Walks-ins

Walk-ins is one of the external recruitment sources (Rashmi, 2010) which provides job seekers with an opportunity to walk directly into public service institutions with the hope of establishing whether suitable vacancies exist. In this case, prospective applicants fill in Z83 forms (application blanks) and forward them to the HR department even though there is no vacancy advertised. For instance, the United States of America (USA) and the United Kingdom (UK) have opened primary care Walk-in Centres staffed by a variety of health professionals (Parker, Desborough & Forrest, 2012:1) to assist job seekers. According to Swanepoel et al. (2008:264; Mashaba, 2013:18), one third of employees obtained their first jobs through walk-ins.

From the South African public service perspective, this is an unusual recruitment source as all vacant positions are advertised in terms of the law. For purposes of this study, KZNDoH HRM Circular (No 43 of 2011) dictates that all vacancies must be advertised before they are filled. Walk-ins might be appropriate for routine types of work (cleaners and porters) compared to the work that involves solving complex clinical problems on a daily basis. It is arguable whether this method should be considered as a recruitment source because potential applicants are not recruited but rather presenting themselves in a form of walk-ins. Applicants take an initiative to apply directly to the institution with the hope that a suitable vacancy exists.

### 3.6.2.5 Employment agencies

Rcruitment agencies either focus on relatively general employment or specialise in managerial recruitment or recruitment of professionals such as public healthcare specialists. These agencies, depending on their size, have built a pool of prospective applicants over a period of time, and are in a position to entice employees of one institution to join another institution. With this strategy, posts that are deemed difficult to fill can be filled by utilising the services of employment agencies. Diane (2005:39) contends that employment agencies have different fee structure and they only collect service fees after the institution has decided to employ referred applicant(s). Du Plessis (2015:90) confirms that private employment agencies charge fees, normally percentages of employee's salaries, which range from 5% to 25%.

### 3.6.3 Advantages and disadvantages of internal and external recruitment sources

Table 3.2 outlines the advantages and disadvantages of internal and external recruitment sources (Klementová et al., 2016:8-9).

**Table 3.2: Advantages and disadvantages of internal and external recruitment sources.**

| Dimension | Advantages | Disadvantages |
|---|---|---|
| Internal recruitment | The hiring process is cheaper and quicker. | The scope for new ideas and energy is limited. |
| | It is more cost efficient as there are no recruiter's fees. | There is danger for inbreeding as new recruits may have limited knowledge of the institution. |
| | Greatly reduces training time and cost. Risks are reduced. | |
| | Individuals are familiar with institutional culture. | Training of new staff is very costly as it takes much time for production. |

| | Employees' morale increases as they feel that their hard work is being recognised. As such, they become motivated. | Resentment is likely to emerge especially among those employees not promoted. |
|---|---|---|
| | The institution knows when the employees are happy and can work better with the other colleagues. | |
| External recruitment | It attracts new people with fresh and innovative ideas (Schuler & Jackson, 1987:207-19 cited in Noe et al., 2010:215). | The process is a very costly and time-consumiing. |
| | New recruits bring in skills, knowledge, abilities and experience which are the benefits of the institution. | The HRM department has to expend a great deal of effort to avoid misplacement of candidates. |
| | Enables the institutions to be selective during the selection process by defining its own requirements that fits the institutional strategy. | Existing staff may get demoralised and demotivated.\ \ There is possibility for longer orientation and induction in order to have new recruits adjust to the new environment. |
| | There is reduction of training cost and time as candidates bring their own qualifications and experience. | High recruitment costs due to advertising and selection process. |
| | Institutions are able to gain strategies of their competitors (Noe et al., 2010:215). | |
| | Ability to reach a wider pool of potential candidates. | |

| | Enables the institutions to meet their constitutional obligations of AA and Equality. | |

Having discussed the pros and cons of both methods of recruitment, Ekwoaba et al. (2015:26) suggests that for the institution to deliver its overall recruitment strategy, it will be ideal to combine two or more of these methods as part of the recruitment process. However, the choice of the medium to advertise the position will depend on the philosophy of the institution as well as its advertising budget. As highlighted above, every medium has its own challenges, however, HR practitioners/specialists should analyse the metrics based on the past experience of the recruitment. This analysis will provide the institution with a glimpse of ideas on which method is more effective than others.

### 3.6.4 E-Recruitment

E-recruitment is also known as web online recruitment or internet recruitment (Kerrin and Kettley, 2003:9) and these concepts are used interchangeably as they utilise the internet for both internal and external candidates. This type of recruitment has been considered as cost-effective and also allows the institution to reach multiple potentially suitable applicants within a short period of time. Rahaman (2016:166) argues that in the modern economy institutions are following the online recruiting methods for attracting prospective employees. The entry of social media has drastically changed the approach towards recruitment as the current generation, that is, 'Generation Y' have access to technology. Technology has gained an enormous amount of popularity in the modern economy. The use of different instruments such as, IPad, Tablets and IPhones has made recruitment easy and faster. The availability of, for example, cyber-cafés enable those prospective candidates who do not have access to such instruments and personal computers to search for jobs and then apply online.

Stone (2011 & 2008:219) support the application of technology and considers it as an invaluable tool for HRM. Although Lee (2006:80-82) confirms the potential of this method, he adds a warning that mastering the internet as a recruitment source is very difficult if it is not well planned and executed. However, it has become an integral part of candidate searches (Swanepoel, Erasmus. & Schenk 2008:268).

Institutions and employment agencies are presently utilising their websites, job sites or social networking sites such as Facebook, Twitter, LinkedIn and MySpace.com to advertise vacancies because they can tune their recruitment message in such a way that targets a certain group of prospective applicants (Kanyemba, 2014:17). Applicants can also use e-recruiting to search for institutions (Du Plessis, 2015:90). Swanepoel et al. (2008:268) suggest that applicants can complete application forms online and submit them, often with CVs attached, with a simple click of the mouse. Du Plessis, Nel, Marriott and Mathew (2007:3) explain that when applying online, applicants immediately enter their details into the database, and can then apply for as many jobs as they would like in less time (Fister, 1999) with low cost (Maurer & Liu, 2007).

This method is considered relatively inexpensive, and also reduces costs to recruiters and as a result it has become very popular in both public and private sectors. E-recruitment is considered as the most effective strategy for job seekers and employers (Awang, Ghouri, and Khan, 2013:55) hence, is a key to maintain competitive advantage in the labour market. However, the biggest drawback from the applicant's perspective is the need to protect his or her identity, because this medium has also been a haven for identity thieves, who post false openings in the hope of getting some applicant to provide personal information (Mattioli, 2006:B9). It will be ideal if an applicant can avoid putting their identity numbers and bank accounts on online applications until they meet the employer in person. Based on the foregoing, e-recruitment through the application of social networking sites play a pivotal role in public service institutions. Hospitals should make attempts to have social networking accounts such as Facebook, Twitter and LinkedIn accounts in order to advertise their posts on these sites. This is in line with the recent trend of recruitment where the recruitment process is automated due to globalisation and new technologies. Types of e-recruitment can broadly be classified into the following categories (Karim et al., 2015:35):

- *Notice boards*: Usually public service institutions post their jobs on notice boards to source for potential candidates. This method is used to entice eligible candidate to apply for vacancies.
- *Institutions websites*: Each and every institution should have a website to market its services. It also helps to strategically position itself in order to attract potential candidates.
- *Professional websites*: These sites relate to, for example, clinicians and professional nurses with specialty training/education. Medical journals are prime examples for such sites as medical and clinical posts are advertised in them.

### 3.6.4.1 Perceived benefits of e-Recruitment

- *Reduced cost*: Comparatively speaking, online advertisement is considerably cheap as opposed to, for instance, newspapers, magazines, and employment agencies (Suvankulov, 2010:8). If an institution, for example, intends to advertise a post in the Sunday Times Newspaper for four consecutive Sundays, it must be prepared to pay for four advertisements.

- *Time saving*: The response is quicker and faster because applicants respond through a simple click of the mouse. The delay of the applications that is caused by the postal services is reduced.

- *Scope of search*: The net is global hence, it can connect with any potential applicant in the whole world within a second. As such, the pool of applicants consisting of various demographics is created.

- *Ambiguous words*: Online advertisements are not limited by characters as in newspapers advertisement. Due to limited space in the newspaper advertisements, sometimes other important words are misinterpreted. For example, the word SHRM might be interpreted as Society for Human Resource Management instead of Strategic Human Resource Management if not clarified in the newspaper advertisements.

- *Paperless work*: Applications for positions are administered electronically thus, limiting documentation.

The review of the impact of institutional e-recruitment on the institutional recruitment process have signaled a number of disadvantages (Suvankulov, 2010:7).

### 3.6.4.2 Perceived limitations of e-recruitment

- *Computer Savvy*: Online recruitment caters only for computer savvy applicants. This means that the net cannot reach job hunters who do not have access to the web.

- *Too many applications*: The HR department is likely to receive inappropriate and irrelevant applications which could pose a problem in scanning them swiftly. This issue is regarded as a bugbear for HR practitioners/specialists as they are responsible for the recruitment in these hospitals. Moreover, lack of human interaction is viewed as negative.

- *Standardised formats*: This method prohibits qualified and suitable candidates to display their skills, competencies, knowledge and experience. As such, they are not fairly assessed due to the limitations imposed by the standardised format.

For this study, colleges of medicine and universities are the main recruitment source for these hospitals as public healthcare specialists recruited from these institutions are expected to do their internship and community service obligations in public service institutions. The study is of the opinion that the online group/interactive chat sessions with completing medical students and registrars (section 3.6.1.2) can contribute effectively in attracting public healthcare specialists in the said hospitals. As the larger part of this section focuses on the traditional sources such as newspapers, employment agencies, referrals and walk-ins, therefore, this study proposes further research that will investigate the source effectiveness with special attention to e-recruitment as a recruitment source. The next section examines the retention practice as part of the main focus of the study.

## 3.7 RETENTION AS A HUMAN RESOURCE PRACTICE

A good recruitment and selection process is the principal source for employee retention (Hanif & Yunfei, 2013:2828; Maliku, 2014:4). Vispute (2013:743) suggests that employee retention begins with better recruitment. Retention is discussed in this section as part of the study. Retention has become part of executive management top priority (Du Plessis, 2015:111) as labour turnover leads to a loss of proprietary knowledge that is impossible to replace (Vispute, 2013:747). The loss of such knowledge and experience could lead to negative health outcomes. It is very costly to replace an employee whose skills are in demand. Netswera, Rankhumise and Mavundla (2005:36) argue that the replacement cost is calculated at 30 percent of an employee's annual salary. The cost can rise to two-thirds of their annual salary (Netswera et al., 2005:36). Gharib, Kahwaji and Elrasheed (2017:202) state that the main aim of retention is to put a halt to the loss of skilled employees. However, Buckingham (2000:45) argues that labour turnover is caused by management attitudes and not institutions.

The *Chartered Institute of Personnel Development (CIPD) (2012a:30)* affirms that the retention of critical scarce skilled employees remains a major component of the institution as today's business has become competitive. Du Plessis (2015:111) defines retention as a careful move by an institution to create an environment which involves employees for a lasting period. From a different perspective, employee retention is defined as an institution's capability to retain key employees who are the fulcrum of the institution's success based on mutuality (Ramatswi, 2016:24). The *Guide on Staff Retention (DPSA, 2006 (a): 9)* shared a similar definition, and also attest to the fact that critical scarce skilled employees are regarded as valuable assets for the institution. In light of the above definition, retention has become an important matter in these hospitals hence, Hanif and Yunfei (2013:2828) propose various strategies for retaining critical scarce skilled employees.

Such strategies include the HR practices of recruitment and selection which according to Budhwar and Mellahi (2007), are declared as one of the important factors for institutional achievement as they form the basis of other HR practices. Hanif and Yunfei (2013:2828) caution that recruitment must be conducted in line with the institutional needs. Whilst conducting recruitment, institutions must take notice of the retention of the employees (Baptiste, 2008). Different techniques to retain critical scarce skilled employees have been explored by various institutions, however, the determination of parameters remain to be seen as different researchers such as Digeorgio (2004), Golden (2005), Lewis and Heckman (2006), Bhatnagar (2007) and Vaiman (2008) have provided their views and experiences in this regard.

These studies have indicated that retention of scarce skilled employees has become a daunting task for institutions as public healthcare specialists are easily attracted and poached by competitors. South African skilled employees including public healthcare specialists are daily emigrating to overseas for better job conditions (Samuel & Chipunza, 2009:410). In a survey report, Samuel and Chipunza (2009:410) state that South African employees are ranked amongst the best in the USA, Italy, Germany, Brazil and Britain (Gillingham, 2008). This could possibly be the reason why South African skilled employees are poached continuously by international hospitals. Against this backdrop, these hospitals will continue to lose highly advanced public healthcare specialists until management identifies and put into practice appropriate retention strategies that will reduce labour turnover of key employees. Due to the shortage of scarce skilled employees in the labour market, it is not easy to replace a lost employee. Given the challenges faced by the institutions in retaining public healthcare specialists, the study will explore the following theoretical foundation for the retention of key employees.

**3.7.1 Theoretical basis for retention**
Several theories that explain the reasons for staying in the institutions have been examined. Beardwell and Thompson (2014:166) suggest that a decision to leave or stay in the institution is influenced by the degree of job-embeddedness model (JEM). Maliku (2014:3) uses motivation theories to encourage employees with critically scarce skills to stay in the institutions for a lasting period. Maliku (2014:14) presents Herzberg's (1959) two-factor theory as constituting a theoretical background for this study. This thinking is supported by Bassett-Jones and Lloyd (2005) who state that the theory comprises of hygiene and motivational factors. Hanif and Yunfei (2013:2828) highlight that intrinsic motivation and job satisfaction factors are key to employee retention including public healthcare specialists.

The *Guide on Staff Retention (DPSA, 2006a:9*) agrees that employee retention revolves around motivation for employees.

**3.7.1.1 Job-embeddedness Model (JEM)**

The Job Embeddedness model is described by Magnusson and Silfverberg (2013:13) as a theory that contains various dimensions that keep the employees embedded to the institutions. These dimensions could be both within and outside of work and they make employees feel reluctant to leave the institutions for three different reasons (Nguyen, 2012:13): The first dimension is *fit*: This dimension refers to the compatibility of the employee's skills, values and goals with the institution's strategies. Mitchell et al. (2001:103) add community to the fit. The P-J fit becomes an important variable in the recruitment and retention of employees. For the realisation of P-J fit, institution should incorporate institutional fit into their selection process as well as employment of realistic job preview (Maliku, 2014:16). It is assumed that as the level of institutional fit increases, the level of turnover and voluntary resignation decreases.

The second dimension is *links*: This dimension describes the degree to which employees relate with other people, or groups or institutions. According to the model, links can take place either on-the job or outside-the-job. On-the job as interlink or inter-connections with other colleagues, EXCO, line managers, working groups and teams while outside-the-job refers to connection taking place in the community and church (Ramatswi, 2016:39). To foster the link, institutions should provide employees with mentors and coaches as they contribute to job satisfaction and employee retention (Maliku, 2014:16). The basic reasons for such provisions is that institutions regard links as the main contributor to the retention of employees. Creating work within teams and fostering team cohesiveness have significant impact on the embeddedness to the job. By so doing, employees will find themselves being embedded in the institution and they will ultimately, find it difficult to leave. The positive relationship at work is very important as it keep employees embedded with their jobs. Therefore, the stronger the links are, the more embedded the employee may become.

The last dimension is *sacrifice*. This dimension seems not to be relevant for this study, therefore briefly discussed to enhance the understanding of Job Embeddedness Model (JEM). Sacrifice indicates the tangible or intangible benefits that employees have to sacrifice when they decide to leave the institution. The tangible benefits include pension package and bonuses, while intangible benefits refer to a chance to achieve seniority and to work with great colleagues (Nguyen, 2012:13). Magnusson and Silfverberg (2013:14) add friendship, status and appreciation (Jiang, Liu, McKay, Mitchell & Lee, 2012).

Nguyen (2012:13) argues that the importance of these benefits differs from one employee to another as their financial situations fluctuate. Sacrifice might be perceived as psychological loss when the employee leaves the institution. According to Nguyen (2012:13), JEM stressed the importance of teamwork and project groups as it has brought a new perspective of cultural aspect (Jiang, Liu et al., 2012). Jiang, Liu et al. (2012) are of the view that there exists a complex relationship between job embeddedness and employee turnover which has an impact on employee retention. According to Jiang et al. (2012), the contextual factors are divided into:

- Societal: due to cultural differences in various countries, job embeddedness may vary and
- Organisational: public service institutions are, for instance, operate differently from the private sector, and therefore, job embeddedness may vary in these sectors.

Institutions benefit from JEM when it comes to retention of employees as it enables them to know why employees prefer to stay with them. Such awareness enables the hospitals to develop appropriate retention strategies that is consistent with the hospital's strategies. The study advances the notion that if public healthcare specialists remain unhappy or dissatisfied, they will become vulnerable to poaching by competitors.

### 3.7.1.2 Herzberg's Two-Factor Theory

Herzberg's Motivator-Hygiene Theory known as the Two-Factor Theory is chosen for this section as a content theory to motivate employees to stay in the job. The reason for choosing the content theory is that it places emphasis on the needs of the individuals as opposed to process theories (Habagusenga, 2012:6) which stress the differences in people's needs (Petzall, Selvarajah & Willis, 1991). For the purpose of this study, it is unnecessary to explain the description of process theories as they do not form a part of the study. Riley (2005:5) mentions that Herzberg's Two-Factor Theory categorised motivation and job satisfaction into: motivation and hygiene factors. Quader and Jin (2011:16) state that the motivating factors include six job content factors (intrinsic): achievement, recognition, work itself, responsibility, advancement, and possibility of growth. Quader and Jin (2011:16) add that the hygiene factors relate to 'job context' (extrinsic) factors, which include institutional policy, supervision, relationship with supervision, work conditions, relationship with peers, salary, personal life, relationship with subordinates, status and job security (Ruthankoon & Ogunlana, 2003). According to Herzberg (1987), motivators give employees job satisfaction while hygiene factors lead to poor satisfaction and employee turnover.

Herzberg's theory argues that individuals are only motivated by self-actualisation (desire to self-fulfillment) needs (Herzberg, 1987:8-9). Samuel and Chipunza (2009:412) mention that empirical studies (Kinnear and Sutherland, 2001; Meudell and Rodham, 1998; Maertz and Griffeth, 2004) have revealed that hygiene factors are key to employee retention, although they are not regarded as the main motivators, but they should be there to keep employees happy. For this study, the combination of both intrinsic and extrinsic factors is likely to influence employee retention as both factors would make employees feel valued because of the support mechanisms provided by management. The sense of responsibility and achievement which is embedded in the hygiene factors would keep the employees in their jobs (Leach & Westbrook, 2000).

### 3.7.2 RETENTION STRATEGIES

Shao (2013:10) suggest that HR managers must apply the HR practices that will enable these hospitals to retain their public healthcare specialists. According to Fitz-Enz (1990), the following strategies may be identified to retain employees and prevent employees' turnover and are depicted in Figure 3.3 below.

(i)     Compensation and rewards;
(ii)    Training and professional development;
(iii)   Job security; and
(iv)    Job satisfaction.

**Figure 3.3: Study model**
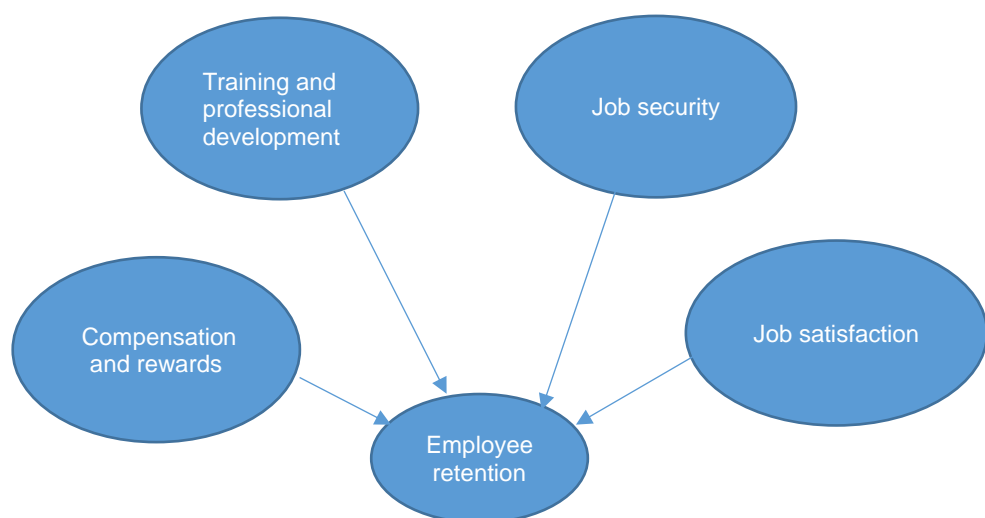


**Source: Gharib et al. (2017:204)**

### 3.7.2.1 Compensation and Rewards

Mokoditoa (2011:26) opines that the purpose of the compensation and rewards system is to attract and retain critical scarce skilled individuals in the institution. Willis (2000) considers compensation as the most important factor for attracting and retaining the critical scarce skilled employees. For these hospitals to achieve retention, statutory and regulatory framework relating to pay incentives must be considered. Pay incentives is a reflection of self worth as it brings satisfaction to key employees (Currall, Towler, Judge & Kohn, 2005:613). It is associated with the security needs of the employees of which they are paid in return for the services they are rendering to the institution. Studies on compensation and rewards found that employees get embedded to their jobs when institutions recognise their hard earned efforts (Tiwari, 2015:26). This issue becomes controversial due to the intervening variables that impact on its implementation such as impartiality, politics, inconsistencies and preferences of employees. According to Gharib et al. (2017:203), pay can take the form of money or rewards, for example, grants, free excursions, free stocks or acknowledgment.

It is difficult to find a balance between tangible and intangible rewards which are designed to retain employees (Murphy, 2015). From the perspective of retention, there are two problems associated with the traditional method of pay (Jin & Quader, 2011:16): Firstly, it is expensive to pay employees at a high level of the institution. For example, it is assumed that the initial implementation of the OSD caused the KZNDOH to run bankrupt. Secondly, paying equal salaries to employees who are high performers with those who are under achievers might create a problem (Lawler & Jenkins, 1992:8). Lawler and Jenkins (1992:13) argue that there should be a connection between performance and rewards. Consistent with Maliku (2014:3) (section 3.8), many institutions claim to base their salary increases on performance, but that is not actually the case because in certain environments, institutions emphasise teamwork, but continue to reward people for individual achievement (Feldman, 2000). Feldman (2000) warns that such inconsistencies might cause frustration and cynicism thus, resulting in the loss of productivity.

In the case of the hospitals under study, salary increases are based on the implementation of *Employee Performance Management and Development Systems (EPMDS) (Department of Public Service and Administration (DPSA) circular 1/7/1/4/1, dated 27 January 2003*). This section suggests that pay is a source of motivation. Herzberg's Motivator-Hygiene Theory (section 3.7.1.2) states that pay can only be a source of motivation if it recognises a particular performance, otherwise it is a source of dissatisfaction. Nonetheless, rewards are important as they have a persisting impact on employees (Silbert, 2005).

The relationship between employee retention and reward systems have been highlighted by research studies conducted by Gharib et al. (2017:203). Attractive pay is not sufficient to retain employees but it can be used to entice prospective candidates to join the institution (Mary, 2013:11). There are other variables such as working conditions that have an impact on the employee retention hence, attractive pay could not solely be regarded as a retention strategy.

### 3.7.2.2 Training and professional development

Employee training and professional development is absolutely necessary as most institutions consider it as a human capital investment. The main aim is to develop employees to achieve superior competitive advantage. Institutions set aside continuous development incentive for those employees who are regarded as central to superior health outcomes. This thinking concurs with Messmer (2000) who states that institutions expect to profit and give yield for its venture. For instance, the physician leadership development programmes are aimed at strengthening the physicians' leadership competencies, thus improving institutional health outcomes (Frich, Brewster & Bradley, 2015:656).

For institutions to yield better health outcomes, training and development programmes should commence when employees are appointed to improve their skills (Goldstein, 1991). There is a perceived notion that the selection panel is able to identify the areas that require training and development during the selection process. Training and development has a potential to increase employee retention and commitment (Deery, 2008) because they have acquired new learning and skills which they are able to apply in their work sphere (Maliku, 2014:19). Based on the foregoing, training and development should not be viewed as a cost to the institution instead, it should be viewed as value added to achieving superior competitive advantage. Therefore, training and development can be regarded as a key to employee retention. In this regard, employee turnover is minimised (Lauri, Benson & Cheney, 1996).

### 3.7.2.3 Job Security

According to Jandaghi, Mokhles and Bahrami (2011:6854), job security is the feeling of securing a fixed job where its future for continuance is guaranteed. Moreover, the job is not threatened by any factors. Drawing on the assertion of Gharib et al. (2017) (section 3.7.2.1), Davy, Kinicki and Scheck (1997) agree that in job security employees are concerned about the continuity of their jobs. To guarantee employees security, the work should contain issues such as career development and promotional job opportunities (Borg and Elizur, 1992) which ultimately, give employees job satisfaction (section 3.7.2.4) and commitment (Thomas, Tram & O'Hara, 2006).

It is clear that job security is one basic factor that fulfills job satisfaction. Job security causes employees to stick to their work, hence influencing employee retention positively (Kassa, 2015). The two-factor theory (section 3.7.1.2) points out quantitative job insecurity which indicate concerns about the current position, while subjective job insecurity explains the danger of crippling the operations of the institution (Gharib et al., 2017:203). Samuel and Chipunza (2009) agree that job security affects the retention of employees.

### 3.7.2.4 Job Satisfaction

Job satisfaction is defined as the attitudes and feelings that employees have about the job (Ramadhani, 2014:6). In other words, it is an affection or emotional reaction to a particular job. It is unfortunate that these reactions are intangible, thus requiring theoretical descriptions. Due to the complexity of the concept, Herzberg (1959) divided job satisfaction into hygiene and motivator factors (Masindi, 2015:9). Therefore, job satisfaction affects employee retention as employees are motivated by the following factors: achievement, recognition, responsibility, growth, and other matters associated with the motivation of the individual in his/her job (section 3.7.1.2). These factors bring loyalty and commitment to the employees. Employees who have high esteem and ego are probably going to stay with the institution (Curtis & Wright, 2001). These employees are presumed to be willing to sacrifice their time for the benefit of the institutions' competitive advantage. Environmental pressures also play a role in the determination of whether to continue or terminate the contract of employment. Masindi (2015:10) argues that the factors that influence job satisfaction are: pay, work itself, supervisor, promotion possibilities, co-workers and clients.

A passive relationship was found to exist between job satisfaction of employees and the intention to leave work (Trevor, 2001). This implies that if employees feel dissatisfied with the work, labour turnover is likely to increase. Job satisfaction is therefore, an important variable that often leads to employees' retention. Management of institutions should consider both internal and external environmental factors as they affect the retention of employees. The discussion about employee retention demonstrates that the attraction, recruitment and retention of public healthcare specialists in these hospitals remains a challenge. These hospitals should ensure that once a critical skilled individual is appointed, mechanisms are put in place to prevent him/her from leaving in terms of the return on investment theory. The mechanism could include training and professional development of employees. According to Netswera et al. (2005:37), the following elements are vital for employee retention:

- Creating a climate of trust;
- Providing managers who supervise the professional employees with relevant skills including effective leadership skills;
- Avoid burnout;
- Frequent communication on how each employee contributes to the achievement of institutional goals and
- Roles and responsibilities must be clarified to facilitate learning.

While addressing the issue of recruitment, selection and retention of public healthcare specialists, these hospitals are faced with a dilemma that in the post-apartheid South Africa they are expected to deliver superior health outcomes, on the one hand and on the other, be responsive to the constitutional imperatives of equality and equity. The next section summarises the chapter.

## 3.8 SUMMARY

The chapter provided the theoretical background of the recruitment, selection and retention. It examined the strategic framework of recruitment, selection and retention that supports the institutions' objectives, and also explored the strategic approach to recruitment, namely, job analysis, job description, job specification, job evaluation and HR planning. It also discussed applicants' attraction, applicants' responses as well as the recruitment steps together with systematic selection process involving initial screening of applications, selection interviews, selection tests, reference checks, job offers, employment contracts and follow-up. The recruitment sources and methods as well as advantages and disadvantages were explored in conjunction with e-recruitment. The chapter highlighted the advantages and disadvantages of e-recruitment. The chapter examined the practice of retention with particular attention to the theoretical foundation: job embeddedness theory and Herzberg Motivation-Hygiene theory. Finally, it also explored retention as a strategy to keep employees embedded in the institutions: compensation and rewards, training and professional development, job security and job satisfaction. The next chapter reviews the statutory and regulatory framework of HRM affecting the recruitment, selection and retention.

# CHAPTER 4

# STATUTORY AND REGULATORY FRAMEWORK: RECRUITMENT, SELECTION AND RETENTION IN PUBLIC SERVICE INSTITUTIONS

## 4.1 INTRODUCTION

The preceding chapter provided a literature review on the different perspectives of human resource management (HRM) with particular emphasis on the human resource (HR) activity of the recruitment, selection and retention. The literature review indicated the complex nature of the HR activity in general deriving from different perspectives. Consequently, this HR activity has received priority within the government circles as it seeks to provide an all inclusive high-quality public service through statutory and regulatory framework which, will provide the impetus for the HR activity at the Ngwelezane, the Queen Nandi and the Stanger Regional Hospitals. In this context, employment practices, policies, processes and methods are informed and guided by such a framework. It becomes important and relevant to explore policies that underpin HRM practices to assess the level of compliance of best employment practices at these hospitals. Such exploration will enable the study to address perceived problems in attracting and retaining public healthcare specialists at these hospitals. The chapter also examines other secondary policies such as various white papers that are regarded as supporting the above framework.

This chapter is composed of six sections. Section 4.2 contains a review of literature related to statutory and regulatory framework that guides HRM in the public service. Section 4.3 explores the current realities of the framework. The section further highlights the difference between statutory and regulatory framework. It also presents this framework in the form of a roadmap. Section 4.4 and section 4.5 focuses on the legislation that constitutes the statutory and regulatory framework governing the implementation of the recruitment, selection and retention in the public service, respectively. Section 4.6 provides the summary of the chapter.

## 4.2 LITERATURE REVIEW RELATED TO STATUTORY AND REGULATORY FRAMEWORK THAT GUIDES HRM IN THE PUBLIC SERVICE

The study has observed dramatic changes in HRM, mainly due to the challenges imposed by, for example, changing 'economic, political and legal environment' (Noe, Hollenbeck, Gerhart & Wright, 2010:683). This means that the HRM practices of the public service has been determined by the political and legal system of a country and this determination is supported by Noe, Hollenbeck, Gerhart and Wright (2013) who assert that political and legal factors are one of those factors which affect the HR practices.

Nonetheless, there are other external environmental factors such as 'social, technology, cultural, legal, economic, political, and historical characteristics' (Shanine, Buchko and Wheeler, 2011:2) that have impacted on the HRM practices. The focus of this chapter is limited to the political and legal factors but it should not be interpreted as though the other environmental factors are not important. Since the business world is continually changing this chapter argues that these changes are spilling over into the recruitment, selection and retention of public healthcare specialists. It appears that for these hospitals to attract and retain public healthcare specialists who are key to superior health outcomes, this HR activity should be performed in compliance to legislation. As such, Marais (2002:28-30) suggests that 'government policy and sentiments should be traceable via its statutes.' These sentiments further portray the changes in the laws that impact in the employment practices. It is interesting to note that contemporary ideas and thoughts on HRM were embedded in the colonial laws which have gradually been transferred to modern laws. From the perspective of change, there is a paucity of information on HRM problems, and these problems have not been addressed in the mainstream of statutory and regulatory framework. To elucidate, the statutory legislation is promulgated by parliament whereas the regulatory legislation is issued in terms of or through the statutory legislation. This is discussed in the following section.

## 4.3 STATUTORY AND REGULATORY FRAMEWORK ON HUMAN RESOURCES MANAGEMENT PRACTICES

The advent of democracy in SA in 1994 requires that the recruitment, selection and retention must take place within the context of statutory and regulatory framework. The policy-makers have recognised the impact of the framework in HRM practices in the quest to improve service delivery goals. The framework suggested by the Public Service Commission (PSC) (2015:12) includes the following:

### 4.3.1   Statutory framework

The statutory framework on HRM in South Africa comprises:

- Republic of South Africa (RSA) Constitution, 1996;
- Public Service Act (PSA), 1994 (as amended);
- Employment Equity Act (EEA), 1998 (as amended);
- Labour Relations Act (LRA), 1995 (as amended);
-  Skills Development Act (SDA), 1998 (as amended);
- Skills Development Levies Act (SDLA), 1999 (as amended);

- Promotion of Equality and the Prevention of Unfair Discrimination Act (PEPUDA), 2000;
- Promotion of Administrative Justice Act (PAJA), 2000; and
- Basic Conditions of Employment Act (BCEA), 1997.

## 4.3.2 Regulatory framework (subordinate legislation)

The regulatory framework on HRM in South Africa comprises:

- Public Service Regulations (PSR), 2001 (as amended);
- White Paper on Transformation of the Public Services (WPTPS), 1995;
- White Paper on Human Resource Management in the Public Service (WPHRMPS), 1997; and
- White Paper on Affirmative Action in the Public Service (WPAAPS), 1998.

Statutory and regulatory framework is depicted in Figure 4.1 in a form of a diagram.

**Figure 4.1: Statutory and regulatory framework for recruitment, selection and retention**
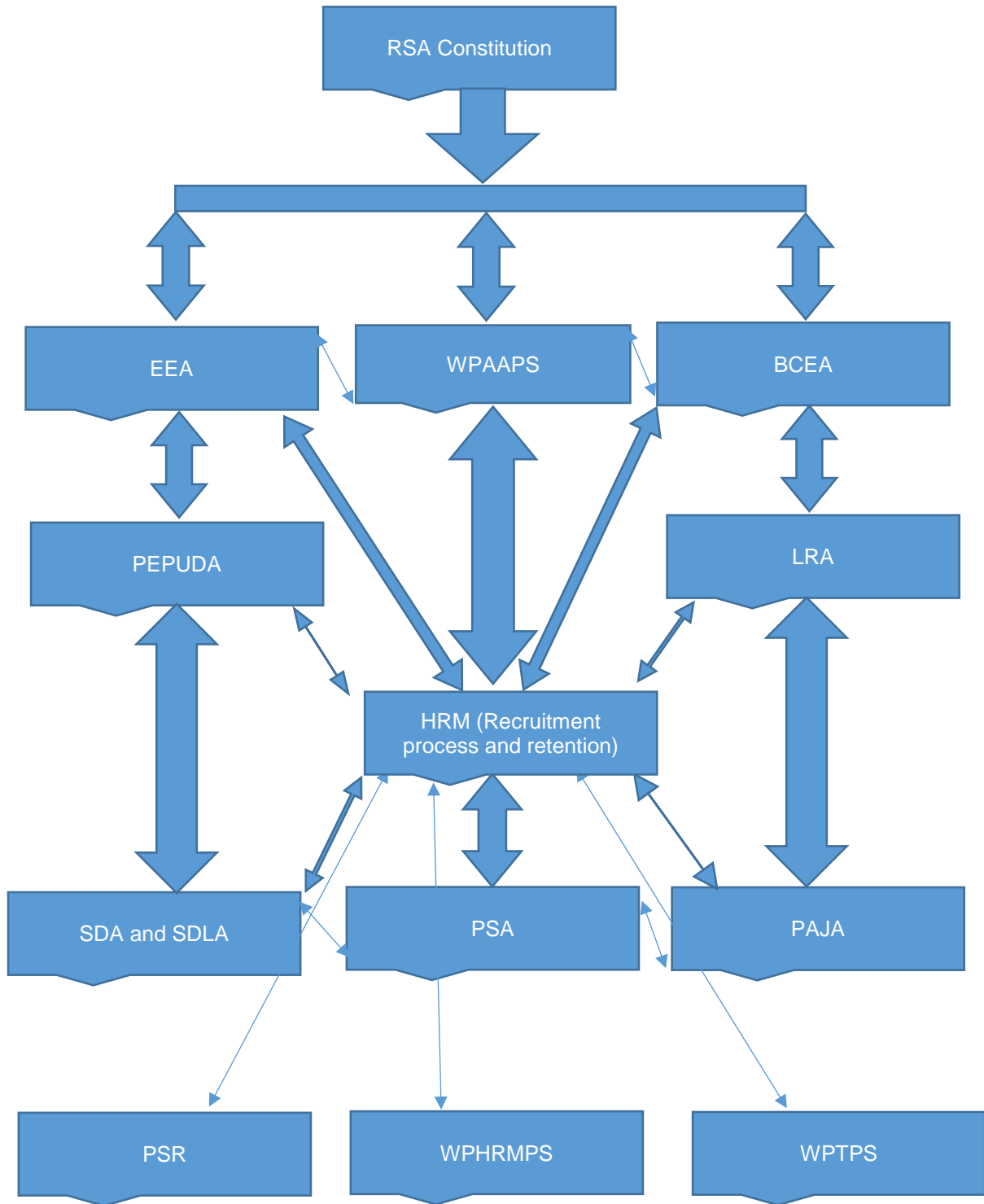


**Source: Researcher's construction (2017)**

Figure 4.1 reflects the relationship between the relevant policies that govern the recruitment process and which ensure that retention complies with the set legislation. Whilst this framework is not exhaustive it is the only legislation that will be analysed in relation to its contributions to the recruitment, selection and retention.

## 4.4 STATUTORY FRAMEWORK FOR RECRUITMENT, SELECTION AND RETENTION

The sequence of the discussion is not based in terms of the Act's importance, but from the perspective of the recruitment, selection and retention.

### 4.4.1 The Constitutional impact on human resource management

In the introduction section, the study discussed the environment and policy framework of personnel management which was characterised by inhuman factors. Significant political changes have resulted in the transformation of the colonial laws to modern laws. History of discriminatory politics is essential to determine the importance of the Constitution with regards to the recruitment, selection and retention. The *Bill of Rights* (Chapter 2) embedded in the Constitution, 1996 provides that 'every person shall have the right to fair labour practices'. This means that all discriminatory factors that could flout the credibility of the recruitment, selection and retention must be removed. Mdhluli (2014:29) argues that the most important sections of the *Bills of Rights* from an employment perspective are those relating but not limited to equality and human dignity. Therefore, under the equality clause foreign nationals must be considered for positions in the said hospitals. According to Shuping (2014:157), it would be grossly erroneous to single out certain human rights that are relevant to the recruitment, selection and retention, because human rights do not exist in isolation, and very often more than one human right is involved in a particular issue. Shuping (2014:157) further maintains that the applicability of a right in a specific scenario will hinge upon the issue that is at stake and the context in which it takes place.

*Section 10 of the Public Service Act (PSA),* 1994, as amended, dictates that no person shall be appointed permanently, whether on probation or not, to any post on the establishment of a department unless he or she is a South African citizen or permanent resident; and is a fit and proper person. In contrast, section 11 (1) of the same Act provides that in the making of appointments and the filling of posts in the public service due regard shall be had to equality and in this case, equality is interpreted as meaning that 'all persons who applied and qualify for the appointment concerned shall be considered' (Section 11 (2) of the PSA). Due consideration must be given to the person's level of training, skills, competence and knowledge of the job. Since the element of equality reverberates in both statutes, the Constitution takes precedence because the Constitution and the Bill of Rights as part of it, provides the foundation for all government legislation, policies and service delivery strategies (Seleti, 2004:51). This implies that all other employment and labour laws are subordinate to the Constitution. Any law that is not consistent with the Constitution is invalid.

September (2012:32) affirm that the Constitution represents the supreme law pertaining to public human resource management. The constitutional supremacy is also acknowledged by Raju and Stilwell (2007:3). As such, the supremacy of the Constitution dictates the public service approach to the field of HRM practices. Against the background of HRM, Carelse (2013:12) indicates that the public service is now conducted in a fundamentally new context of the public administration environment. Within the context of public administration, good human resources management practices are essential to uphold the democratic values and principles including equality, equity, accessibility, transparency, accountability, participation and professionalism. Public administration is defined as (Gachie, 2014:56):

> A set of the various processes and specific functionary activities of the government institutions that operate within a particular environment … by providing services, products and activities.         .

To corroborate the above definition, it would appear that the effectiveness of the said hospitals is largely dependent upon the supply of public healthcare specialists. The supply of such personnel is through the recruitment, selection and retention but the issue of equality remains debatable from an employment perspective. Therefore, it becomes essential to describe and define equality from a constitutional viewpoint to provide clear interpretation with regards to the implementation of the recruitment, selection and retention. Equality remains a fundamental constitutional value aimed at protecting the designated groups. These groups are those persons who are lacking from or under-represented in specific areas of employment in the public service (September, 2012:34). Since inequality had dominated the South African employment practices and labour relations thinking for many decades, Van Staden (2011:116) holds the view that one of the broad purposes upon which the Constitution, 1996 is founded is '...the achievement of equality...' (section 1(a)). The study advances an argument that the attainment of equality in these hospitals seems to be extremely difficult due to a phenomenal dimension of unequal education and skills. These dimensions have been thwarted by inferior education accorded to Blacks by the apartheid system. In this regard, the study views these phenomenal dimensions as a constraint to equality, and consequently, decisions to attract, select and retain public healthcare specialists in these hospitals is a challenge.

Similarly, Esterhuizen (2008:14) argues that competing for positions with their counterparts on equal footing strictly speaking is impossible. To address the notion of Blacks being called 'hewers of wood and drawers of water' (Benjamin, 2011:220), the government introduced AA in an attempt to rectify the imbalances of the past, thus promoting equal opportunities in the employment sphere (Venter et al., 2009:138). Affirmative action gives credence to section 195 of the Constitution.

Fair discrimination is permissible to achieve substantive equality aimed at improving the employment levels of designated groups. Affirmative Action is dealt with in detail in section 4.4.4 below. In this case, the Constitution does not just prohibit unfair discrimination (section 9 (3)) but it actively promotes the equality for those individuals who were disadvantaged by past discriminatory practices (Van Staden, 2011:118). Gaibie (2014:2655) maintains that whilst the principle of equality is extremely complex, its application as a fundamental right is even more so.

Therefore, the right to equality is characterised by conflict, controversy and contradiction. Interestingly, the *Green Paper on Equality (RSA, 1997b: Chapter 1)* distinguishes between formal equality and substantive equality. Formal equality requires that all prospective applicants be afforded equal rights during the implementation of the recruitment, selection and retention while substantive equality suggests that potential candidates from designated groups must first be considered for positions. Although it is true that designated groups are prioritised to achieve substantive equality, it is unfortunate that vehement views and perceptions on the impetus to achieve employment equity have been echoed by the critics of the legislation (Basson, 2006:251). Regardless of such views and perceptions, the aims and ambitions of the legislation should not be affected. Since the Constitution has not defined the categories of persons who should be protected or given preferential treatment the following statutory framework to support the Constitution has been promulgated:

(i) *Promotion of Equality and the Prevention of Unfair Discrimination Act (PEPUDA) (No 4 of 2000)* provides for affirmative action measures to support the recruitment, selection and retention;

(ii) *Employment Equity Act (EEA) (No 55 of 1998*) provides for measures intended to eradicate discriminatory factors in the employment practices thus elevating designated groups in all employment levels; and

(iii) *Promotion of Administrative Justice Act (PAJA) (No 3 of 2000*) guarantees the right to administrative justice.

This study also argues that the bureaucratic processes and procedures associated with the recruitment, selection and retention could pose serious challenges with regard to adherence to the constitutional imperatives. This argument is prompted by various reports that suggest non-compliance to statutory provisions by public service institutions in terms of elevating the designated groups at all levels of employment. The Annual Report (2014-2015) issued by the Commission for Employment Equity (CEE) is testimony to the argument.

Whether mere perception or real, the recruitment, selection and retention practices is tainted with elements of nepotism, political influence, biased in favour of specific racial groups and gender (Employment Equity Forum (EEF) of Breede Valley Local Municipality: IDP 2007 - 2012 HRP Second Draft). Louw (2015:595) agree with the perception in that an Indian woman who was an applicant for a senior post in the South Africa Police Service (SAPS) was denied promotion by the selection committee under the pretext that doing so would be against the targets for race representation set out in the SAPS equity plan. It appears that the recruitment and selection process has been tainted by the fact that certain influential people might already had their preferred candidate they wished to hire, either a friend or relative of someone they have a specific relationship with (Bressler, 2014 cited in PSC, 2016:15). For example, the findings in the *South African Broadcasting Corporation (SABC)* case whereby the Chairperson of the Board is alleged to have ordered that previously advertised qualifications required for the appointment to the position of Chief Operating Officer (COO) be removed in order to accommodate a particular employee who did not possess any qualifications for the post (Bressler, 2014 cited in PSC, 2016:15).

In this case, the PSA (1994) as amended, requires that relaxation of requirements for a position should take place within statutory and regulatory framework so that it does not favour a specific candidate. Lowering the inherent requirements of a job is tantamount to unfair labour practices. On the basis of the overall perceptions, the study further argues that the selection panel tends to overlook the prerequisites of the positions and place emphasis on person's characteristics. In all likelihood, it will be difficult to attract and retain public healthcare specialists in these hospitals if this HR activity is still riddled with elements of bias which ultimately, flout the judgement of the selection panel. Therefore, a change in attitude is required in all public officials responsible for the implementation of the HR activity being investigated to adhere to the constitutional imperatives to achieve the desired objective. To this end, the next section reviews the PEPUDA which supports the Constitution with special focus on equality and unfair discrimination.

### 4.4.2 Promotion of Equality and Prevention of Unfair Discrimination Act (PEPUDA), (No 4 of 2000)

The PEPUDA was promulgated to provide affirmative action measures in support of recruitment, selection and retention. To effectively implement this HR activity, section 9 (4) of the Constitution requires the removal of unfair discriminatory factors. Pityana (2002:1) also affirms this constitutional imperative, and further argues that the promulgation was in compliance with the international obligations after the advent of democracy in South Africa.

Coincidentally, the PEPUDA also known as the *Equality Act (EC)* was promulgated alongside the *Promotion of Administrative Justice Act (PAJA)*, dealing with justice in administrative law. The PAJA is discussed in section 4.4.4 below. Van Staden (2011:118) argues that, apart from the Constitution (section 5 (1) and (2)), the PEPUDA has precedence over any other applicable laws. The highlight of the PEPUDA is the provision of a comprehensive South African anti-discrimination law (section 6) which guides the employment practices such as the recruitment, selection and retention. Apart from aiming at eliminating unfair discrimination and promoting equality during the implementation of the HR activity being investigated, Van Staden (2011:119) argues that the court may determine other characteristics that constitutes prohibited grounds. The employment and labour relations practices are covered by section 5 (3) of the Act hence, compliance by all public officials responsible for the recruitment, selection and retention.

Arguably, the distinction between direct and indirect discrimination seems to impact negatively in the implementation of this HR activity due to a lack of institutional capacity on the legislation. The study seems to suggest that the former refers to an intentional adverse action that is taken against a person because he/she possesses a specific characteristic as listed in section 9 (3) and the latter is when seemingly objectives are placed to exclude certain groups of persons. Such characteristics include: race, gender, pregnancy, marital status, family responsibility, ethnic or social origin, colour, belief, political opinion, culture, language and birth. Another phenomenal dimension that has featured prominently in this HR activity is prejudice. Often times potential candidates feel trapped by prejudice when performing this HR activity. Such prejudice could take the form of indirect discrimination which could be classified as either intentionally or unintentionally.

Chapter 2: Prohibition of discrimination of the Employment Equity Amendment Act, 2013 has inserted section 11 which provides clear guidelines on the individual who should prove whether discrimination did take place. For instance, if discrimination relates to one of the factors contained in section 9 (3) of the Constitution, the job applicant must on the balance of probability prove that: (1) the conduct complained of is not rational; (2) the conduct complained of amounts to discrimination; and (3) the discrimination is unfair. In a similar vein, if the allegation is made in the context of public service institutions, they must prove, on a balance of probabilities that: (1) the discrimination did not take place as alleged; or (2) is rational and not unfair, or (3) is otherwise justifiable. Kok (2007:138) have contextualised the previous burden of proof as follows:

That the applicant has been burdened or disadvantaged or an advantage has been withheld on a ground listed in the Act. The respondent then bears the onus of either showing that the applicant was not so burdened or that an advantage was not so withheld.

As it was not the case before, job applicants are now bearing the brunt to prove the occurrence of the above 3 factors of discrimination when seeking a recourse. With this legislation, the policy-makers hope to reduce discrimination cases, particularly for job applicants who claim to have been prejudiced because of non-securing the job. Should discrimination be proved to have occurred the PEPUDA has real teeth and allows a court to impose drastic sanctions against individuals who discriminate against others (De Vos, 2016:1). De Vos, (2016:1) adds that Equality Court (EC) has a very broad discretion when deciding what remedies to impose on the discriminating party and such a remedy could be an award of R500,000 damages. If more people could use the EC to challenge discrimination and if ECs imposes heavier penalties on individuals who unfairly discriminate, it might at least help to shatter the bizarrely resilient myth that whatever right they claim to have allows them to discriminate against others. Although the employment laws and policies aimed at eradicating discrimination are in place it is believed that the dream of achieving a truly representative workforce in these hospitals cannot be reached as long as there are systemic patterns that are deeply embedded in the recruitment, selection and retention which disadvantages the designated groups.

To improve the performance of such an HR activity, it requires that positive action be taken to eradicate practices that are tainting its credibility. At a conference held at Umbali Lodge, Mbombela on 26 February 2015, and the National Senior Commissioner: Commission for Conciliation, Mediation and Arbitration (CCMA), expressed that delegates make every effort to eliminate discrimination that could taint the credibility of such an HR activity. For this reason, public officials responsible for the implementation of such an HR activity should continuously strive to improve their knowledge of PEPUDA to avoid incurring unnecessary damages. Based on the foregoing, the PEPUDA is the fulcrum of such a phenomenon. The study concludes that the PEPUDA concurs with the Constitution. The next section examines the effects of the EEA in relation to the employment practices.

### 4.4.3 OVERVIEW AND BACKGROUND OF THE EMPLOYMENT EQUITY ACT (EEA) (NO. 55 OF 1998)

The period from pre-colonial times and continued developing through to postcolonial era, apartheid and patriarchy created a legacy of inequalities in the employment sphere.

During these periods, for the purposes of secrecy, the government used symbols to identify black people, women and persons with disabilities because they were treated as subhumans. Inherently, the public service has been historically tainted by racial discrimination. The Constitution, 1996 have signified changes in HRM which could 'either be subtle and passive' (Kreitner & Kinick, 2007:64) because some population groups would feel singled out of the change process. Van Rensburg and Roodt (2005:49) asserts that government legislation is considered as one of the external forces of change that causes a certain section of the population to panic. Adaptation to both internal and external changes is necessary to enhance the credibility of the recruitment, selection and retention. Such a credibility would enable the said hospitals to effectively attract and retain public healthcare specialists who are the fulcrum of the health outcomes. It became necessary to comply with the constitutional imperatives to enact the relevant legislation intended to eradicate discrimination in the employment practices, hence the *Employment Equity Act (EEA) (No 55 of 1998*) (RSA, 1998) was promulgated. Beardwell and Thompson (2014:362) state that the government has brought together all previous anti-discrimination legislation into one Act. In essence, the new political dispensation should be viewed as 'inclusionary instead of exclusionary' (Padayachee, 2003:85).

### 4.4.3.1 Conceptualising the *Employment Equity Act*

The EEA is the driving force behind the elimination of discrimination in the employment practices. The Act also inserts the affirmative action (AA) clause to achieve representativeness and equality in the public service institutions. In addition, the Act promotes the implementation of employment equity (EE) to redress the past imbalances. This assertion is consistent with Grobler, Warnich, Carrel, Elbert and Hatfield's (2011:90) thinking as well as Makhalemele 2008:76) who state that the purpose of the EEA is to speed up the appointment process of individuals from historically and previously disadvantaged groups. To corroborate the EEA definition, Carelse (2013:22) claims that the designated groups include black people, woman and disabled people. Shuping (2014:161-162) argues that the concepts historically disadvantaged groups and previously disadvantaged groups are preferred compared to designated groups. This conceptualisation stems from the perception that not all black people were disadvantaged during the apartheid era.

Although different authors provide a distinction between historical disadvantaged groups and previously disadvantaged groups, on one hand, and on the other, designated groups, for purposes of this study the concepts shall be used interchangeably. Gauging from the conceptualisation of EEA and Nel's assertion above, it would appear that the legislation has determined the recruitment, selection and retention to advance the interests of the aforementioned groups.

This means that prospective employees would be placed against available posts on the establishment of these hospitals hence, correction of the deeply embedded demographic imbalances in the workplace (Makhalemele, 2008:76). Recruiting the right public healthcare specialists is the key to having a healthy productive workforce in the hospitals under study. There are certain pertinent legal issues that have to be considered before embarking on the recruitment process including interviewing and selecting potential candidates.

**4.4.3.2 Impact of EEA on selection for recruitment**

The EEA does not address the issue of the recruitment, selection and retention *per se* hence, *Chapter IV section 9 of the Public Service Act (PSA)*, 1994, as amended, prescribes that the decision to hire public healthcare specialists in these hospitals rest with the executive authority (EA). In order to speed up such appointments, the power to hire has been delegated to the Chief Executive Officers (CEOs) per the KwaZulu-Natal Department of Health (KZNDoH) HRM Circular No 105/2007 (Delegation of Authority). In this regard, the EEA requires that the CEOs should not apply discriminatory factors when taking a decision to appoint except in the case when discrimination is judged to be fair. For instance, considering an AA candidate who meets the inherent requirements of the job for equitable and representativeness purposes is judged to be fair discrimination and cannot be a subject for judicial review. Consistent with section 9 (3) of the Constitution, the EEA highlights the arbitrary grounds that have a potential to exclude applicants from effectively competing for positions: race, gender, pregnancy, marital status, family responsibility, ethnic or social origin, sexual orientation, age, disability, religion, HIV status, conscience, belief, political opinion, culture, language, or any other arbitrary ground. In this case, the HR managers and HR practitioners/specialists should take cognisance of these factors when drafting the advertisement for recruitment.

The rules of natural justice such as fairness and consistency must always be upheld when dealing with the recruitment, selection and retention. During the selection process, the selection panel should be guided by the set selection criteria when taking decisions which are not based on discriminatory factors; and this strategic approach will enhance the credibility of the recruitment, selection and retention. The selection criteria are inclusive of medical and psychometric assessments and such tests are determined by KZNDoH HRM policies and practices. Section 8 of Chapter 2 of the EEAA, 2013 includes a clause which compels these hospitals to ensure that when conducting psychometric assessments on job applicants such tests are certified by the Health Professions Council of South Africa (HPCSA) or any other body which is authorised by law to certify psychometric tests or assessments. Since employment equity is also a determinant of the selection criteria that have been integrated into HRM policies and practices it is worth discussing it in isolation.

### 4.4.3.3 Measuring the employment equity

It is required of these hospitals to develop an employment equity policy and plan (EEP) (RSA, 1998: Chapter III - section 20) as well as the AA plan that will guide them in an endeavour to attract and retain public healthcare specialists. Esterhuizen (2008:29) and Bekwa (2013:32) outlines the practical steps leading to the development of an effective EEP. These steps are not discussed as they do not fall within the scope of this study. Reflexivity has become increasingly important in the achievement of EEP through the implementation of the HR activity. Most importantly, if these hospitals intend to constructively advance towards a truly representative public service institutions, they should measure their EEPs against certain criteria. Uys (2010:60) suggests that measuring ought to be neutral. A major question that arises is to determine whether Makhalemele's proclamation fits into Uys's suggestion wherein Makhalemele (2008:86) proclaims that the employer's EEP must be measured against the criteria as determined by McGoldrick (1996:181):

(i) The degree to which all potential candidates from historical or previously disadvantaged groups who meet the basic requirements of the job have been equitably represented in all employment levels in the public service institutions;

(ii) Check progress of how other employers have implemented their employment equity;

(iii) Fair and sensible attempts made by other employers to complement their EEP; and

(iv) The degree to which attempts have been made to eradicate discrimination embedded in the recruitment process and retention that adversely affect candidates from historically or previously disadvantaged groups.

Administratively speaking, there is a correlation between the two assertions. These hospitals should ask themselves whether they are complying with the above set criteria to meet the EEA objectives. It is unfortunate that until recently with the introduction of the EEAA, 2013 the implementation of the EEP was just viewed and perceived as a wasteful exercise that does not add value to the employer. It was regarded as paper generation, hence the inclusion of section 20 of the amendment permits the Director-General to seek recourse directly to the Labour Court to impose a fine in accordance with Schedule 1 of the Act on public service institutions that fail to prepare or implement an employment equity plan.

### 4.4.3.4 EEA qualification requirements for appointments

Since the focus is on attracting and retaining candidates from historically or previously disadvantaged groups who are suitably qualified, the *EEA (RSA, 1998a:11)* prescribes that a person will be eligible for employment, if and only if, he/she possesses any of the following:

(i) Formal qualification;

(ii) Prior learning;

(iii) Relevant experience; and

(iv) Capacity to acquire, within reasonable time, the ability to do the job.

According to Makhalemele (2008:77), this criteria forms part of the recruitment, selection and retention. In analysing the context of the above criteria for appointment, it appears that the individuals from designated groups are presented with 'a continuous learning opportunity to, among other things, upgrade the knowledge-base' (Penceliah, 2010:191) that will contribute to their employability. Central to this principle is to unlock the human potential that is perceived to be lying dormant within the designated groups. The deficiency in skills possession such as highly specialised clinical skills is regarded as a greatest obstacle for these hospitals in developing clinical tertiary services. Although it may be true that such skills forms part of the inherent requirements for the specialised clinical positions, Esterhuizen (2008:29) cautions that the EEA measures should not be used to advance the interests of less qualified candidates, thereby ensuring automatic absorption.

Bearing in mind that a developing tertiary hospital is a public hospital that facilitates the development of clinical services in line with the demands of the area and therefore, this assertion signifies a great need of employees with highly specialised clinical skills. The previous chapter indicated a gross shortage of such skills in the open labour market, thus the inability to recruit and retain such personnel. This problem has presented another dimension of 'poaching' whereby qualified and competent individuals from previously disadvantaged groups are offered lucrative salaries and other employment benefits such as huge bonuses (Letooane, 2013:38). This strategy is viewed as unethical since it escalates the problem of inability to attract and retain employees with highly specialised clinical skills in these hospitals.

To counter the poaching strategy, Bekwa (2013:32) argues that public service institutions should pay employees scarce skills allowances which is better than that of their counterparts in private sector. This argument bodes dark for such a strategy to yield better results due to the stringent cost-cutting measures (KZN Provincial Treasury per Circular No PT (12) of 2015/2016). The cost cutting measures includes amongst other things, a moratorium on the filling of all vacant posts in the KZNDoH. This means that even the already advertised posts are regarded as frozen. In compliance with the directive, the KZNDoH issued HRM Circular Nos (58, 59 and 60 of 2015) which makes it difficult for these hospitals to attract and retain public healthcare specialists.

Hence, compliance to the EEA measures remains unabated. Perhaps, developing an EE plan (Makhalemele, 2008:77) that is fully costed might convince the Treasury to secure funding for the filling of these critical posts considering the nature of the clinical services that are provided by these hospitals. Without a change in mindset, it is doubtful that radical transformation envisaged by the EEA would be achieved. Based on the foregoing, Bekwa (2013:32) maintain that an amendment to the recruitment and retention policies for the public health sector is required in order to comply with the EEA. This amendment should still uphold the basic principles of the Constitution such as equality and equity. In keeping with the Constitution, Makhalemele (2008:77) states that:

> The recruitment, selection ... activities of government institutions must be proven to be valid and not to discriminate against any group. Should this not be the case, it may be alleged that the recruitment, selection or … was biased towards a particular group.

This HR activity is qualified by certain characteristics that have been identified which preclude unfair discrimination. For effective implementation of the recruitment, selection and retention to take place two approaches emerged, namely: conditions that EEA have outlawed and conditions that cannot be judged as unfair. Thebe (2014:100) and Martha (2010:30) agree on the terms and conditions in which the EEA have outlawed discriminatory practices for hospitals to effectively attract, recruit, select and retain the public healthcare specialists, and such conditions are specified in section 4.6.3.2 above as reflected in section (9) (3) of the Constitution and Schedule 7 to the LRA. Du Toit (2014:2624) have termed such conditions as 'arbitrary grounds'. In a parallel perspective, there are certain conditions where discrimination cannot be judged as 'unfair', for example: (i) when you discriminate because of the inherent requirements of the job, and (ii) when you discriminate in line with your AA policy (Stone, 2008:123-124). This type of discrimination is in accordance with clause 2 of the aforementioned Schedule (Nel et al., 2014:337). Therefore, this exclusion cannot be judged as 'unfair discrimination' under the circumstances.

### 4.4.3.5 Perspective towards compliance of EEA

The preceding discussion has reflected that the hospitals under study are confronted with enormous challenges of attracting, selecting and retaining potential public healthcare specialists from designated groups as well as providing training opportunities and strategies for retention (Bekwa, 2013:31). Various employment agencies have undertaken investigations to evaluate the status of the recruitment, selection and retention in the public service with regards to employability of designated groups.

For instance, the Annual Report (2012-2013) issued by the *Commission for Employment Equity (CEE)* (2013:45) reflects that from 2008 to 2010, while the percentage of whites increased from 72.8% to 73.1%, the percentage of Africans in top management positions actually declined from 13.6% to 12.7%. In addition, the CEE Annual Report (2014-2015) also shows a similar pattern of skewed representation of races. These reports once again, bodes dark for the EEA objectives since it appears that the recruitment, selection and retention is still plagued with challenges of compliance and/or skills deficit. Based on Booysen's assertion above, the reasons for non-compliance to EE locally could be due to the following:

(i) Employment Equity Champions within the public service institutions do not effectively consult and communicate the implementation strategy of employment equity;

(ii) Poor induction and orientation programmes aimed at introducing the new recruits into the institutional culture;

(iii) New recruits from designated groups are often selected not based on their abilities, knowledge, skills and qualifications but rather as tokens hence, integration is problematic; and

(iv) Black staff lack systematic development and training due to poor talent management.

Mekwa (2012:99-100) proclaims the following reasons for non-compliance to EE: (i) non-designated groups perceive EE as punitive; (ii) limited commitment by management to reach EE targets; and (iii) EE objectives not linked to the overall strategic objectives of the institution. For these reasons, Bekwa, 2013:31) conclude that managers only perceive government as a watch dog over EEA and EEA is associated with reverse discrimination and victimisation. As suggested above, the non-compliance is likely to impact adversely to the achievement of EE objectives and ultimately, to the recruitment, selection and retention. Based on the above non-compliance to EE, the implementation of the legislation to achieve a representative workforce in these hospitals remains questionable. Du Toit (2014:2623-2624) affirms that progress (or lack of it) towards elevation of historical or previously disadvantaged groups to an equitable acceptable standard at higher employment levels remains extremely limited. In line with Du Toit's assertion, the *South African Human Rights Commission (SAHRC)* (2012:26) acknowledges that attainment of equality and equity in the public service institutions has yet to be realised. The SAHRC (2012:26) viewpoint is based on the research work carried out by various agencies such as the *Employment Equity Commission (EEC)*. In the analysis of such reports it appears that discrimination and unfair treatment directed to designated groups during the implementation of such an HR activity continues unabated. For this reason, the achievement of the EEA objectives is at stake.

**4.4.3.6 Challenges impacting on Employment Equity**

There are systemic barriers that are embedded in the recruitment, selection and retention towards the advancement of the EEA objectives. Martha (2010:29) attests to the fact that there has been slow progress in attaining a true representative workforce in the public service. The shortage of public healthcare specialists is one factor that could account for non-compliance with the requirements of EEA objectives. Drawing from Bekwa's discussion above, Cullinan (2006:21) noted that public health is faced with a shortage of scarce-skilled employees leading to overwork and burnout in the existing staff. Parallel to this problem is an issue of poaching by the private sector. In view of the recruitment, selection and retention being investigated, the said hospitals should ascertain whether they are meeting the EEA objectives.

This study advances an argument that due to deficiency in skills possession it is extremely difficult to ensure the realisation of the EEA objectives. Perhaps, by seeking an integrated solution that encompasses, among other things, the transformation agenda which is an integral part to complying with the EEA these hospitals might achieve the intended EEA goals. The prevailing belief that the implementation of such an HR activity will elevate the designated groups into all employment levels did not pan out. For this reason, policy-makers have therefore, introduced the *Employment Equity Amendment Bill (2008)* (RSA, 2008:1). However, the Bill does not form part of the discussion. The PAJA in relation to its influence on the recruitment, selection and retention is discussed in the next section.

**4.4.4   *Promotion of Administrative Justice Act (PAJA) (No 3 of 2000)***

The doctrine of parliamentary supremacy that existed during the previous dispensation provided a common law which entailed more importantly the contract of employment. It appears that administrative law is one instrument that was in place to enforce interaction between the citizens and the government. Based on the transition from a parliamentary to constitutional supremacy, the right to administrative justice has been introduced to distinguish between rights and entitlement. The right is therefore, dependent upon the enactment of the national legislation contemplated in section 33 (3) read with item 23 (2) of Schedule 6 to the Constitution (Phanyane, 2010:22). As a result of such statutory provisions the *Promotion of Administrative Justice Act (PAJA) (No 3 of 2000)* was promulgated. The policy-makers meant to provide clear guidelines that are intended to standardise administrative law post-apartheid. However, the critics of the PAJA articulated vehement views arguing that the doctrine of separation of powers require administrators who are experts in the poly-centric decision-making process (Horsley, 2006:7).

This legislation has also been perceived as a thorn in the flesh, similarly with the LRA, 1995 because it compels administrators to furnish reasons for their actions whereas the legislation is supposed to provide cheaper and more accessible methods. Nonetheless, section 33 of the Constitution provides a variety of options to individuals who wish to enforce their right to just administrative action (Horsley, 2006:7):

(i) Everyone has a right to administrative action that is lawful, reasonable and procedurally fair;

(ii) Everyone whose rights have been adversely affected by administrative action has the right to be given written reasons; and

(iii) National legislation must be enacted to give effect to these rights, and must:

(a) provide for the review of administrative action by a court, or where appropriate, an independent and impartial tribunal;

(b) impose a duty on the state to give effect to the rights in subsection (i) and (ii); and

(c) promote an efficient administration.

In the application of the PAJA it would seem that substantive equality would emerge as a solution to address the challenges of designated groups with regard to employment practices. One would think that the codification of administrative justice principles would justify the protection of potential candidates from abuse of power by the administrators. For instance, hospitals are obligated to practice transparency and openness with regard to decision making affecting potential candidates. In the application of administrative law such candidates are entitled to be furnished with justifiable reasons of the administrative action since it is a threshold of the recruitment, selection and retention. The challenge confronting administrative law is to distinguish between the actions of the government arms. In the case of SARFU, Halley (2014:26) states that the court distinguished between the actions of government in developing policy, in instigating legislation, and in implementing the policy or legislation created. The court ruled in favour of the latter part (Nemakwarani, 2000:3) which is the executive and its administration (Devenesh, Govender & Hulme, 2001:7). This ruling defines the conviction of policy implementation.

Shuping (2014:176) defines implementation as execution and delivery of public policies by organisations or arrangements among institutions. Administration includes day-to-day business of the government such as the implementation of laws and policies by public officials. For example, the recruitment, selection and retention which is a theme for this study on policy implementation is designed to alleviate the shortages of such personnel in the said hospitals. In essence, the policy implementation takes place within the auspices of ethical public administration.

Shuping (2014:180) argues that when dealing with the public administration and activities of public institutions, there are reasons why it is essential to establish whether administrative action is involved:

(i) First, whether a particular decision qualifies as administrative action will determine whether PAJA is applicable or not; and

(ii) Second, there is much exclusion to the list of what constitutes administrative action in the PAJA, particularly the actions that appear to be administrative action, but do not qualify as administrative action.

In keeping with the court's findings, administrative action is purportedly to be lawful, procedurally fair and reasonable. To avoid ambiguities and misinterpretation of the concepts, Halley (2014:17) captures them as follows:

> Lawful administrative action describes administrative actions and decisions that have been duly authorised by law and that meet all the requirements listed in the provisions or statute enabling such action while reasonableness refers to the administrative decision that is so grossly unreasonable and warrant interference as there was a clear irregularity in the making of the administrative decision and the principle of fairness can be expressed in the two common law maxims …

Public officials should ensure that during the implementation of the recruitment, selection and retention these concepts are captured in their decisions. The inability to make a decision or fail to take a decision during the implementation of such an HR activity could impact on the person's rights. Hence, the legislation provides the minimum threshold for the exercise of administrative action. This threshold has been supported by Brynard (2013:84). The approach sets up a judicial review mechanism in the case where an administrative action does not conform to legal standards. To avoid panic of judicial review the author captured his views as follows:

> Judicial intervention should not be viewed in a negative light since it is a clear sign that the constitutional democracy (and the culture of justification it promises) is functioning properly and that the judicial system is providing the much-needed inputs to refine the understanding of the requirements for lawfulness.

Judicial intervention should be viewed as a strategy to protect the rights of the affected public members if the 'administrative action was materially influenced by an error of law' (Section 6 (2)(d) of the PAJA). The foregoing discussion has juxtaposed the duty to exercise authority in employment practices in two dimensions:

(i) The duty to decide or to consider a matter; and

(ii) The duty to act within a reasonable time.

From the HRM perspective, the implementation of the recruitment, selection and retention is underpinned by the duty to exercise authority. Taking an administrative action/decision whether or not to recruit, select or retain a public healthcare specialist at the said hospitals falls within the framework of the duty to exercise authority. Such a decision should be in keeping with the employment policies which are regarded as the source of authority. Moreover, the *bona fides* principles such as fairness, honesty and faithfulness must always be upheld during this exercise. In a parallel vein, *mala fides* principles refer to an administrative decision or action that has been taken with bad faith and dishonest or bad intention. For example, if a potential applicant is excluded from the selection interview in terms of the prohibited factors cited in section 4.4.3 above, and supposedly, the selection panel was consciously aware of this intention, such an administrative action or decision is considered *mala fides* because it was driven by certain ulterior motives. As highlighted above, the doctrine of legality requires potential candidates to ask for written reasons when an administrative action has a negative impact on them.

Having explored various reports on the implementation of the PAJA in the employment practices the study assumes that the said hospitals are still struggling to implement this legislation due to a lack of institutional capacity. The reports supplied by the PSC (2006:x) and the SAHRC (2012:26) confirm this assumption and continue to suggest that unfair treatment of designated groups in the employment practices continue unabated. The PSC further notes that the state of affairs in terms of how the PAJA is implemented in the public service institutions is worrisome. Therefore, there is a dire need of awareness programmes of the PAJA because it seems as if the legislation is not receiving the priority it deserves in the said hospitals. There is an underlying belief that the development and alignment of procedure manuals and guidelines to the requirements of the PAJA would enable public officials to take administrative decisions that conforms to the doctrine of legality. Despite challenges associated with the implementation of the PAJA, this legislation remains a crucial instrument within an assortment of other legislation such as PEPUDA and EEA seeking to eliminate unfair discrimination, thereby promoting equality and fair treatment for designated groups in the employment practices. Redressing the past discrimination experienced by designated groups in the employment sphere remains an elusive goal for these hospitals. The next section reviews the impact of the LRA on the recruitment, selection and retention.

### 4.4.5 *Labour Relations Act (LRA) (No 66 of 1995)*

The 1993 Interim Constitution that entrenched a number of labour rights, regulated the transition to democracy. This included protection against unfair labour practices (Benjamin, 2011:212). In July 1994, the Ministerial Task Team was appointed to review the LRA of 1956 which prevailed under the apartheid government (Finnemore, 2002:29). Phanyane (2010:3) argues that the review was the culmination of the Cheadle Commission which ultimately, gave birth to the new LRA (No 66 of 1995) (Loggenberg, 2015:21) which became operational on 11 November 1996. The primary purpose of the LRA is to give effect to and to regulate the fundamental right to fair labour practices conferred by section 23 of the Constitution (Mdhluli, 2014:30). Phanyane (2010:36) affirms that employment rights such as substantive equality and fair hearing are now codified in the LRA. This suggests that all potential applicants should be treated equally and the PAJA discussed above maintain that the implementation of the recruitment process and retention should be open and transparent.

Therefore, any deviation from laid down legislation is a subject for judicial review. The definition of the LRA contains the building blocks (Mfecane, 2014:19) which are not relevant to the Chapter, namely: (i) economic development; (ii) social justice; (iii) labour peace; and (iv) democratisation of the workplace. Cohen (2014:2607; Du Toit, 2014:2637; Makhalemele, 2008:70) confirm the building blocks appearing in the definition of the LRA and its irrelevance to such an HR activity. It is unfortunate that the LRA does not provide relief for potential applicants as they are not protected against the definition of 'employee'. Arguably, the study contends that the potential applicants are protected by the PAJA, and therefore, each piece of legislation must be read in conjunction with others. Du Toit's deliberations above suggests that these words must be interpreted within the purposive framework of the Act when implementing the recruitment process and retention.

Although the Act does not directly address this HR activity, certain aspects require attention when this HR activity is implemented. For example, the LRA aims at promoting a peaceful and orderly conduct during the implementation of such an HR activity by bestowing certain rights and obligations on employers and potential employees (September, 2012:31-32) taking into account the historical background of discrimination accorded to previously disadvantaged groups. Gauging from the objectives of LRA, it would appear that there is a basic commonality between labour relations and other HR activities including the recruitment, selection and retention (Nel et al., 2013:278). According to section 3 of the LRA, HRM decisions must be read and interpreted alongside the Constitution while simultaneously, ensuring that such decisions or actions comply with the doctrine of legality. For this to happen, public officials are required to cultivate a good labour relations climate and atmosphere.

In the quest to implement this HR activity, provision was made to change the labour legislation to accommodate specific employment conditions that affect historically or previously disadvantaged groups. In this case, the legislation advances the protection of potential employees from designated groups against any form of unfair discrimination. The conditions of unfair discrimination are well captured in section 9 (3) and (4) of the Constitution. Moreover, schedule 7 Part B(2) (1) of the Act has intensified these sections in the Bill of Rights which place emphasis on the arbitrary grounds taken against a potential employee either directly or indirectly during the implementation of such an HR activity. In concurrence with section 4.4.1 above which indicated the sections in the Bill of Rights that are relevant to such a phenomenon, the study captures certain clauses from the legislation that adds credibility to the achievement of such an HR activity. For example, clause 8 deals with equality and the enhancement of equality is largely dependent upon, for instance, the implementation of the AA initiatives, and therefore, it cannot be regarded as unfair discrimination due to its substantive nature. Based on the aforementioned assertion, sub-item (1) (a) of the Act provides that the said hospitals are not prohibited to implement the employment policies that are designed to elevate the historical and previously disadvantaged groups even if they constitute fair discrimination. In all likelihood, this HR activity should be free from any form of discrimination. In keeping with the PAJA, the LRA makes provision for managing disputes about unfair labour practices.

Should any of the two parties (employer or potential employee) feel that the right to fair labour practice was infringed during the implementation of such an HR activity, Makhalemele (2008:69) suggest dispute mechanisms which falls outside the scope of the study. To this end, the Act is one of the bastions that regulates the employment practices in the public service. Venter, Grossett and Hills (2003:148) regard this piece of legislation as the most comprehensive and progressive. Also, the Act has gained credibility within the employment practices due to the fact that certain dynamic complexities embedded in such an HR activity has, by implication been quelled by the labour framework. The next section examines the influence of BCEA in the recruitment, selection and retention.

### 4.4.6 *Basic Conditions of Employment Act (BCEA) (No. 75 of 1997)*

For many years HRM practices were restricted by the legislation which excluded black employees from receiving legal protection hence, with the advent of democracy in 1994, it became necessary to develop a policy with a strong redistributive element (Godfrey, 2010:2587) intended to remove such power imbalances. The BCEA requires careful management of the recruitment, selection and retention, and consequently, fostering the employment relationship.

In keeping with the BCEA, the pending promulgation of the *Protection of Personal Information Act (No 4 of 2013)* requires these hospitals to strictly comply with the legislation when conducting interviews for selection and psychometric assessment tests (if any). The compliance dictates that the employees' personal information must be protected at all times. Therefore, these hospitals are obliged to keep and maintain the records of the recruitment and selection processes such as the advertisements, shortlisting and selection interview minutes for a period of at least three years. On completion of the selection process, the legislation requires that an offer of employment must be extended to prospective employee(s). In compliance with the LRA, if a prospective employee has unconditionally accepted an offer he/she duly becomes an employee bestowed upon with all the rights of an employee. This offer forms the basis of a formal employment-relationship called employment contract (Swanepoel, Erasmus, Van Wyk & Schenk, 2003:98-99).

### 4.4.6.1 Employment contract

The key to achieving the desired health outcomes and healthy workforce begins with the recruitment and selection processes. The said hospitals must consider the legal issues that regulates the employer-employee relationships. In this regard, BCEA sets minimum standards for the protection of public healthcare specialists in the absence of other protective measures (Makhalemele, 2008:164). Phiri (2015:19) unveils the minimum conditions of employment that regulates the employment relationship. Hurst (2011) argues that the following is tantamount to a contract of employment.

    (i)   Date of appointment/assumption of duties;
    (ii)  Detailed job description of an employee;
    (iii) Hours of work including fixed/commuted overtime;
    (iv) Occupational Specific Dispensation (OSD) remuneration package;
    (v)  Conditions of service benefits (annual leave, sick leave, maternity leave and family responsibility leave);
    (vi) Termination restrictions, for example, notice; and
    (vii) Appeal structures.

Carelse (2013:20) affirms the assertion and also state that the contract is underpinned by the principle of *locatio conductio operarum*. Therefore, these hospitals are legally obliged to retain particulars thereof. For this principle to be become enforceable, the contract of employment must include all items contained in section 29 (1) of the BCEA. The absence of a statute requiring these hospitals to comply with the above statutory requirements as specified in the BCEA has created a dilemma in terms of enforcement.

This means that the BCEA is regulated under common law. Under the BCEA, these hospitals are not obligated to furnish public healthcare specialists with written details of employment. Even though, the study suggests that the contract of employment must be done in writing so that it remains binding in terms of the common law. This is due to the fact that the collective agreements signed at the Bargaining Council take precedence over the contract of employment, hence the application of the common law. If the contract of employment meets the doctrine of legality (lawfulness, fairness and reasonableness) although it takes the form of a verbal agreement, it remains binding in terms of common law (section 4.5.4). Swanepoel et al. (2008:92) and Smit (2010:77) agree that under the common law both the public healthcare specialist(s) and the CEO(s) of the said hospitals enter into an employment contract without any coercion, and above all, the terms and conditions of an employment contract are mutually agreed upon by both parties.

Therefore, the BCEA is a critical bastion within the employment legislation that regulates the terms and conditions of employment in the said hospitals. Such a deduction is based on the fact that the Act includes the labour law framework that aims at improving the working conditions for public healthcare specialists. Its significant contribution to the recruitment, selection and retention is minimal due to the fact that it has been thwarted by common law (Gobind, Du Plessis & Ukpere, 2013:227). For this reason, according to Stansfield's (2014) article, 'Employment Alert', the policy-makers introduced the *Basic Conditions of Employment Amendment Act (No 20 of 2013)* which became operational on 1 September 2014. The relevance of this amendment to this section is clause (a) which prohibits these hospitals from letting potential candidates to make certain payment for purposes of securing jobs. To conclude, a detailed analysis of the Act is not provided since it falls outside the scope of this study. The study opted to briefly deal with those sections that have either direct or indirect influence on the recruitment process and retention. To this end, the next section explores the critical aspects of the SDA that impact on this HR activity.

### 4.4.7   *Skills Development Act (SDA) No 97 of 1998, amended by SDA, 2003*

The critical dimensions of education and skills (see section 4.4.1) has been identified as a constrain to equality (Phiri, 2015:21) which hinders the attraction, recruitment, selection and retention of the designated groups into the specialised clinical field. Hence, a need for training and development for designated groups was identified as critical components for recruiting, selecting and retaining public healthcare specialists in these hospitals. These two dimensions have been conceptualised as skills development strategy intended to improve the knowledge, skills and abilities (KSA) of designated groups to perform specialised clinical work. The KSA's are regarded as a setback to the provision of health outcomes in these hospitals.

Training is considered as the main driver of retention (Ramatswi, 2016:75). In the light of the above, the *Skills Development Act (SDA), (No 97 of 1998)* was promulgated. According to Ramatswi (2016:75), the SDA has multiple purposes which are:

(i)   To improve the education, training and skills for the South African work seekers;

(ii)  To create the environment which improves the employment prospects of previously disadvantaged groups;

(iii) To encourage and participate in specialised clinical development programmes;

(iv)  To assist potential candidates who are struggling to find employment through leadership, mentorship and coaching programmes.

The incorporation of the above critical dimensions into the legislation suggest that it will be advantageous for these hospitals to adopt the above measures for the achievement of superior health outcomes. The achievement of superior health outcomes is largely dependent upon the provision of skillful and competent public healthcare specialists. The development of the clinical skills will ensure a lasting commitment to the said hospitals. The stereotypical perceptions of the SDA antagonists questioning the purpose of the Act resulted in the promulgation of the two supplementary legislation, namely, the *Skills Development Levies Act (SDLA) (No 9 of 1999)* and the *South African Qualifications Authority Act (SAQA) (No 58 of 1995)*. Consistent with this idea, Naong (2009:115) hold the view that the promulgation of all these legislation forms part and parcel of the strategy geared towards the national skills development (NSD). The study interprets this strategy as suggesting the linkage between the skills demand and health outcomes.

To achieve the health outcomes, besides recruiting qualified clinical specialists these hospitals are obliged to develop the clinical skills of the existing clinicians so as to be able to develop tertiary services in the area. As a retention strategy, the NSD could be utilised to improve the skills of ordinary clinicians to become public healthcare specialists within or outside the said hospitals (Orgill, 2007:14). The Act also provides for learnerships programmes that lead to recognised occupational qualifications (RSA, 1998:2) to enable job-seekers/new entrants particularly from the designated groups to secure employment in a tight labour market. It may be argued that the provision of these learnership programmes will indeed provide prospects of employment to designated groups because Africans in particular were thwarted by unequal education and training due to apartheid policies (see Dikane, 2006:6; Venter et al., 2009:138). The critical dimensions are therefore, regarded as a hindrance to designated groups in competing globally for specialised positions, hence, training and development becomes pertinent (Orgill, 2007:19).

To overcome such deficiencies the *20 Year Review Background Paper (2015:28)* argues that quick fixes cannot be regarded as a good ploy to attract, recruit and retain public healthcare specialists in these hospitals. As such, the budget allocated to fund the above learnership programmes has not produced the desired results of developing clinicians to become public healthcare specialists. This strategy is regarded as a wasteful exercise of financial resources because there is no identifiable significant impact associated with it. A long-term strategy of developing potential candidates for positions of public healthcare specialists would therefore be ideal. The NDP (2012:364) argues that public healthcare specialists cannot be churned out within a short period of time through, for instance, learnership programmes.

Based on observation in clinical areas, the study also agrees that the provision of learnerships cannot address the problem of shortage of public healthcare specialists in these hospitals. Even though the SDA (1998:14) suggests that the SETAs are responsible for the provision of learnership programmes that lead to recognised occupational qualification, however without a long-term strategy it is doubtful that the problem of inability to recruit and retain public healthcare specialists in the area would be solved. In keeping with the study's thinking, Letooane (2013:41) also states that the responsibility is on these hospitals to develop public healthcare specialists, including education and training on health. To conclude, if the SDA is implemented correctly there is a likelihood that these hospitals would benefit in terms of attracting and retaining public healthcare specialists who are the key to superior health outcomes. The SDLA is discussed in the next section in view of its influence on the recruitment, selection and retention.

### 4.4.8  *Skills Development Levies Act (SDLA) (No 9 of 1999)*

The preceding section indicated that these hospitals are experiencing difficulty in attracting, recruiting and retaining the services of public healthcare specialists from historically or previously disadvantaged groups due to the high competition in the global market. These hospitals have identified the demand for healthcare workers with advanced specialised clinical skills. The provision of such skills requires a long-term approach in the form of prolonged clinical course of study. For this approach to yield the desired results, these hospitals should identify learners from the surrounding secondary/high schools who are interested in the field of public health, and nurture them towards the acquisition of a specialist's qualification. Identification of such learners at an early stage would enable them to choose subjects that will support their clinical studies. In support of the foregoing, the *Skills Development Levies Act (SDLA) (No 9 of 1999)* was promulgated with an aim of securing resources to support the skills development programmes (Carelse, 2013:20-21).

These hospitals must in consultation with the *Health and Welfare Sectoral Education and Training Authority (HWSETA)* ensure that the identified skills development initiatives are funded through the levy paid by these hospitals. These hospitals are obliged to pay the levy in support of the internship programmes as per the SDLA. The HWSETA divided scarce public healthcare specialists into different categories one of which was equity (Mlambo, 2010:58; Bekwa, 2013:44). The recent past has indicated that the critical dimensions of education and training/skills for potential candidates aspiring to become public healthcare specialists has been constrained by the budget crisis. Despite such challenges, these hospitals need to respond quickly to creative changes to improve the envisaged skills shortage of public healthcare specialists. Finally, the next section reviews the effective management and administration of public healthcare specialists in these hospitals.

### 4.4.9 *Public Service Act (PSA) (No 103 of 1994), as amended*

For effective management and administration of these hospitals the *Public Service Act (PSA),* as amended permits a greater degree of compromise to introduce the recruitment, selection and retention strategies. The PSA suits the specific needs of these hospitals as they provide unique and distinct health outcomes. The salient point here according to Mlambo (2010:58), is the effective management and administration of these hospitals. The primary orientation of the Act is the mechanisms for securing the services of public healthcare specialists in these hospitals. For this reason, section 3 (5) (b) and (c) of the PSA dictates that an executing authority (EA) is vested with the following powers and responsibilities with regard to the:

(i) Posts establishment of these hospitals facilitates grading, weighting and the abolition of posts. This facilitation enables the provision for the employment of the public healthcare specialists in addition to the fixed establishment; and

(ii) Attraction, recruitment, selection and appointment of public healthcare specialists.

The EA has in terms of section 7 (6) of the PSA delegated such powers and responsibilities to departmental heads (HoDs). In keeping with section 7 (6)(B) of the PSA, the KZNDoH introduced HRM Circular No 105/2007 (Delegation of Authority) to speed up the recruitment and selection processes of public healthcare specialists in the public service institutions. Such a delegation is aimed at fast tracking the appointments of public healthcare specialists in these institutions. The Circular has in turn delegated the power to approve such appointments to the institutional Chief Executive Officers (CEOs).

For CEOs to approve such appointments, section 10 of the Act dictates that only indigenous persons shall be appointed on a permanent basis against the establishment of a hospital unless he/she has requisite qualities to perform competently the duties attached to public healthcare specialists. Since the spirit of equality reverberates in the Constitution, EEA, LRA, and BCEA, therefore, foreign nationals need to be considered for appointments provided they possess the required competencies, skills, appropriate level of training as well as the abilities and capabilities to perform such duties. In view of the content of the PSA, the said hospitals should ascertain whether they are implementing such an HR activity to meet the needs of specifically that of historically or previously disadvantaged groups. Therefore, an assessment of the PSA would not be sufficient without addressing its impact on the employment practices of public healthcare specialists in these hospitals. Although the legislation has introduced an open employment system characterised by clear democratic principles and values, various studies seem to consistently reflect serious challenges with regard to recruitment and selection of employees with critical scarce skills. For example, the DPSA (2006:3) argues that:

(i) The recruitment, selection and retention strategies, practices and decisions are somehow not fully aligned and integrated with the institutional service and strategic priorities;

(ii) The decisions taken during the selection process seems to be flawed because:

    (a) Interview questions are mostly based on a person's characteristics rather than job requirements;

    (b) Lack of consistency in terms of scoring and evaluation by the selection panel;

    (c) The selection panel seems to lack the interviewing skills and techniques;

(iii) The effectiveness of the recruitment and selection process is not monitored due to lack of systems and mechanisms to measure; and

(iv) Lack of well-oiled researched methods to recruit and retain critical scarce employees.

Despite the existence of the 'Scarce Skills Policy Framework for the Public Service' and a 'Scarce Skills Development Strategy for the Public Service' adopted in 2002 which calls for a renewed attention on recruitment, selection and retention, these hospitals appear to be experiencing serious shortcomings in attracting and retaining public healthcare specialists. This guide is meant to serve as a source of authority to all line managers and HR managers responsible for the implementation of such an HR activity. Having explored the statutory framework governing the recruitment, selection and retention, the next section examines the regulatory framework that impacts on such an HR activity.

## 4.5 REGULATORY FRAMEWORK FOR HUMAN RESOURCE RECRUITMENT, SELECTION AND RETENTION

The emergence of democracy in South Africa in 1994 has produced an array of enabling legislation to transform HRM in the public service. This body of legislation is informed by the Constitution due to its supremacy in nature and is called 'regulatory framework' (Adams, 2009:29). The PSC (2015:12) in section 4.3.2 above presented the regulatory framework that influences the implementation of the recruitment and retention as including:

(i) *Public Service Regulations, 1999 & 2001*;

(ii) *White Paper on Transformation of the Public Service, 1995;*

(iii) *White Paper on Human Resource Management in the Public Service, 1997 & 2000; and*

(iv) *White Paper on Affirmative Action in the Public Service, 1998.*

The regulatory framework is explored in no particular order of importance.

### 4.5.1 Public Service Regulations (PSR) 1999 & 2001 as amended

An amended HRM framework, namely, the Public Service Regulations (PSR) with the aim of intensifying the PSA was introduced. The regulations became operational on 1 July 1999. The PSR informs the array of HRM practices including the recruitment, selection and retention. The DPSA (2006a:3 cited in Ramatswi, 2016:73) acknowledges the decentralisation of the HRM practice by PSR. These hospitals must develop their context specific employment policies and practices to attract, recruit and retain public healthcare specialists who are at the core of the health outcomes. This goal cannot be achieved without the development and implementation of HRM policies and processes. In addition, the PSR has introduced an open employment system which requires that all vacant posts be advertised both internally and externally before filling them. The DPSA (2006:3) argues that the employment system is meant to enhance the effective and efficient recruitment, selection and retention practices.

Based on the above, these hospitals will be able to achieve their HR needs. For example, Part V (Grading and remuneration) of the PSR makes provision for flexibility in respect of the recruitment, selection and retention of public healthcare specialists because they fall under scarce skills category. Based on the scarcity of public healthcare specialists in the labour market the EA may in terms of the above provision use his/her discretion to grant higher salaries in lieu of attracting public healthcare specialists to join the hospital. The scarcity of such employees has been discussed in the preceding sections.

The CEO should in terms of PSR VII D.8 (a-b) satisfy himself/herself that all the HR processes and practices including compliance to constitutional imperatives and EE plan have been adhered to before approving the appointment of an individual. Based on the foregoing, the recruitment, selection and retention should be linked to a broad and consistent strategic plan aligned with the institution's strategic goals (Part III B.1 (a-e)). This plan considers both operational and strategic viewpoints which according to Part 111 D.1 (c) takes into account both human and financial resources. The financial crisis experienced by KZNDoH in 2017 makes it difficult to implement the plan. Gumede (2017) indicates that the KwaZulu-Natal health system is on the brink of collapse as the province suffers from a shortage of medical specialists due to financial difficulties (*Business Day*, 31 May). The article reveals that these financial difficulties arose from medical negligence claims amounting to R10.6 billion in 2016. As such, several departments could lose accreditation to train specialists, warns the Health Professions Council of South Africa (HPCSA).

The article reports that the KZNDoH has failed to retain experienced specialists such as the former head of oncology in Durban, Dr Pooven Govender and Dr S'thembile Ngidi — KwaZulu-Natal's first black female oncologist and SA's second — both have left, owing to the deepening health crisis and lack of support. Child (2017) also confirms that public healthcare specialists such as paediatrics, endocrinologists and anaesthetists quit *en masse* leaving patients at risk (*Sowetan Live*, 17 April). The article strikes a blow at government policy, saying the entire focus is on primary healthcare to the detriment of specialist services. The planning for the provision of human resources becomes a challenge under the current circumstances. To corroborate the strategic plan, the WPHRMPS (1997) requires these hospitals to develop HR strategies which are linked to the total overall strategic and operational plans (Ramatswi, 2016:74) and these plans should set targets aimed at achieving a workforce that embodies representativeness and equality.

To conclude, the HR managers and HR practitioners/specialists whose responsibility is among other things, to facilitate the development and implementation of HR policies must ensure the efficiency and effectiveness of the recruitment, selection and retention. This facilitation will enhance the positive reputation for these hospitals so that they become employers of choice. Generally speaking, the regulations provides these hospitals with an enabling environment to perform their recruitment, selection and retention effectively. The next section reviews the influence of WPTPS (1995) on the recruitment, selection and retention.

### 4.5.2 White Paper on Transformation of the Public Services (WPTPS), 1995

The White Paper on the Transformation of the Public Service (1995) (hereafter referred to as WPTPS) at inception sets the following targets as the basis for transformation (Bekwa, 2013:45):

(i) All government departments must make attempts to ensure that within 4 years (by 1999) at least 50% of their management establishment is constituted of Blacks;

(ii) All government departments must also ensure that within 4 years (by 1999) at least 30% of new appointments to the middle and senior management echelons must be women; and

(iii) Two percent of people with disabilities must be constituted in the public service within ten years (by 2005).

This WPTPS also indicated that this baseline is subject to review after every three years to re-set and revise targets from 2000 (DPSA, 2005:3 cited in Mahlangu, 2009:2). Central to transformation is the need for the introduction and implementation of statutory and regulatory framework that guides HRM practices. For example, the efficient application of statutory and regulatory framework discussed above has a potential to address the past imbalances with an aim of achieving representativeness in the public service institutions (WPTPS, 1995:8). The above targets were revised by Cabinet in 2006, and consequently, approved the following targets (DPSA, 2005 cited in Mahlangu, 2009:2):

(i) 76% equity for blacks at senior management level by 31 March 2009;

(ii) 50% equity target for women at senior management levels by 31 March 2009; and

(iii) 2% equity target for persons with disabilities at all levels by 31 March 2010.

The primary orientation of the WPTPS is to elicit the human potential from the historically or previously disadvantaged groups through the recruitment process and retention. It is evident from Chapter 11 of the WPTPS that such an HR activity must be complemented by a well-funded staffing plan which must be directed towards the disadvantaged groups and this plan will be judged by one simple criterion of human resources development (HRD) programmes namely: education and training (WPTPS, 1995:11). Although the primary purpose of the WPTPS is to set a tone of transformation agenda the means to achieve this agenda are hampered by a number of variables including (Human Resources for Health South Africa, 2030:22-23):

(i)  Lack of available funded posts in the public service institutions;

(ii)  Lack of proactive planning characterised by management who fail to set clear targets and goals; and

(iii)  Poor recruitment management process that is informed by mass advertisement of posts and slow processing of applications.

A collaborative review of the WPTPS is important to determine whether these hospitals are meeting the set targets regarding representativeness and gender equality. The review is necessary based on the perception that South Africa comes from a culture of 'strong patriarchal attitude' (Nhlapo and Vyas-Doorgapersad, 2016:175) where, for example, female manager's potentials were doubted. Ultimately, these doubts and perceptions appeared to have a strong influence in the selection decisions during the interview process. From an observation point of view, women and people with disabilities are still experiencing discrimination in the employment practices despite having a Constitution that is being described as liberal. It would appear that the passing of the National Gender Policy Framework is not receiving proper attention because various reports seem to suggest that although there is an increase in employment of women in public service institutions, females in professional occupational categories such as health are still overlooked to occupy positions of strategic decision-making in nature such as Heads of Clinical Departments/Units (Chief/Principal Clinical Specialists). This position has been reflected in an Annual Report on EE in the Public Service (2013/2014) (DPSA, 2014). An analysis of this report seems to suggest that recruitment of people with disabilities and women in professional occupational categories to lower positions is much easier than to senior strategic positions.

This discrepancy is to a large extent attributed to the interview process which is flouted by less credible factors such as gender, age, sexual orientation and political affiliation, thereby, influencing gender-biased appointments. In collaboration with the view, public service institutions are perceived to be providing an inhospitable environment for women and people with disabilities. Therefore, progress (or lack of it) towards achieving the set targets remains extremely limited. It would appear that a lack of equitable representation in these hospitals is borne out of non-compliance to the statutory and regulatory framework including flouting of judgment during the interview process. These challenges are an indication that discrimination and unfair treatment of designated groups continue unabated. The South African Human Rights Commission (SAHRC) (2012:26) has consistently maintained that there is a need for a paradigm shift in HRM practices and processes to continuously improve aspects such as representativeness and gender equality in hospitals.

Although HRM policies and practices exist to guide the HR practitioners/specialists during the implementation of the recruitment, selection and retention, the study suggests that these hospitals should develop specific programmes designed for designated group's interest. Such programmes should address pertinent issues aimed at attracting, recruiting and retaining designated groups within the fraternity of public healthcare specialists. Having reviewed the WPTPS in relation to its impact on the recruitment, selection and retention, the following section focuses on the WPHRMPS and its contributions to such an HR activity.

### 4.5.3 White Paper on Human Resource Management in the Public Service (WPHRMPS) (1997)

The introduction of the *White Paper on Human Resource Management in the Public Service* (WPHRMPS) (1997) 'outlines the need for a change' in HRM (Chabikuli, Blaauw, Gilson & Schneider, 2005:109 cited in Nhlapo & Vyas-Doorgapersad, 2016:170). The need for change contains the transformation agenda which highlights a transition shift from PM to HRM (WPHRMPS, 1997:9 cited in Sithole, 2015:50). Such a shift requires the development of HRM practices that support the efficient management of the said hospitals. The HRM practice includes the attraction, recruitment and retention of competent, capable and committed public healthcare specialists for the achievement of superior health outcomes. Section (3) of the WPHRMPS (1997:9) recognises public healthcare specialists as the most valuable resource that should be managed effectively and strategically. The composition of such a workforce should comply with EEA legislation. Indeed, such a strategic thinking forms the foundation of the broader transformation of the health sector. In line with the transformation agenda is the decentralisation of HRM responsibilities and functions which is the cornerstone for the recruitment process and selection in these hospitals.

The decentralisation process is influenced by the so-called out of fashion HRM practices which are characterised by bureaucratic procedures. There is an underlying belief that the critical shortage of public healthcare specialists in these hospitals is hampered by bureaucratic and over-centralisation factors embedded in such an HR activity. Selection interview decisions are mainly based on academic qualifications rather than job knowledge, competencies, level of training and skills. De Wet and Van der Waldt (2013:6-7) argues that public service institutions whose interviews are based on competencies meticulously select proficient candidates who add value to the institution. Chabikuli et al. (2005:110) asserts that the process of recruitment and selection (advertisement, shortlisting, interviews and appointments) can last up to four to six months. This problem poses a risk of having the potential candidate(s) poached by the private sector since they offer better incentives and benefits than public service institutions.

Stiff competition of public healthcare specialists in the labour market renders the challenge of inability to attract, recruit, select and retain them in these hospitals. As the WPHRMPS introduced the decentralisation of the recruitment and selection process to public officials, Hlongwane (2013:35) unveils the role-players who are responsible for the implementation of such a process. The role-players include HR practitioners/specialists and line managers (Letooane, 2013:56). The KZNDoH HRM Circular (No 43 of 2011) (Policy on Recruitment) stressed that the responsibility of the recruitment and selection process must be shared by both HR practitioners/specialists and line managers. This view does not bode well for this HR activity as line managers have not been capacitated with regard to policy frameworks and yet, expected to compile job descriptions and conduct selection interviews. Such functions are perceived to be the sole responsibilities of HR managers and HR practitioners/specialists. In all likelihood, this gap could impact adversely to the credibility of the recruitment and selection process if not properly addressed and managed.

To this end, the WPHRMPS should be viewed holistically from the perspective of achieving health outcomes through the recruitment, selection and retention of public healthcare specialists. In the context of the research problem of this study, the labour market appears to be very tight, hence creating difficulty in attracting, recruiting and retaining public healthcare specialists in these hospitals. The next section discusses the influence of AA on this HR activity.

### 4.5.4 Conceptualising Affirmative Action

With affirmative action (AA) in mind, public service institutions should be in a position to achieve a representative and equitable workforce. Affirmative action takes place within an employment environment and linked with other HRM practices and processes. The concept of AA was introduced by the EEA to ameliorate the employment practices of individuals who were previously discriminated against during the apartheid dispensation. Such individuals are described as black people, women and people with disabilities (Ababio & Mahlangu, 2010:93) and are classified as designated groups (RSA,1998a:3). Mekwa (2012:13-14; Shuping, 2014:162) holds the view that discrimination must be proven on the basis of race, colour, gender or disability. In line with the EEA, the WPAAPS confirms that designated groups are the categories of individuals who suffered unfair discrimination practiced against them in an employment environment. Most importantly from HRM practices perspective the WPAAPS requires these hospitals to embark on an introspection with regard to the inability to attract, recruit and retain public healthcare specialists from designated groups. Identification of barriers embedded in this HR activity would enable these institutions to customise their HRM policies and practices to suit the needs specifically designed for designated groups.

Therefore, AA should be treated as a strategic priority by public service institutions (Swanepoel et al., 2008:198). This means that these institutions should compile proper plans that include but not limited to education and training programmes targeting designated groups and such plans will revolutionise public service institutions (Hlongwane, 2013:45-46). It is important and necessary to implement an AA plan to enhance the employment prospects for the designated groups and must be updated according to the EEA guidelines. This plan is conceived as a way of taking extra effort to attract and retain public healthcare specialists from the designated groups (Noe et al., 2010:135). Also, there is likelihood that designated groups will be elevated to all levels of employment in public service institutions through the application of substantive equality being advanced by AA. The AA candidates should pass the test of time by complying with the set selection criteria applied to all applicants. Deviation from the set selection criteria will be viewed as unfair discrimination.

### 4.5.4.1 Affirmative action management practices

Affirmative action in these hospitals can best be redressed through the implementation of the enabling processes such as the recruitment, selection and retention. In order to effect this HR activity, HR managers and HR practitioners/specialists should review the composition of the workforce establishment, policies, processes and practices. It is the responsibility of these public officials to continuously assess the perceptions of public healthcare specialists to remove the barriers and obstacles embedded in this HR activity. The information gathered from such reviews and assessments is significantly important, for the benefit of line managers, and it should take place before the recruitment, selection and retention.

### 4.5.4.1.1 Recruitment

The recruitment (advertisement and screening) and selection (shortlisting, interviews and assessment tests) process is one of the most effective strategies aimed at attracting, recruiting and selecting individuals from the designated groups. These hospitals must ensure that they design recruitment and selection strategies that are specifically targeting the designated groups. Ababio and Mahlangu (2010:101) suggest the use of non-traditional recruitment strategies (Chapter 3). In a similar vein, Noe et al., 2010:135) states that this could normally be done by extensively recruiting designated groups on college campuses and advertising in publications oriented towards designated groups. These strategies are aimed at ensuring that only qualified people with specialised clinical skills are appointed at all levels of employment. It is unfortunate that the attainment of the above recruitment strategies have the potential to be hampered by, for instance, lack of access to the internet and data affordability. A large number of potential applicants from designated groups would appear not to have access to these resources.

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### 4.5.4.1.2 Talent management

According to Gary, talent searching and management requires line managers to participate in the recruitment and selection processes (Ramatswi, 2016:78-79) instead of leaving the responsibility solely on the shoulders of the HR managers and HR practitioners/specialists. This identification necessitates the review of HRM policies and practices aimed at attracting and retaining potential talent from the designated groups. This review includes the processes and procedures associated with the recruitment, selection and retention. It is incumbent upon the HRM department to ensure that potential employees are appointed against the correct and well-funded establishment.

### 4.5.4.1.3 Retention of designated groups

The above reports consistently reflected a small number of individuals from designated groups having been employed by these hospitals as public healthcare specialists. These hospitals are invariably expected to consider the individuals from designated groups who possess the potential and relevant skills. Based on the deliberations, these hospitals are required to develop a retention strategy aimed at complementing the AA management practices to promote continuous equal representation. The principle underpinning the essence of AA retention strategy is that once this potential is unlocked and developed the massive specialist skills shortage in these hospitals will be alleviated.

### 4.5.4.2 Stereotyped perceptions on Affirmative Action

Prior to 1996, employers had no legal obligation to develop and implement AA; it was no more than a moral obligation (Phiri, 2015:20). This implies that the first-order discrimination violated the constitutional principles of equality and equity. First-order discrimination refers to discrimination against designated groups. The adoption of AA measures has sparked a phenomenal debate on the issue of equality and equity. Although both proponents and critics of AA proclaim the idea of equality, the latter has echoed vehement views on AA (Basson, 2006:251). The impetus to achieve EE has been viewed by some whites and/or males as reverse apartheid practicing a new a form of discrimination (Esterhuizen, 2008:15). The appointment of black people is often perceived as tokenism (Hlongwane, 2013:40). It is important to explain both concepts of reverse discrimination and tokenism to have a proper understanding and comprehension of its impact on AA. According to Hlongwane's articulation above, reverse discrimination is the process of reintroducing discriminatory policies in an attempt to eliminate their past impacts (Hersch, 1993:180) while Rankhumise, Netswera and Meyer (2001:56) suggests that:

Tokenism takes place when an institution promotes or appoints blacks into higher positions without ensuring that they have obtained the necessary skills in order to take proper decisions in their positions. Tokens are the black employees in a dominantly white workgroup. Tokenism is a concept utilised to refer to the employees who gained their positions through AA in the employment without satisfying the employment criteria.

Although Zondi (2010:316) holds the opinion that whites perceived AA as a tool to perpetuate the inequalities, owing to the racial polarisation of South African society, it can be hypothesised that the perception of AA will differ along racial lines. To quell such perceptions, the Department of Public Service and Administration (DPSA) developed policy guidelines on how AA should be implemented and public service institutions are therefore, expected to tailor these guidelines along their specific situation (DPSA, 1998a cited in Rankhumise & Netswera, 2010). Based on the nature of the clinical work performed by public healthcare specialists, applicants must be considered on merit. In this case, the panel should use selection criteria that is non-discriminatory (Hlongwane, 2013:40). Hlongwane (2013:37) states that:

AA does not mean that whites are incompetent in comparison to their black counterparts, but implies that the whites will no longer be the only group that is having access to all the high level positions and that provisional preference will be given to the qualified blacks in order to rectify the previous imbalances.

The critics of AA seems to associate AA appointments with corruption (nepotism and favouritism) thus, neglecting the best qualified competent candidates. It becomes unfortunate that eventually, individuals from designated groups due to affirmative preference are labeled and stigmatised. It is essential for all stakeholders (management and employees) to have regular meetings in order to quell any fears and perceptions. In line with this strategy the relationship between the two parties is likely to be strengthened while simultaneously, changing racial stereotypes. Based on the above deliberations, the views and perceptions of AA can be summarised as including but not limited to reverse discrimination, unrealistic expectations, incompatible institutional culture, poor communication and stereotypes of antagonists. These views and perceptions have a potential to flout the implementation of AA in these hospitals. Despite views and perceptions echoed by critics on AA, the study subscribes to the idea that since Africans were denied training, educational and employment opportunities as a result of racial practices in comparison to Whites, Indians and Coloureds therefore, they should be afforded first preference in the employment sphere.

Hence, the lack of implementation of AA might perpetuate the inequities of employees who are not white males in the employment sphere. Implementation of the AA should not be viewed as a serious indictment by those who wish to contest its validity. It is rather quite unfortunate that the implementation of AA policy and measure is viewed as paradoxical because it deals with the eradication of discriminatory practices embedded in the recruitment, selection and retention, whereas the critics view it as taking employment decisions based on race and gender.

## 4.6 SUMMARY

This chapter reviewed the current realities of statutory and regulatory framework. The difference between the two has been clarified and the current realities were presented in a form of a roadmap. The chapter also examined the legislation that constitute the statutory frameworks governing the recruitment process in the public service. Among the pieces of legislation discussed in no particular order are: The Constitutional imperatives, the PAJA, the EEA, the LRA, the PEPUDA, the BCEA, the PSA, the SDA and the SDLA. The perspectives and challenges impacting on the realisation of EEA have been highlighted. However, the implementation of these pieces of legislation to realise the intended objectives is yet to be seen. The chapter has shown that the basic principles (equality, equity and right to administrative fairness) governing the efficient administration and management of the recruitment, selection and retention has been replicated in all the statutory frameworks.

The chapter revealed that the WPTPS (1995) has articulated the vision of the government to be achieved through a set of determined priorities (representativeness and affirmative action). It also highlighted that the transformation agenda that includes the paradigm shift from PM to HRM for purposes of aligning health outcomes initiatives. Constrained by limited knowledge and capacity, public service institutions reflect inconsistencies and incoherence to such a shift. The chapter identified stereotyped perceptions as well as associated problems that adversely impact on the recruitment, selection and retention of public healthcare specialists in these hospitals. Finally, it recognised a critical shortage of such employees due to these stereotyped perceptions and non-compliance to the legislation. The next chapter discusses the international perspective on the recruitment, selection and retention.

# CHAPTER 5

# HUMAN RESOURCE MANAGEMENT: AN INTERNATIONAL PERSPECTIVE

## 5.1 INTRODUCTION

The statutory and regulatory framework (Chapter 4) has influenced the recruitment, selection and retention (HR activity) from the South African perspective. However, every HR activity is tailored according to the country's statutory and regulatory framework. This chapter examines the management of human resources (HR) in a global context with particular emphasis on this HR activity. The examination is desirable in order to establish whether South Africa's human resource management (HRM) practices are guided by international standards. A frame of reference is key to guiding this HR activity to ensure compliance to international standards. This chapter reveals that when the hospital intends to compete in an international context for public healthcare specialists, effective international HRM becomes pivotal as it contributes to the institution's performance (Svendsen, 2011:7).

The challenge facing these hospitals is how to apply HR policies and practices to attract and retain them in the light of the shrinking labour market. A more critical way of thinking suggests that the HR activity is concerned with human capital because the prospective job applicant "is available out there in the world" (Chapter 6). Such a critical way of thinking has been influenced by the studies that have examined the international dimensions of this HR activity. Cameron (2008:14) opined that this idea is underpinned by the thinking that the HRM literature covered this HR activity in considerable detail. The literature set down the formal processes and procedures for this HR activity. Public hospitals are truly functioning in times of new technologies, globalisation, deregulation and internationalisation, which has increased the importance of this HR activity.

The chapter comprises six (6) sections and is structured as follows: section 5.2 considers the standing of this HR activity in three Organisation for Economic Co-operation and Development (OECD) countries, namely, the United Kingdom (UK), Australia and the United States of America (USA). Sections 5.2.1, 5.2.3 and 5.2.4 trace the origin of HRM practices in the UK, Australia and the USA, respectively. Sections 5.3, 5.4 and 5.5 also examine the recruitment and selection best practices that enable the UK, Australia and the USA public hospitals to recruit highly skilled and motivated public healthcare specialists, respectively. Retention strategies are also discussed in these sections. Section 5.6 provides the summary of the chapter. As noted earlier, the next section examines the standing of this HR activity in the three countries.

## 5.2 SELECTED COUNTRIES: THE UNITED KINGDOM, AUSTRALIA AND THE UNITED STATES OF AMERICA

According to Alnaqbi (2011:30), research suggests that the study of HRM requires an international perspective (Brewster, Tregaskis, Hegewisch & Mayne, 1996) to help highlight the context-specific nature of HRM practices (recruitment, selection and retention) (Kuruvilla & Ranganathan, 2010). It is important to understand how other countries implement this HR activity, and comparative research is deemed necessary for two reasons:

- Obtaining an international perspective is appropriate as comparison will indicate how this HR activity is implemented in South Africa compared to that of other countries.
- International perspectives on the implementation of this HR activity could assist in finding solutions to some of the challenges encountered by the South African public service institutions.

This section considers the standing of this HR activity in three Organisation for Economic Co-operation and Development (OECD) countries, namely, the United Kingdom (UK), Australia and the United States of America (USA). The choice of these countries was based on the fact that they share important cultural similarities (Wilkinson, Johnstone & Townsend, 2012:512). The study also believes that their HR practices are highly developed and easily traceable. Apart from this aspect, they possess intrinsic and unique features that have enabled them to address the healthcare worker crisis through the provision of appropriate policy and strategy interventions. These interventions have mainly taken place in Australia (European Commission (EU), 2014:7). As South Africa has become one of the five key partners to the OECD (OECD, July 2017), it is possible to access the OECD good policy practices (http://oecd.org) wiith a view to benchmark the model and checklists that will assist these hospitals to effectively recruit and retain public healthcare specialists. The next section focuses on the practice of HRM in the UK.

### 5.2.1 PRACTICE OF HUMAN RESOURCE MANAGEMENT IN THE UNITED KINGDOM (UK)

The origins of HRM in the UK can be traced back to the 19th century and has progressed along similar lines to the USA. The differences lie in the stages of development which were to a large extent influenced by the socio-economic-political factors (Nankervis, Chatterjee & Coffey, 2007:140) and are captured as follows:

- Phase I (1900–1940s) - operational and administration stage;
- Phase II (1940s–mid-1970s) - welfare and administration stage;
- Phase III (mid-1970s–late 1990s) - HRM and strategic HRM (SHRM) stage; and
- Phase IV (Beyond 2000) - SHRM into the future.

According to Ashdown (2014), the ascendancy of a Conservative government under Margaret Thatcher in the 1980s contributed to the shift from collectivism to individualism in the management of employment practices. This shift was accompanied by the arrival of the concept of HRM from the USA. Brewster (2006:67) agrees that the concept of HRM was introduced in the USA. The emergence of HRM in the UK was greeted with polarised ideas and views, particularly from the trade unionists who labeled HRM as a slippery concept because it meant different things to different people (Gabbai, 2001). Brewster (2006:67) stated that the concept of HRM was 'loved and hated' because of its origins, and consequently, adopted the rhetoric of HRM. Both Gabbai (2001) and Agbodo-Otinpong (2015:19), argued that the emergence HRM was caused by increased globalisation, competitive advantage, deregulation and new technologies. The article further states that these factors caused PM to fail thus, requiring a new approach to effectively manage people at work (Legge, 1978; Guest, 1987; Skinner,1981). Both practitioners and scholars have acknowledged the importance of HRM as it recognises the human aspect in the institution (Brewster, 2006:68).

For this study, the key human factor are public healthcare specialists. The importance of HRM was institutionalised to manage key issues of recruiting, selecting and retaining scarce skilled employees. As such, institutions in the UK such as Glaxo (pharmaceuticals), Citibank (investment banking), Hewlett-Packard (hi-tech), WH Smith (retail and distribution), Lloyds Bank (retail banking), BT (telecommunications), KJS (fast moving consumer goods) and an NHS Trust (healthcare) adopted a new strategic approach to the management of people in the 1990s. Perhaps, the most important aspect of HRM is the significance attached to the strategic goal of achieving competitive advantage through the recruitment, selection and retention. The study of Guest (1987, 1989a, 1989b, 1991) indicates that this strategic goal is concerned with the institutional performance. The strategy integrated HRM issues including HR policies with institutional strategic plans (Legge, 1989) to encourage line managers to participate in decision-making relating to the recruitment, selection and retention. From the public service institutions' perspective, the UK National Health Services (NHS) have demonstrated the effectiveness of HRM practices of the recruitment, selection and retention as this line function is delegated to line ministries (Beardwell, Holden & Claydon, 2004).

As the HRM practice of the recruitment process is delegated to line ministries, the central HRM body remains with the role of strategic co-ordination which include a substantial range of HRM functions (OECD, 2012). Having adopted a strategic HRM (SHRM) approach which embraces strong open recruitment system (Cardona, 2006:2), the UK's public administration seems to have benefited from the approach in terms of competitive advantage of health outcomes. The combination of the UK's decentralisation and devolution policy appears to have enabled the fast-tracking of public healthcare specialists' (hard-to-find, high-skilled medical (nurses and specialists) employment through open competition for positions. Of course, open competition for positions aligned with departmental plans is deeply rooted in the tradition of neutrality. This means that both internal and external candidates are treated equally. To ensure adherence to statutory and regulatory framework, recruitment process involving the screening of applicants, selection tests and assessment centers is audited (OECD, 2012).

Clearly, the adoption of SHRM has made the UK to become a vanguard of HRM practices in Europe. Brewster (2006:68) argued that the implementation of HRM in the UK has been influenced by the thinking of the USA. This idea is supported by Thebe (2014:29) who claim that the USA HRM practices including the recruitment, selection and retention had significant impact on the UK's HRM practices. It is clear that with the development of HRM a need was identified to align the recruitment, selection and retention with institutional strategy since PM overlooked the integration of this HR activity with institutional strategies and processes. Although HRM is embedded in an institutional strategic plan, Gabbai's (2001) article highlights a few variations. The empirical evidence from the fifteen (15) institutions conducted in Britain suggests that there is a strong lack of congruence between the implementation of HRM and overall institutional strategic plan (Storey, 1992);

(i)     The empirical evidence also reveals that the HR practices of, for instance, the recruitment, selection and retention were implemented in a piece-meal and patchy order (Legge, 1995); and

(ii)    The HR practice mirrored similar characteristics as those of PM as there was no change in the actual content (Guest, 1987).

In addition, the research carried out by Hope-Hailey, Gratton, McGovern, Stiles and Truss (1997) investigating HRM practising institutions, namely: Glaxo (pharmaceuticals), Citibank (investment banking), Hewlett-Packard (hi-tech), WH Smith (retail and distribution), Lloyds Bank (retail banking), BT (telecommunications), KJS (fast moving consumer goods) and an NHS Trust (healthcare) revealed the following variation:

(i)      Although HRM is recognised by executive management, it is seen as a secondary decision-making process rather than a strategy.

(ii)     HRM practices have been decentralised and devolved (outsourced) to line managers (Armstrong, 2006:97) thus, leaving the future of HRM hanging in the balance. As such, this approach constrains the autonomy and existence of the HRM. In sum, the existence of the HRM has diminished (section 2.5).

Brewster (2006:71) argued that the strategy of forging 'business partners' with line managers as advocated by Ulrich (1997) have led to the 'outsourcing' of administrative transactional practices of HRM including the recruitment, selection and retention. Despite the complexities associated with business partnering, the value-adding contribution of HRM in the hospital has generally been accepted by both HR practitioners/specialists and line managers as it has contributed towards the achievement of health outcomes. In conclusion, studies conducted in the USA and the UK have indicated a causal link between the HRM practices and hospital's success (Huselid, 1995; MacDuffie, 1995; Patterson, West, Lawthom & Nickell, 1998 (http://www.academia.com). The provision of health outcomes in the UK's public hospitals is entirely dependent on the recruitment of quality and motivated public healthcare specialists. The next section focuses on the practice of HRM in Australia.

## 5.2.2 PRACTICE OF HUMAN RESOURCE MANAGEMENT IN AUSTRALIA

A critical review of PM in Australia during the late 1950s and early 1960s suggests that certain PM practices including recruitment and selection criteria have impacted the institutional effectiveness. The integration of such PM practices into formal institutional strategy has led to an ambivalent situation where the antagonists of PM vehemently echoed their sentiments criticising the narrow leaning of PM towards a school of human-relations (Bucklow, 1961:132) thus, causing PM to atrophy (Michelson & Kramar, 2003:134). Much has occurred since this pronouncement and evidence reveals that during the last 20 years HRM has evolved from PM to HRM in Australia. The following drivers are believed to be impacting on the employment practices: globalisation, deregulation, competitive pressures, political changes and new technologies (section 2.4). As in section 2.6.2 above, Nankervis, Chatterjee and Coffey (2007:140) highlight the following HRM development phases in Australia:

- Phase I (1900–1940s) - operational and administration stage;
- Phase II (1940s–mid-1970s) - welfare and administration stage;
- Phase III (mid-1970s–late 1990s) - HRM and strategic HRM (SHRM) stage; and
- Phase IV (Beyond 2000) - SHRM into the future.

It appears that the introduction of the concept HRM in the 1980s was universally accepted by scholars and researchers and Hope-Hailey et al. (1997) saw HRM as evangelical testament. Of course, the emergence of HRM brought an ostensibly new strategic approach to the employment sphere (see Fombrun, Tichy and Devanna 1984) unlike its predecessor PM. To enhance the overall understanding of HRM in the Australian context, it is necessary to provide a brief introduction of the concept. The sole purpose of HRM practice (recruitment and selection) is to find the right people in the right job at the right time to achieve competitive advantage. To remain competitive, requires institutions to align or fit HRM strategy into their institutional overall strategy as HRM aims to support the achievement of institutional goals (Armstrong, 2014:2). For this reason, Keegan and Francis (2010:873) note that HRM practice of recruitment and selection is now "largely framed as a business issue". Long-term planning has become a critical aspect within the employment practices and the effectiveness of this strategy should be backed up by HRM policies that are consistent with the institutional goals and objectives.

The implementation of HRM policies include the devolution and decentralisation of recruitment and selection practices to line management (section 2.5). Set against a backdrop of the employment practice a wide range of empirical and conceptual studies reveal that HRM had been introduced in a reactive and piecemeal way rather than as a comprehensive and strategic transformation, thus, resulting in a relatively uneven and quite slow (Kramer, 1992) implementation across Australia (Michelson & Kramar, 2003:135). This background seems to suggest that although HRM has been universally accepted as evangelical testament in Australia, HRM appears to be evolving and is work in progress (Keenoy, 1999). This implies that HRM practices such as recruitment and selection have not been integrated with institutional strategies to achieve competitive advantage resulting to serious ramifications, namely: absence of 'social exchange theory' (section 2.7.4).

From the perspective of social exchange relationship between the HR department and line managers, the latter is perceived to be reluctant and unwilling to adapt to the transition in the form of accepting HRM responsibilities thereby, becoming business partners (Teo, 2002:99). Drawing from Michelson and Kramar (2003:141), some of the HRM practices such as recruitment and selection have been devolved to line managers. Similarly, HR managers are confined to performing operational, functional and administrative work (Michelson & Kramar, 2003:136), because they are "often seen as lacking the knowledge, skills, influence, credibility and view of their role effectively to develop and implement a more strategic HRM programme" (Kane, Crawford & Grant 1999:511).

Business partnering as advocated by Ulrich (1997) (section 2.6.1) seems to be work in progress in Australia as institutions are still striving to make the HRM practices more 'strategic' (Qadeer, Shafique & Rehman, 2011:2520). Contemporary institutions are adapting to the changing roles of HR practitioners/specialists to invest more on HRM practices including the recruitment process and retention. For the USA and the UK., the concept 'HRM' has brought some discernible changes (Hoque and Noon, 2001) in the employment practices compared to Australia as institutions from the former invest more on HRM practices. The application of the social exchange theory seems to have contributed immensely to the achievement of competitive advantage. Therefore, Australia needs to re-conceptualise the logic of HRM to re-orient and broaden its strategic horizons about human endeavour of institutions (Kaye, 1999), and to allay job insecurity and dissatisfaction. The next section discusses the practice of HRM in the USA.

### 5.2.3 PRACTICE OF HUMAN RESOURCE MANAGEMENT IN THE UNITED STATES OF AMERICA (USA)

The HRM in the USA has evolved tremendously since the 1900s and Jamka (2011:107-108) captures the following specific phases of HRM development:

- Phase I operational (1900-1945) – an administrative unit playing an auxiliary function in relation to other services;
- Phase II tactic (or managing, 1945-1980) – fulfilling staff/advisory function in relation to line managers, and,
- Phase III strategic (since the beginning of 1980s) – priority function manifested in the central location and active contribution to development of the general institution strategy.

The emergence of a strategic HRM during the 1980s saw the institutions in the USA adopting a new strategic approach to the management of people (O'Riordan, 2017:4). Institutions in the USA have been presented with an opportunity to seize and sustain competitive advantage through intelligent utilisation of human resources (Jackson, Schuler, Lepak & Tarique, 2011:1). As such, HRM has been repositioned to become a specialised unit focusing on the wide range of specialised functions including the recruitment, selection and retention. This is indicative of the fact that HRM has become a strategic business partner with regard to decision-making processes, relinquishing the so-called old traditional and bureaucratic personnel practices. As a strategic business partner, HRM has an important role to play in providing competitive advantage for the institutions.

Based on the adoption of the HRM strategic approach, Ulrich (1997) identified four (4) roles for HR practitioners/specialists (Pieterse & Rothmann, 2009:371): strategic partner, administrative expert, employee champion and change agent. Strategic partner: in these changing work environments and institutional culture, HRM and line managers must work together to pursue institutional goals (section 2.6). Strategic partnerships involve alignment of HRM strategy and initiatives with those of the institution. This approach suggests that both line managers and HRM are equally responsible for the institution's performance and competitiveness;

(i)     Administrative expert: responsible for delivering quality HRM service at the lowest cost to the institution by re-engineering 'people processes' such as the recruitment and selection (Gratton, 2000). Recruitment and selection is viewed as adding value chain to the institution.  The development of the recruitment and selection strategy to source and retain critical scarce skilled employees in the institutions (Childre, Cryer & Cooper, 2000) to achieve competitive advantage (Lawler & Finegold, 2000) remains the responsibility of the HR practitioners/specialists;

(ii)    Employee champion: support the philosophy of 'people business is line business' (Vermeulen, 2003). This implies that line managers should be involved in all HRM practices to achieve institutional performance. In their performance of employment practices, HR practitioners/specialists should always demonstrate the rules of natural justice such as respect, fairness and honesty (Snelgar & Potgieter, 2003), and

(iii)   Change agent: support change management in the area of human capital by revitalising obsolete and redundant skills and knowledge.

A study by Caldwell (2001) has categorised HR change agents in four dimensions (*ibidem*):

(i)     transformational change – a major change that has a dramatic effect on HR policy and practice across the whole institution;

(ii)    incremental change – gradual adjustments of HR policy and practices which affect single activities or multiple functions;

(iii)   HR vision – a set of values, beliefs, and interests that affirm the legitimacy of the HR function as a strategic business partner; and

(iv)    HR expertise – the knowledge and skills that define the unique contribution the HR professional can make the effective people management.

Ulrich's (1997) model has created high expectation among contemporary institutions that HR practitioners/specialists would focus on strategic business partnering rather than transactional and administrative support and other traditional HRM processes, such as the recruitment and selection (King, 2002). There is a perception that HR practitioners/specialists find it difficult in neglecting traditional HRM processes. Changes in the roles of HRM have been evoked by external factors including globalisation, new technologies and deregulation as institutions are forced to pursue competitive advantage. Pieterse and Rothmann (2009:370) adds communication, new competitive challenges and fast-changing corporate cultures. Through adaptation to changing conditions within institutions, the HRM has assumed more strategic, specialised functions which has changed the agenda for HR practitioners/specialists from performing a wide variety of administrative personnel tasks to a value-adding approach. In keeping with Ulrich's model (1997), Jackson, Randall, Schuler, Lepak and Tarique (2011:1) add that HRM practitioners/specialists are regarded as 'human capital' experts whose efforts are directed at providing competitive advantages for the institutions (Schuler, Jackson & Storey, 2001; Gupta & Govindarajan, 2001; Schuler & Jackson, 2007). This implies that as the provision of public healthcare specialists is generally affected by the supply and demand of both the internal and external labour market, HR practitioners/specialists should play a meaningful role in searching the labour market conditions.

Based on the foregoing, the study deduces that companies such as IBM and Hewlett-Packard (Beer, Lawrence, Mills & Walton, 1985) became successful in achieving higher productivity and efficiency because they were able to quickly adapt to changes affecting the HRM practices and procedures such as the recruitment, selection and retention. The result of this understanding was the enactment of legal regulations aimed at protecting employees against unfair, hazardous and unsafe conditions and employment practices (see Elkins, 2007). The protection of employees is aimed at retaining particularly, the critical scarce skills employees as they are viewed as legitimate stakeholders (Maycock et al., 2015:15). On the basis of understanding business acumen and issues HRM practitioners/specialists were therefore, capable of developing HRM policies and practices that recognised the recruitment, selection and retention as a source of competitive advantage (Huselid, Jackson & Schuler, 1997). Therefore, institutions should understand that transforming HRM does not lie with HR practitioners/specialists only, but that the involvement of senior management including the hospital Chief Executive Officer (CEO) is critical. The Ulrich (1997) model advocates an integrated HR system that entails, among other things, the recruitment, selection and retention. In the quest for HR performance, these hospitals should make an attempt to emulate and implement the Ulrich' (1997) model.

Mamman and Zayid Al Kulaiby (2014:28-11) state that the Ulrich' model is adequately robust in assisting non-western, developing countries context in the understanding of HR roles. The passage above indicated that the USA uses an open recruitment system which is based on transparent and streamlined recruiting process. This system is aligned with the philosophy and value proposition that dictates that, 'the right individual for the right job at the right time' (Chapter 2.7.1) is a norm. The next section focuses on the recruitment and selection best practices that enable the UK's public hospitals to recruit highly skilled and motivated public healthcare specialists.

## 5.3 RECRUITMENT AND SELECTION IN THE UNITED KINGDOM (UK)

Chapter 3 outlined that recruitment is key to all HRM processes as they enhance the reputation of the UK's public hospitals. Based on the assumption that the position to be filled exists and authority has been granted to fill it after updating job description and job specification, the UK statutory and regulatory framework demands that the recruitment process must be conducted in a professional and timely manner. The University of Melbourne (2009 cited in UK Essays, 2013) indicated that the recruitment process entails two (2) major phases: (i) the process of searching prospective applicants with the right qualifications and experience, knowledge and skills, for the job, and (ii) the process of selecting suitable applicant(s) through the application of selection instruments such as interviews, tests and reference checks. Traditionally, public hospitals as part of public service institutions were functioning in a monopolistic environment which provided them with little scope for competition and market share (Richardson, 2009:2).

The introduction of the New Public Management (NPM) and Public Sector Management (PSM) (Tisme and Ozimec, 2006:56) approaches has forced public hospitals to adopt streamlined and rationalised strategies to attract and recruit qualified public healthcare specialists to achieve health outcomes. This approach requires public hospitals to 'maintain the principle of appointment on merit on the basis of fair and open competition in recruitment to the public service' (Tisme & Ozimec, 2006:54). However, employment of public healthcare specialists is not a simple recruitment process as competition between private and public hospitals is growing due to the emphasis by both the NPM and PSM (Sundell, 2012:3). Based on the merit system principles, the British Civil Service has a user-friendly application process, with a series of tests and a universal assessment from which candidates can be matched to positions in a number of different departments (Dohrmann, Kennedy, & Shenoy, 2008:20). The process of searching prospective public healthcare specialists begin with the identification of recruitment sources that will produce adequate number of candidates within reasonable cost restraints (IES, 2015:94). This is discussed in the next section.

## 5.3.1 RECRUITMENT SOURCES: UNITED KINGDOM

Having considered future forecasting of public healthcare specialists in accordance with HR planning strategy as well as the types of a recruitment source (Wilton, 2013:158), the idea of a multi-method approach was chosen because of its ability to produce a sufficient number of candidates within reasonable cost restraints (IES, 2015:94). This multi-method approach involved a combination of face-to-face with online approaches (Chapter 3).

### 5.3.1.1 Informal/internal recruitment sources in the UK

Informal recruitment methods such as the word-of-mouth played an important role in reaching out to potential hard-to-find high-skilled medical (nurses and specialists) applicants. It should be noted that this informality did not play a role in influencing the selection process. This method is known to be one of the best if not the best source of new recruits. Potential recruits were sought through the recommendations of existing employees (Chapter 3). Martic (2017) stated that according to CareerBuilder research, 63% of healthcare institutions used this method to recruit public healthcare specialist applicants even though there were no referral financial incentives offered. According to the Institute for Employment Studies (IES) (2015:96), referral programme enabled the current employees to earn anything between £750 and £1,000 for every successful candidate.  In this case, all stakeholders become winners - the hospital secures the services of a new public healthcare specialist, the new employee finds a job that will enable him/her to earn a salary, and the referring employee gets a bonus. Using a referral programme might seem to be prudent at times because of its lack of diversity in the workplace (Hasluck, 2011:23). Even though, word-of-mouth referral programmes remain an important part of the recruitment process. There is a perception that if public hospitals do not utilise this method, they will miss out.

### 5.3.1.2 Formal/external recruitment sources in the UK

As the high-skilled medical (nurses and specialists) posts are the most difficult to recruit and fill, the Recruitment and Selection (R&S) Best Practice Guidance Handbook issued by the Royal Holloway University of London (2016:10) suggests, among other things, exploration of college/university recruitment and specialist recruitment agencies.

### 5.3.1.2.1 College/university recruitment

As competition for public healthcare specialists remain strong in the global labour market and the 'War for Talent' is found to be worsening the situation, college/university recruitment as part of the external recruitment sources in the UK played a large part in the recruitment of public healthcare specialists (Sills, 2014:12). College/university recruitment provided an ideal pool in this category to select the most suitable candidates.

Public hospitals have used this hiring strategy to, among other things, market the opportunities for career advancement for categories such as registrar trainees. Based on the CIPD report (2006 cited in Richardson, 2009:18), only 37% of public hospitals used college/university recruitment as a strategy to entice potential candidates, and of this percentage about 10% of registrar trainees selected public hospitals as their employer of choice. Having adopted a more structured and strategic approach to college/university recruitment, the 2013 Association of Graduate Recruiters (AGR) survey indicated that 87% of institutions adopted on-campus presentations and promotions as their strategy to advertise recruitment opportunities (AGR, 2013a). These presentations and promotions included career fairs. Similarly, the 2015 High Fliers report found 95% of these institutions used careers fairs and 90% gave campus-based presentations as their strategy to promote recruitment opportunities (High Fliers, 2015).

The report further stated that large institutions including public hospitals targeted an average of 19 universities (High Fliers, 2015) to source potential public healthcare specialists (IES, 2015:113). Targeting these universities was on the basis of their reputation. Based on positive reputation of having produced good candidates, the report deemed it necessary to target these 19 universities. Richardson (2009:18) asserts that college/university recruitment offers several benefits such as convenience to interview many registrar trainees within a short period of time in the same location. Paired with the honing of clinical skills, the candidates thus receive work experience. The main disadvantage about this method is that the availability of registrar trainees remains problematic as they become available only during a particular time of the year. Unfortunately, they cannot resume duties as and when they are needed.

### 5.3.1.2.2 Recruitment agencies

To source potential candidates for public hospitals the utilisation of specialist recruitment agencies was viewed as an ideal solution in terms of efficient use of time and resources (IES, 2015:99). In the UK, recruitment agencies paired with headhunting were used as a supporting factor to source hard-to-find, highly-skilled public healthcare specialist applicants. The study by the CIPD (2006) in the UK on 803 institutions including public hospitals found that 76% of these institutions used specialist recruitment agencies to attract the hard-to-find highly-skilled public healthcare specialist applicants, though agency fees are considered to be expensive (Osoian & Zaharie, 2014:134-135). Drawing on the IES (2015:99), institutions have had a very high success rate from these agencies as the latter were able to screen and send good potential public healthcare specialist applicants. The utlisation of these agencies was found to be easy and inexpensive. Rivera (2012a:1000) noted that public hospitals have established good relationships with preferred recruitment agencies to familiarise themselves with the job descriptions and job specifications in order to make a right decision.

Specialist recruitment agencies possess records of all suitable candidates whose backgrounds and clinical skills have been checked and assessed. This study believes that the process is highly intensive and demands a healthy recruiting budget to achieve the overall recruitment strategy of the hospital.

### 5.3.1.3 Recruitment techniques

The most important step in the recruitment process is to attract the right applicants for the job. There are various methods of attracting potential public healthcare specialists, in this regard. Advertisement of posts is one of the methods that is used by the hospitals to market the posts as well as themselves.

### 5.3.1.3.1 Attracting candidates

The UK's statutory and regulatory framework (Korsten, 2003) demands that the advertisement should contain non-discriminatory wording (Aylott, 2014:66) to afford all applicants fair and equal treatment (Ekwoaba et al., 2015:27). In response to advertised posts all potential candidates are required to complete a standardised application form. On request of the application form an application pack containing the following information is sent to all interested public healthcare specialist applicants who should return it after a period of 3 weeks (http://equalityni.org):

(i)     The application blank for the position;
(i)     The job description and job specifications for the position; and
(ii)    The closing date and the hospital's contact details in the case of enquiries.

This application pack is in line with the hospital's strategic plan aligned with the UK's statutory and regulatory framework guiding the recruitment process.

### 5.3.1.3.2 Recruitment costs

Due to significant budgetary restraints resulting from the economic recession (Rees, 2010:171) public hospitals had to execute a good recruitment plan and decision-making to reduce costs associated with recruitment. The CIPD survey report '*Recruitment, Retention and Turnover*' (2009d) estimated the average direct cost of recruitment per individual in the UK in 2009 as £4,000 – increasing to £6,125.

The Recruitment and Talent Planning survey report (CIPD, 2016) found that "the median cost per hire was £2,000". Gusdorf (2008:3) asserted that "recruitment costs could run from 50% to several hundred percent of employee salaries". According to Dube, Freeman and Reich (2010:2), recruitment and selection cost for professional and managerial employees could be as high as £5,024 ($7000x$0,7178 as at 18h33 on 23/03/2018). The study found that recruitment freeze (CIPD, 2016) contributed to the increase of recruitment costs. Nonetheless, the execution of a good recruitment plan and decision-making is perceived to have escalated the recruitment of public healthcare specialists in public hospitals using appropriate recruitment sources. As part of the recruitment process the next section explores the selection techniques used by UK public hospitals in selecting public healthcare specialists.

### 5.3.2 SELECTION TECHNIQUES

The selection committee is responsible for the selection process which is comprised of two key phases, namely, shortlisting and assessment (CIPD, 2016). The assessment involves selection interviews, tests and assessment centres (optional) and reference checks (Roberts, 2005). The recruitment and selection policy that applies to professional services salaried staff dictates that the selection committee must consist of two or more persons and if possible, gender balance and diversity must prevail (National Health Service Foundation Trust, 2016:5). It is reported that the current structure of the workforce does not favour female employees to serve on selection panels, particularly for senior clinical positions such as the Heads of Clinical Departments/Units.

In the meantime, public hospitals use the services of a suitable qualified outsider to sit on a panel to reach a gender balance. As part of the strategic plans, recruitment best practice guides require that all selection committee members must have completed the recruitment and selection training pre-course learning or a refresher course within the last three years (http://manchester.gov.uk). This is a prerequisite for all selection members otherwise, they cannot participate in the selection process. Following the Royal Holloway Recruitment and Selection Best Practice Guidance Handbook (2016:3), all potential candidates must be treated in a fairly, equitable and non-discriminatory manner. The duly appointed selection committee conducts both shortlisting and interview processes.

### 5.3.2.1 Shortlisting/Initial screening

The screening committee assumes the role of narrowing down the application forms submitted online accompanied by Curriculum Vitae (CVs) and these documents form the basis or short-listing.

The screening committee formulates the criteria for short-listing based on the person specification. Should the screening committee discover that a large number of potential applicants meet the essential criteria of the position the usage of desirables is permissable. As public healthcare specialists are scarce in the global labour market, the UK laws state that there is no need to use desirables since there are few applicants who meet the basic requirements of the post. After a rigorous short-listing process involving comparing the information on the application forms to the personnel specification, all those candidates who are deemed eligible proceed to the interview process. On completion of the shortlisting process, under no circumstances must the selection committee be changed or amended unless due to the unexpected illness or unavailability of one of the members who cannot continue with the selection process. Substitution may only take place, if and only if, it will minimise the foreseeable delay.

### 5.3.2.2 Selection interviews

Interviews play a crucial role in the recruitment process (Guion, 2011:9) of public healthcare specialists. In the UK, they usually take the form of a competency based face-to-face format. As previously alluded to in Chapter 3, interviews are the penultimate phase in the recruitment process. To ensure complete fairness, openness and transparency in the interview, the UK's recruitment and selection policy dictates that a list of questions must be relevant to the job and consistency must always be maintained in terms of scoring candidates. This process enables the selection committee to guard against 'golden halo effect' (Kline, 2013:25), which happens when the interviewer subconsciously chooses a candidate whose fit is based, for instance, on culture.

### 5.3.2.3 Selection tests

To reduce the potential of bias and subjectivity, and to achieve the highest predictive value the UK's recruitment and selection policy embraces the use of selection tests. The CIPD (2013:1 cited in UKEssays, 2015) explains that this type of testing is necessary given the implications for long-term recruitment and selection of public healthcare specialists. Although testing is used as a supporting indicator (Suff, 2012:10) for selection of public healthcare specialists it is rarely used in public hospitals. Should a need arise, it is used to assess the applicants against only the essential and/or desirable criteria set out in the personnel specification for the job of public healthcare specialists (http://equalityni.org). The R&S Best Practice Guidance Handbook (2016) highlights that the selection test has been significantly used by public hospitals to test public healthcare specialists from diverse backgrounds and with different language skills.

As testing is used to aid the selection interview to achieve the highest predictive value public hospitals have ensured that they are conducted by reputable providers who have track records of providing reliable assessments of the applicants' abilities to perform the duties attached to the job. Once again, such providers are able to monitor the impact of the selection test (Equality Commission, 1995:27 http://equalityni.org). The Interviews can also be supplemented by assessment centres (ACs), if the need exists.

### 5.3.2.4 Assessment centre

The use of Assessment Centres (ACs) as supporting indicators for the selection interview to predict the highest value is not common in the UK's public hospitals. The argument pertaining to the utilisation of ACs in public hospitals is that it does not produce the highest predictive value as all applicants are aware that they are competing for a certain job, thus encouraging distortion of conduct (Stahl, Björkman, Farndale, Morris, Paauwe, Stiles & Wright, 2012:35). In line with Kline's (2013:25) viewpoint above, Stahl et al. (2012:35) believe that ACs have a greater risk of the golden halo effect due to the limited time afforded to the assessors to know and understand the applicants better.

### 5.3.2.5 Reference checks

Based on the UK's recruitment and selection policy, it remains a common practice for public hospitals to seek the names of the referees who will provide reports on the candidate's ability to perform a given job. Generally speaking, this request is embodied in the application blanks. As in the case with selection tests, reference checks are conducted to either aid the shortlisting or interview processes. Usually, public hospitals perform reference checks for candidates who have successfully passed the interview in consideration of the job offer. Torrington, Hall, Taylor and Atkinson (2011:182) caution public hospitals against the tendency of looking, for example, at records of high of absenteeism, sickness or excessive discipline. The UKEssays (2015) argue that as references must be entirely factual, references hardly reflect personal observations of the previous employers in the UK. Due to the nature of public healthcare specialists' job in interacting with patients, shortlisted applicants are subjected to medical checks. Torrington et al. (2011:183) highlighted that references for medical checkups are only conducted for those applicants who are likely to be offered the job.

### 5.3.2.6 Making the decision/Job offer and contract of employment

Once a final decision is made to offer an individual a job after a robust discussion and scoring system, the chair of the selection committee completes the applicant appointment form for the recommended candidate.

Consequently, he/she affirms that the decision to appoint a particular individual was a joint decision based on the initial criteria set by the job description as well as the advertisement. This information contained in the appointment form serves as a basis for the terms and conditions of employment. Once authority is granted, a fully-fledged contract of employment setting out the terms and conditions is drawn up. The HR department assumes the responsibility of sending the compendium to the preferred candidate. It is expected that the candidate should in turn return a signed copy of the contract and terms and conditions, should he/she accept the offer. The CIPD (2013:1) suggested that in terms of good practice unsuccessful candidates must be notified in writing, and thereafter be furnished with reasons as why they were not successful. This gesture aims at improving the reputation of the hospital at large as well as fostering a good relationship with potential public healthcare specialists, so that it becomes easier to locate them with an intention to offer them jobs should vacancies arise in the future (Klotz, Motta-Veiga, Buckley & Gavin, 2013:110).

### 5.3.2.7 Follow- up

Once the preferred candidate(s) accepts the offer, public hospitals are presented with an opportunity to prepare an orientation and induction programme in advance. As a good practice candidate(s) are supplied with an employee handbook to familiarise themselves with the hospital settings. During this programme, candidate(s) get to know his/her counterparts. Conversely, serving public healthcare specialists take responsibility of ensuring that new employees get grounded in the hospital settings so that they become embedded to make a difference in the clinical environment quickly. This mutual approach is essential so that new employees become accustomed with the hospital culture.

### 5.3.2.8 Record-keeping

On completion of the selection process, all relevant documentation is retained for twelve calendar months, should there be a dispute arising out of the selection process (Royal Holloway Recruitment and Selection Best Practice Guidance Handbook, 2016). Aylott (2014:112) noted that some public hospitals do not maintain good record-keeping. Record-keeping is critical as unsuccessful candidates under the UK's statutory and regulatory framework have a right to challenge the decision as to why they were not appointed (Aylott, 2014:32). This indicates the importance of maintaining sound record-keeping throughout the recruitment and selection process as the framework demands that complete fairness and transparency must have been demonstrated.

In conclusion, the recruitment and selection, it is noted that the recruitment and selection process was based on merit principles. This articulation is in line with the views espoused by Tisma and Ozimec (2006:54) (section 5.3). They affirmed that the principle of merit on the basis of fair and open competition must be upheld. Linked with the strategic plan of the hospital recruitment and selection, it has become cross-functional in nature, involving line departments and HR practitioners/specialists. The study acknowledged that the recruitment and selection process is resource intensive and complex in nature besides being extremely costly. Inadequate planning involving long-term forecasting of public healthcare specialists has fueled the complexity of recruitment and selection process in the UK hospital services.

Nonetheless, paired with the retention strategies of compensation and rewards, job security, job satisfaction, working conditions, and training and professional development formed the basis for the success of public hospitals in achieving health outcomes (competitive advantage). Couper, De Villiers and Sondzaba (2005:126) suggested that recruitment issues should be addressed separately from retention issues: as HR praxis, they are influenced by different characteristics. In respect of remote hospitals, the former is influenced by perceived factors that take place external of the practice environment, whereas the latter is influenced by practical experience of working and living in that setting (Barriball, Bremner, Buchan, Craveiro, Dieleman, Dix, Dussault, Jansen, Kroezen, Rafferty & Sermeus, 2015:14). The next section deals with the retention strategies adopted by the UK's public hospitals.

### 5.3.3 RETENTION STRATEGY

The previous section reported that public hospitals in the UK are characterised by inadequate recruitment and difficulties in recruiting public healthcare specialists to vacant positions (Chalmers, Hamer, Holt & Ramsbottom, 2011 cited in Whittaker, Grigulis, Hughes, Cowley, Morrow, Nicholson, Malone & Maben, 2013:22). Despite substantial resources and time invested in the recruitment and selection of public healthcare specialists, public hospitals are still experiencing high employee turnover as some studies have indicated that the cost of turnover can average 150% of the employee's annual salary (Collins & Collins, 2004:52). Researchers have acknowledged that the retention of public healthcare specialists is not influenced by a single factor (Davies, Taylor & Savery, 2001) but by a myriads of factors. Having used structural equation modeling, Willingham (2014:10) found that work pressures, development opportunities and support for work life balance are the strongest determinants that influence public healthcare specialists' intention to stay employed.

Whittaker et al. (2013:27) adds "compensation and rewards", "challenging working conditions", and "trusting and respectful relationships with colleagues and managers". The relationship among the above factors and retention, reflects that when public healthcare specialists are recognised for their effort exerted towards their work, they tend to feel more valued, thus increasing the chances of staying longer in their position (Willingham, 2014:3). Barton (2015) states that according to the recruitment firm Robert Half UK, published in August 2015, compensation and rewards (27%) is rated among the top reasons for employee turnover (http://employeebenefits.co.za). Kossivi, Xu and Kalgora (2016:263) argue that for some, there is a correlation between compensation and rewards and intention to stay in the hospital, while for others, pay does not have any impact in influencing the decision to stay in the hospital. A new poll conducted by 60 Minutes and Vanity Fair found that higher remuneration is the best method to keep employees within the workplace (http://fortune.com).

The debate exists as whether compensation and reward strategies reduce the turnover intentions among public healthcare specialists in public hospitals. This debate has been the subject of many studies as researchers are not unanimous on this subject. To avoid being labelled as laggards, a collective agreement framework for public hospitals that defines the pay structure and basic working conditions was concluded by the NHS staff council and NHS employers (Schulten & Bohlke, 2012:101). This framework aims, among other things, to keep public healthcare specialists in the hospital services. However, this structure does not have a *locus standi* to determine regular pay increases as this determination falls within the scope of the NHS Pay Review Body composed of independent experts, argued Schulten and Bohlke (2012:101). In examining retention, Whittaker et al. (2013:28) found that job dissatisfaction indicated an increased probability of leaving. Job dissatisfaction combined with pay has been noted as part of the problem (Meadows, Levenson & Baeza, 2000).

In addition, poor working conditions contributed to unfulfilled expectations and stress (Meadows et al., 2000) of public healthcare specialists. Having drawn attention to positive practice, the authors referred to the American 'Magnet hospitals' programme (McClure, Pontin, Sovie and Wandelt, 1983) which identified hospitals that were able to attract and retain public healthcare specialists. They reported higher satisfaction with issues such as training and professional development, management style and professional practice. Based on the assertion by Meadows et al. (2000), public healthcare specialists have demonstrated "pride at being part of the institution" (Whittaker et al., 2013:29). This programme is viewed as having recognised the existence of public healthcare specialists by providing them with continuing professional education and training, participating in HR and management practices.

In addition, it has allowed public healthcare specialists to use their knowledge and skills to achieve health outcomes (competitive advantage). This strategy has enabled them to remain in the workplace hence, the UK public hospitals adopted similar practices. The next section focuses on the recruitment and selection in Australia.

## 5.4 RECRUITMENT AND SELECTION IN AUSTRALIA

Based on the *Australian Public Service Act, 2008*, it is clear that the recruitment process for the Australian public hospitals is subject to the merit principle. It is believed that the merit principle has enabled public hospitals to attract qualified and motivated public healthcare specialists. Merit is culminated in the salient features used to source public healthcare specialists to achieve a multicultural workforce. The suggested salient features are not the only or appropriate way for recruiting public healthcare specialists as HRM constitutes a number of indicators of HR trends. In line with this view, the hospital's mission statement and strategic plans have become the cornerstone of recruitment strategies. This means that recruitment strategies and processes are aligned with top level strategies (Nankervis, Compton & Baird, 2005 http://s3.amazonaws.com). According to Reddins (n.d.), the following features of strategic recruitment are only applied by a small number of successful institutions in Australia.

(i)     Business plans are supported by HR plans and the latter is linked to the former;

(ii)    HR plans include the development of workforce and succession plans;

(iii)   Embedded in HR plans are the recruitment strategies that help to deliver against the objectives of the institution;

(iv)    Relevant skills and abilities are available to support the recruitment strategies; and

(v)     In addition, programmes such as induction, training and development, and mentoring are in place to add support to the recruitment programme.

In compliance with strategic recruitment the Australian Public Service (APS) embarked on a dynamic approach by developing a recruitment framework. This framework entailed a move from a centralised system of recruitment to a devolved recruitment approach which provides greater flexibility and responsiveness in recruitment (*Public Service Act, 1999*). This Act is supported by four legislative instruments, namely: (i) *Public Service Regulations 1999; (ii) Public Service Commissioner's Directions 1999; (iii) Public Service Classification Rules 2000 and (iv) Prime Minister's Public Service Directions 2000* which provides the legal framework for the effective and fair employment of APS employees.

In support of the legal framework, the Australian Public Service Commission (APSC) issued a range of recruitment guidance that emphasised, among others, the streamlining and rationalisation of recruitment processes (APSC, Corporate Plan 2007-8:2). Underpinning the strategic recruitment processes include attracting applicants and selecting suitable public healthcare specialists. Based on tight labour market conditions which make it difficult to recruit adequate applicants, various recruitment techniques have been used by public hospitals to entice and attract the attention of public healthcare specialists. The next section explores various recruitment methods/sources used by public hospitals to source public healthcare specialist candidates.

### 5.4.1 RECRUITMENT SOURCES:

Fierce competition and compensation remain a threat in the recruitment of public healthcare specialists globally (Jepsen et al., 2014:21). The authors state that in the context of relatively low unemployment compared with the USA, the UK and Europe, the APS adopted multiple strategies to attract the best public healthcare specialists. In support of this assertion, the Australian Government Department of Employment (2015) agrees that the APS has a wide range of recruitment methods at its disposal to fill vacant positions. These wide range recruitment methods has been categorised into two kinds of sources: internal/informal (for example, word-of-mouth) and external/formal sources (for example, college/university recruitment and recruitment agencies) (Adu-Darkoh, 2014:12). For public hospitals to achieve health outcomes, it is essential to identify the best candidates from a pool comprising applicants both internal and external to public hospitals (State of the Service Report, 2010). Although the report seems to suggest bias towards internal applicants in that they are likely to have a greater depth of knowledge about the hospitals, public hospitals may be best served by blending internal and external sources/methods.

### 5.4.1.1 Informal/internal recruitment sources

Nankervis et al's (2005) are of the view that it has become a tradition in Australia to recruit from within This undertaking includes word-of-mouth and employee referrals to fill posts. Despite difficulties in recruiting highly-skilled public healthcare specialists compared to other categories of staff, the research indicated that 17% of all posts have been marketed through word of mouth, and 13% of those posts have been filled through direct approach (Australian Government Department of Employment: Australian Jobs, 2017:4 http://docs.jobs.gov.au). Having stated that public hospitals had difficulty in recruiting highly-skilled public healthcare specialists compared to other categories of staff, employee referral has been considered an option to bridge the gap of staff shortage.

In this regard, any existing employees who recommended either a family member or a friend who meets the essentials of the posts, and finally secured the job, is entitled to a bonus (Cameron, 2008:22). For any successful referral, Smith (2013) reveals that according to the US recruitment technology form Jobvite, an existing employee receives 7% as a referral bonus. Due to the fact that bonuses are included in the gross salary or wages, they become taxable. Van Nuys (2012) provides deep understanding and insight into the true value of the referral applicants. Van Nuys (2012) analysed the following 'hired by source type' (Figure 5.1) data as evidence of the popularity of the employee referral programme.

**Figure 5.1 Hires by source type**
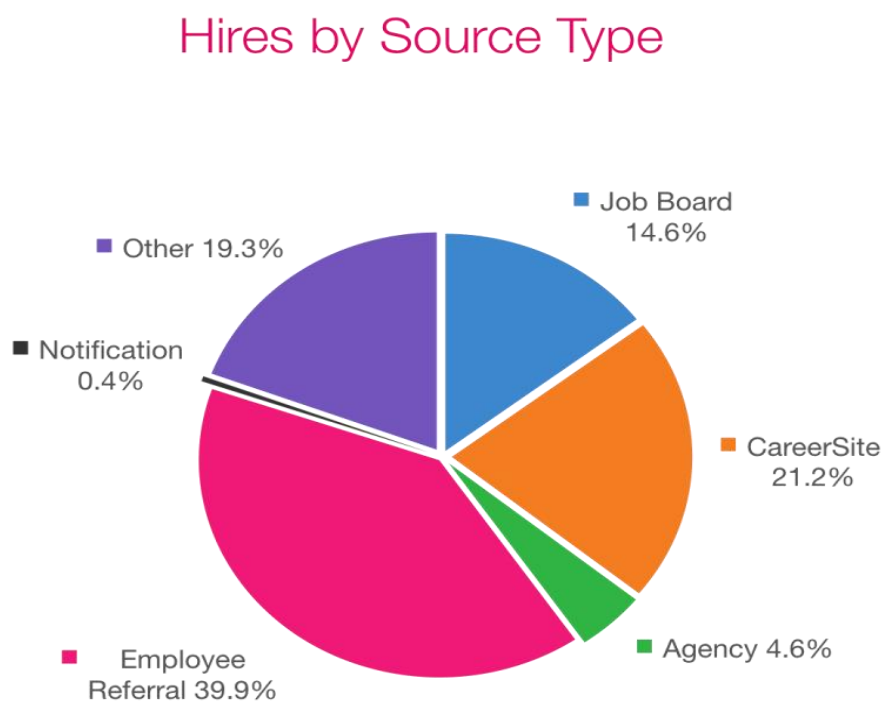


Figure 5.1 indicated that 39.9% of the hires were employee referrals which is far superior than any other source. The article argued that out of every 100 referral applicants, about seven of them gets hired. It is quite interesting to note that employee referrals are the best internal recruitment source to attract candidates as it has produced the highest number of hires by source. The article further articulated that the hiring process for employee referral is 55% quicker than the average hire for career sites and job boards. This means that it takes 29 days to employ a referred applicant while it takes an average of 39 days to hire a candidate via job posting or 55 days to hire someone through a career site.

In terms of the average length of stay of employment, the Jobvite survey highlighted that employee referrals stay at a hospital for much longer period compared to other hires such as career sites who stay for three years (Van Nuys, 2012). Darkoh (2014:53) affirm that internal recruitment strategy has been instrumental in filling vacant positions of public healthcare specialists in Australia. This view has been supported by Jepsen et al. (2014:22). Duraisingam (2005:5) stated that new public healthcare specialists hired through referrals from existing staff are likely to have higher job satisfaction which may result in lower turnover rates (http://www.nceta.flinders.edu.au) compared to other traditional sources. To conclude this part of internal recruitment, the recruitment performance survey conducted by Institute of Personnel Development (2006 cited in Adu-Darkoh, 2014:53), showed that public hospitals have been able to recruit public healthcare specialists using an internal recruitment strategy.

### 5.4.1.2 Formal/external recruitment sources

A Survey of Employers' Recruitment Experiences (2014-15) conducted by the Australian Department of Employment record that more jobs have been filled through external recruitment strategies (Cameron, 2008:22). Adu-Darkoh (2014:12) identified the external recruitment strategies as including college/university recruitment and recruitment agencies sources. These two sources appear to be popular among the APS agencies in terms of attracting the hard-to-find highly-skilled public healthcare specialist applicants.

### 5.4.1.2.1 College/university recruitment

Public hospitals have developed a marketing strategy to source candidates through college/university recruitment as this method leads to recruiting, for instance, registrar trainees and professional nurses undergoing specialty training who best fit a hospital's requirements (KZN DoH HRM Circular No 2 of 2009). It has been reported that public hospitals have created online group/interactive chat sessions with completing potential public healthcare specialists such as registrar trainees and professional nurses undergoing specialty training to exchange relevant information about the hospital (Nguyen, 2012:9). The information includes profiling the hospital in terms of its successes and specialist's services that are rendered. This strategy encourages students to do their registrar programmes in these hospitals, and they then often get an opportunity to be employed on full-time basis when they graduate. Tertiary recruitment has been identified to be an important aspect for both the educational institutions and public hospitals (Raya, Rajkumar, Ganesan & Jayakumar, 2015:4).

**5.4.1.2.2 Recruitment agencies**

According to Jepsen, Knox-Haly and Townsend (2014:16), traditional specialist recruitment agencies for public healthcare specialists have played a critical role in decreasing costs and increasing the efficiency of the recruitment process in Australia. The rise of social media in Australia created an expectation to source public healthcare specialists via this medium. Due to criticism leveled against Australia for treating the global labour market for public healthcare specialists as 'homogeneous' and also for failing to source candidates via social media (Earl, 2013), the Australian Government continued using recruitment agencies. The recent results from the 2014-15 Survey of Employers' Recruitment Experiences from the Department of Employment indicated that more jobs are being filled through an employment agency than through social media. The use of recruitment agencies is fast becoming popular and fashionable in the quest to source public healthcare specialists in Australia (Cameron, 2008:11l), as it accounted for 15% of all vacancies. The benefit derived from this engagement is that the hospitals can easily find the right candidate who fits into the needs of the hospital. The competition among the recruitment agencies in finding relevant, skilled and experienced potential public healthcare specialists who match the job requirements (Nankervis et al., 2005) has also benefited these hospitals.

In summary, Osoian and Zaharie (2014:134-135) argued that the study conducted by the CIPD (2006) in the UK on 803 institutions found that external recruitment sources has an edge over internal recruitment sources in terms of fulfilled job expectations. Although, external recruitment has brought a wide range of potential benefits such as: (a) increasing opportunities for increased diversity, (b) bringing a wider pool of applicants; and (c) bringing new ideas, perspectives and skills (CIPD, 2016), the NAO (2009) report suggests that it could be improved by standardising job advertisements and job descriptions, paired with better HR planning. This suggestion is based on the premise that the recruitment process within central government circles last about 16 weeks to complete; however, there is no empirical evidence that public hospitals do systematically evaluate the effectiveness of this HR activity. After consideration of all the recruitment sources, the above external sources "paired with a reliable and valid selection regime" (Ekwoaba et al., 2015:27) have produced the desired results in terms of finding public healthcare specialists. These results signal that there is adequate evidence that suggests a significant relationship between recruitment and selection (Ekwoaba et al., 2015:25).

### 5.4.1.3 Recruitment Techniques

The attraction of the right public healthcare specialists is an important step in the recruitment process (Chapter 3). Such an attraction usually takes the form of an advertisement through various media. Critically important is the current labour market and the target audience before advertising public healthcare specialist positions. The APS public hospitals have been known for using different attraction methods for rural and semi-urban hospitals which are completely different to those of urban/metropolitan hospitals.

### 5.4.1.3.1 Attracting candidates

According to PSA, 1999 (section 5.5), interested applicants for the posts of public healthcare specialists must complete the online application form accompanied by curriculum vitae, cover letter and any other supporting documents deemed appropriate for the position. Of course, these documents serve as the foundation for shortlisting. Aylott (2014:66) maintained that the advertisements should contain non-discriminatory wording to afford all applicants fair and equal treatment (section 5.4.3.1).

### 5.4.1.3.2 Recruitment costs

The Australian economy has compelled public hospitals to be smarter in their pursuit to recruit public healthcare specialists due to the global financial crisis. Spilling over to competition and compensation, it has become difficult to attract potential public healthcare specialists due to direct and indirect costs associated with recruitment and employee attrition. Roche, Duffield, Homer, Buchan and Dimitrelis (2014:3-4) define direct recruitment costs as those activities that are associated with recruitment of new public healthcare specialists. According to the authors, indirect costs relates to, for example, orientation and training costs. The Australian National Audit Office (ANAO) (2008:16) asserted that direct recruitment costs typically amount to around 15% to 25% of the salary of the position being filled. For specialist positions such as public healthcare specialists, the services of the recruitment agencies play a critical role. Although they charge between 12% and 18% of the advertised position's salary, they produce adequate number of suitable candidates for the job who will be subjected to an interview process.

The study has noted that recruitment costs of medical and nursing professions has been widely researched (Campbell, Eley & McAllister, 2016:2), but less for in public healthcare specialists. As there is limited published information on the recruitment costs for public healthcare specialists in Australia, Roche et al. (2014:4) estimated that direct APS recruitment costs comprise 21% of total costs while indirect costs of staff turnover also account for similar magnitude.

These estimates are translated to total around $370 million (ANAO, 2008:16) compared to the mean turnover cost of $10,734 (Australian dollars) (Roche et al., 2014:4). For professional categories such as public healthcare specialists the median cost per hire ranged between £1,400 and £2,676, according to the ANAO (2009:15). Given the imprecise nature of these estimates, the APS has taken into consideration the HR practices including a staff freeze that resulted from 'economic recession' (Rees, 2010:171). Having survived from global economic crisis Australia continues to successfully source public healthcare specialists who the linchpins of public hospitals. The Australian economy is arguably reported to be sound, hence, the recruitment costs do not have any negative effect on the recruitment of public healthcare specialists *per se.* By becoming smarter in their recruitment techniques, the APS has improved the cost-effectiveness of the attraction and recruitment of public healthcare specialists even though competition remains a threat in the global labour market. The next section discusses selection as part of the recruitment process.

## 5.4.2 SELECTION TECHNIQUES

To ensure that all potential applicants are treated in a fairly, equitable and non-discriminatory manner, the Australian Government prescribes that the selection process must be conducted by a duly-appointed selection committee consisting of at least two (2) members, that is, the Chairperson and an external independent member who come from outside the department that has a vacancy (http://homeaffairs.gov.za). In evaluating the applicant's entry into the public service, the selection committee utilises two (2) selection tools (http://queenslandsharedservices):

    (i)       Written responses to role descriptions (key attributes or selection criteria), and
    (ii)      Selection interviews.

These tools are not mandatory as they are not guaranteed to predict future job performance. In addressing the issue of selection instruments, the APS is purported to be using selection instruments that include, but are not limited to, interviews, selection tests and reference checks. The adoption of any of these instruments ensured that the selection and employment decisions taken by the selection panel are based on merit. A combination of different methods increased the highest predictive value as it has provided the selection committee with relevant information to evaluate candidates on the basis of clinical knowledge, skills and capabilities that are directly linked to their occupational job. These tools are believed to be yielding positive results in terms of selecting public healthcare specialists.

### 5.4.2.1 Shortlisting process/Initial screening

The duly appointed selection panel screens already-completed application forms and/or CVs. As these documents form the foundation for short-listing, they enable the selection committee to make an informed decision as to whether a particular applicant is suitable for further assessment. It is believed that the APS utilises a streamlined selection process to rigorously short-list applications. This process requires that information contained in these documents should be succinct and accurate. It is vital that it should reflect the knowledge, skills, work history, experience, education and attributes of the job.

### 5.4.2.2 Selection interviews

Based on rigorous short-listing, only candidates who have been short-listed are subjected to the interview process. Traditionally, interviews play an important role in the selection process of public healthcare specialists in Australia. It utilises two different interview methods, namely, employment or selection (http://academia.edu). According to Nankervis et al (2005), the former refers to non-directive interview where the applicant is given maximum freedom to express himself/herself to determine his/her eligibility. In contrast, the latter refers to direct interview which embodies the characteristics of a formal, highly structured with a detailed set of questions. In both instances, the interview is behavioural-based as it focuses on the applicant's capabilities and abilities in terms of the selection criteria.

Interestingly, the selection committee has a discretion to supply the candidates with predetermined set of questions to read before the actual interview. However, the selection committee may opt to bypass the interview process and fill the posts based on written applications and referee reports only. Procedurally, short-listed applicant(s) are given 2 working days' notice of interview details. If the applicant is unable to attend an interview process due to valid reasons, the selection committee must make attempts to schedule an interview at the least disruptive time. Alternatively, a telephone interview is arranged. The APS adopted a semi-structured interview format which allows the selection committee to probe for further clarification and the applicant is permitted to ask the selection committee to repeat the question, if perhaps, he/she did not hear it well or understood it. The selection committee is only mandated to assess information presented during the interview process. The selection committee has the discretion to decide whether selection tests must be conducted before or after the interview.

### 5.4.2.3 Selection tests

As part of selection, the Australian Government adopted the use of a selection test because it uncovers hidden information that is not revealed by the applicant in weighted application form and selection interview. Chapter 3.6.3 highlights that the combination of a selection interview and selection test show the highest predictive value compared to any other selection methods and tools. The selection test aims to measure a sample of a particular aspect of an applicant's abilities, aptitude, interests or personality *vis-à-vis* other applicants. Compton's (1996) study reveals that successful institutions in Australia have developed job knowledge tests and achievement tests to measure an applicant's level of understanding a particular job. The selection committee may decide to subject applicants to a work sample tests that stimulate certain aspects of the job that pertains to public healthcare specialists because they produce the highest predictive validity.

### 5.4.2.4 Assessment centres

In Australia, Assessment Centres (ACs) are conducted after the short-listing and/or an initial interview for multiple of applicants. For AC to achieve high predictive validity, it is adapted to the advertised post to establish whether the candidate possesses the requisite aptitude, skills and compatibility with the culture of the hospital (fit strategy). As ACs are concerned with the right competencies and behaviours of public healthcare specialists, in this regard, they are administered by professionals such as psychologists in order to enhance the reliability and validity of the assessment. This articulation is supported by Burgess, Roberts, Clark and Mossman (2014:8) who also affirmed that according to the assessment that was conducted in the National Assessment Centre (NAC) for candidates eligible to work in Australia, it was found that the observed multiple mini-interview (MMI) is a useful format for the selection of junior doctors into speciality training. Based on this assessment, the NAC assessments is regarded as a blueprint for entry-level registrars in 6 (six) specialities as determined by the two professional colleges in Australia (the Royal Australian College of General Practice and the Australian College of Rural and Remote Medicine) (Burgess et al, 2014:9). Although the NAC has been used by a small number of public institutions, it has gained popularity in Australia (Cook, 2016 http://books.google.co.za).

### 5.4.2.5 Reference checks

As the Society for Human Resource Management reported that 25% of application forms and CVs/resumes contain mistakes (Schermerhorn, 2001), the APS adopted a technique of making reference checks from previous employers, colleagues and educational institutions about the job applicant's qualifications and past work experience.

Referees are therefore, expected to provide honest and reliable evaluation of a candidate's merit in line with Australia's egalitarian approach. For instance, if the applicant is currently or previously employed by the APS, the panel may consider subjecting an applicant's spouse to an interview should it believe that the spouse may hold appropriate information relevant to the selection decision. The APS holds the view that such additional information may add credibility and prestige to the candidate's application. In most Australian states, Duraisingam (2005:10) highlighted that criminal record checks are only conducted if the incumbent will be involved in the management of children or young adult patients.

### 5.4.2.6 Making the decision/job offer and contract of employment

Having collected all the necessary data and information regarding the suitability of the candidate(s), the selection committee makes recommendations based on knowledge, skills, competencies, prior learning, experience, qualifications to meet the inherent requirements of the post, and the hospital's diversity programmes, to the decision-maker (delegated). The power to appoint public healthcare specialists lies with the decision-maker (delegated). Before making a decision, he/she has to satisfy himself/herself that the recommended public healthcare specialist is the most meritorious applicant. The decision-maker (delegated) has a right to verify whether the person-job fit and hospital-fit exist. Once he/she becomes satisfied with the fit, the job offer is extended to the deserving public healthcare specialist. *Section 122 of the Public Service Act, 2008* provides that an employee must enter into a written contract of employment with the employer. Basically, the content of the employment contract should comply with the conditions of employment outlined in Chapter 4. This clause provides APS with flexibility to attract and/or retain hard-to-find, highly-skilled public healthcare specialists. On reaching an agreement on the content of the employment contract, it is duly signed by both parties and, an individual assumes duties immediately.

### 5.4.2.7 Follow-up

On completion of the selection process, the APS subjects its newly appointed public healthcare specialists to an orientation and induction programme to ensure effective integration into the culture of the hospital. The recruitment and selection process enable public hospitals to identify both the strengths and weaknesses of each individual and such information is used to develop the orientation and induction programme. At the same, the new public healthcare specialists become familiar with the new environment and colleagues.

### 5.4.2.8 Record-keeping

Similarly, maintenance of good record-keeping remains important as the process of recruitment and selection may become the subject of a dispute. To avoid disputes, the recruitment and selection process must be based on meritorious principles. Such principles would potentially enhance the image of a hospital. It suffices to highlight that based on the preceding discussion the recruitment and selection process for the Australian public hospitals have been conducted, based strictly on merit. The merit is culminated in all the features associated with the recruitment and selection process as outlined in the *Australian Public Service Act, 2008* (see section 5.5).

### 5.4.3 RETENTION STRATEGY

Considering the rise in costs of recruitment and training which is commensurate with the rise in technology and skilled labour shortages (Gonda, 2013:27), it has become important for public hospitals to develop strategies of how to successfully recruit and retain public healthcare specialists. Linked to the idea, the strategies that are deemed as important to retain employees in Australia include: (i) compensation and rewards; (ii) training and professional development; (iii) working conditions; (iv) job satisfaction and job security (Hutchings, De Cieri & Shea, 2011:13 http://hdl.handle.net/10072/41303).  Compensation and rewards ensure that public healthcare specialists commit to their clinical work when public hospitals recognise their hard-earned efforts (chapter 3). Although competitive pay in most cases is used to attract this category of the hard-to-find highly-skilled public healthcare specialists, it is regarded as a retention driver (Sayers, 2006).

As Gharib et al. (2017:203) indicated, pay can take the form of money or rewards (Chapter 3.8.2.1). Australia has made an effort to strike a balance between tangible and intangible rewards designed to retain public healthcare specialists (Murphy, 2015). Competitive pay in Australia comprises but is not limited to, overtime pay, bonuses, annual anniversary allowances and subsidised rent, while intangible rewards refer to grants, free excursions, free stocks or acknowledgment. The Australian Government introduced the 'performance pay' system in the 1990s (Gberevbie, 2008:31) to encourage public hospitals to retain public healthcare specialists. In addition to compensation, poor working conditions have been found to be affecting the performance of public healthcare specialists in public hospitals. In this regard, working conditions are defined as the working environment (Manyisa and Aswegen, 2017:29-30) that consists of physical and psychological factors such as: (i) patient loads, (ii) shift work, (iii) shortage of staff, (iv) long working hours, (v) HIV and AIDS, (v) inadequate resources and (vi) poor physical infrastructure.

The study by Manyisa (2015) affirmed that these factors have a direct impact on the individual's performance. To mitigate these factors, the APS has identified the following factors as important in ensuring the retention of public healthcare specialists in public hospitals: free parking, free gym, employee assistance programmes in health and financial planning, family-friendly work culture, respect for diversity, travel opportunities, high safety, fly in-fly out (FIFO) schemes offering less time away from home, and a nine-day fortnight (Gonda, 2013:188). The author believed that the provision of these attractive conditions of employment have lessened stress and brought steadier workloads. The Australian Public Service Commission (APSC) add flexible working arrangements that are used as a component of the retention strategy to facilitate healthy and safe working environments (http://apsc.gov.au). However, these arrangements are intended to support public healthcare specialists with ongoing health problems.

Job security plays a phenomenal role in the retention of public healthcare specialists. Australia developed substantial interest in employees' job security due to anecdotal evidence and media speculation that there was a decline in job security during the 1990s (Borland, 2002:1 http://minerva-access.unimelb.edu.au). The dimension of job security is associated with the employees' perceptions as their work behaviour is influenced by the belief system which has a direct effect on their job satisfaction. Based on the dimension of heterogeneity, the perception of job security in Australia varies with, for instance, age. This study noted a difference in how job security is perceived according to age. Perceived probability of losing a job and lack of opportunities of finding a similar job exists among the so-called old public healthcare specialists. This category views job security as a dimension that enables them to earn a salary to meet their personal obligations.

Reciprocally, public hospitals enrich their jobs by providing exciting, challenging and interesting work: public healthcare specialists in turn exert more effort and hard work to achieve health outcomes (competitive advantage). This type of arrangement does not favour younger public healthcare specialists because they hold different aspirations about their personal lives. For example, this category of employees expects their employment contracts to include provisions such as childcare, traveling and/or study leave. The intention of these interventions is that they would come back energised and equipped with new clinical knowledge and skills. These attributes contribute to health outcomes. Continued employment in similar positions without a break is perceived as antiquated. In a nutshell, younger public healthcare specialists feel that job security is the culmination of continued employment interspersed with the period of, for instance, career advancement.

It is evident that entitlements are important factors relating to job security for younger public healthcare specialists. This thinking, however is not viewed by older public healthcare specialists as part of job security, as younger public healthcare specialists need to contribute for a longer period to better health outcomes before they are considered for such entitlement. Based on data collected in the USA from a General Social Survey between 1989 and 1998, employees who value job security are likely to be attracted to work for public service institutions (Osoian & Zaharie, 2014:131). Also, the retention strategy exhibited a personal perspective for public healthcare specialists as they are allowed to participate in professional development to ensure a lasting relationship with the hospital. Professional training and development refer to the acquisition of new knowledge, skills and attitudes to enable public healthcare specialists to be competent in managing patients (De Jager, Nolte & Temane, 2016:263). The complex environment which these public healthcare specialists found themselves requires that they should demonstrate the aspect of capability which will enable them to improve their performance. Professional training and development is viewed as an important investment strategy for the Australian public healthcare specialists. This strategy has led the Coalition of Australian Governments (COAG) to agree on 'the introduction of a national registration and accreditation system for health professionals' (Ross, Barr & Stevens, 2013:3).

In response to this decision, the authors report that the Nursing and Midwifery Board of Australia (NMBA), for example, issued a directive that with effect from July 2010 Australian nurses are expected to complete a minimum of 20 hours of Continuous Professionals Development (CPD) as part of their yearly registration renewal. Participation of public healthcare specialists in professional training and development programmes such as lifelong learning is linked with the provision of new clinical knowledge and skills instead of competence. Such programmes enable public healthcare specialists to deliver health outcomes day in and day out as healthcare is threatened by emerging illnesses such as Listeriosis. For instance, eNCA DSTV channel 403, reported that 'South Africa's listeriosis outbreak has claimed three more victims and the country's health departments are still scrambling to contain it from spreading. The death toll in the world's deadliest listeriosis outbreak now stands at 183'. For effective management of patient care, Australian public healthcare specialists must be allowed to further their studies to manage such emerging diseases. However, the provision of learning programmes such as the attendance of seminars or conferences could be costly for the hospital. If new innovation has to be implemented, the hospital will have to purchase new equipment or subject its own staff to re-training which is also expensive.

Although such programmes enhance patient outcomes, public healthcare specialists spend more hours away from patients' bedside, thus proving to be detrimental to patient care. Job satisfaction is a key factor in retention strategy (Wilson, 2006). Given the complex nature of the environment which public healthcare specialists find themselves, the literature has indicated that stress and burnout (Skinner, Madison & Humphries, 2012:20) are the major causes for job dissatisfaction leading to employee turnover in Australia (Edwards & Burnard, 2003). The literature also indicated that most public healthcare specialists highlighted moderate to high satisfaction levels in their job.

Studies by Billeter-Koponen and Freden (2005) and Wheeler and Riding (1994) also agree with this assertion. Paradoxically, although public healthcare specialists are experiencing stress, they seem to be content with their job. This factor does not appear as job dissatisfaction but rather as psychological response to workplace environment as public healthcare specialists have developed coping strategies to deal with stress situations (Wong, Leung & So, 2001). These strategies include professional interactions with other colleagues and provision of better working conditions. These assertions suggest that job stress and burnout have decreased among public healthcare specialists while job satisfaction have increased. The latter indicates that the intention to quit is minimal. The next section focuses on recruitment and selection in the USA.

## 5.5. RECRUITMENT AND SELECTION IN THE UNITED STATES OF AMERICA (USA)

The literature on recruitment and selection process in the USA labour market highlighted that selective recruitment has become a dominant factor within public service institutions. This articulation is embraced in the *Recruitment and Selection Best Practices Guide* (Vickers, McDonald & Grimes, 2015:54), which ultimately, became the cornerstone for the identification and selection of the best candidate for each post. The guide embraces a five step process that enable institutions to select relevant public healthcare specialists: (i) job analysis; (ii) outreach and recruitment; (iii) interview; (iv) reference checks, and (v) selection decision: hiring. This process implies that public healthcare specialists must be recruited through the recruitment process which entails applicants' responses', interview process, evaluation and comparing interview results to select the best fit employee(s) for the institution (Chapter 3). The interview process includes evaluation of an applicants' capability, work experience, clinical expertise and aptitude for the job *vis-à-vis* job prerequisites. On completion of these phases, the qualifying candidate(s) is/are then considered for the job (Bjorkman & Lervik, 2007:325 http://essayturf.com). The foregoing implies that securing a particular public healthcare specialist' post in the public hospital is through direct application and interview.

There is a belief that selective recruitment provided all applicants with an equal opportunity of becoming a part of the public healthcare specialist' pool, and finally, securing employment. For this to happen, the awareness of job vacancies becomes important. Casting a wide net is not sufficient to attract public healthcare specialists' interest to apply for the vacant positions unless public hospitals adopt a strategic selective search. Based on this articulation, it is clear that the attraction of highly skilled and motivated public healthcare specialists is dependent on the effectiveness of the recruitment process implemented by public hospitals. The next section explores the recruitment sources and methods that aided the overall recruitment strategy to achieve the pool of diverse public healthcare specialists (Purdue University, 2013:4).

### 5.5.1 RECRUITMENT SOURCES

The identification of the recruitment sources remains an important step in sourcing the hard-to-find highly-skilled public healthcare specialist applicants. The *Recruitment and selection best practices guide - Avoiding EEO pitfalls to create a diverse workforce* (2010:10) issued by the Department of Veterans Affairs (VA) suggested that HR departments must utilise varied recruitment sources to cast a wide net to have a workforce that resembles the face of America. This means that applicants for posts of public healthcare specialists must be drawn from all segments of society. Varied recruitment sources have been classified in sections 5.4 and 5.6 above.

### 5.5.1.1 Informal/Internal recruitment sources

Internal recruitment for public hospitals in the USA is two-fold: word-of-mouth and employee referral networking. These sources are believed to have assisted these hospitals to reach historically disadvantaged groups (Thomas, Porterfield, Hutcheson & Pierannunzi, 1994:13 http://digitalcommons.ilr.cornell.edu). Watkins (2010:92) agreed that the 'word-of-mouth' method was an effective strategy used to fill vacant posts for public healthcare specialists. Mendez-Luck, Trejo, Miranda, Jimenez, Quiter and Mangione (2011:98) agreed with the view espoused by Watkins (2010:92) that in their study of Mexican-Americans, word-of-mouth was the most successful activity compared to other recruitment methods. Their study went on to mention terms like 'friends and family' as key in their recruitment strategy. Again, a study by Sankaré et al. (2015:412) on Healthy Community Neighborhood Initiative (HCNI), a Community Partnered Participatory Research (CPPR) project (Jones & Wells, 2007) to address low participation of racial and ethnic minorities in medical research found that out of 64.3% participants who completed the study, word-of-mouth (17.5%) was the third most popular recruitment method after referral (39.8%) and community agencies (30.6%).

In an article entitled *Army marketing strategies and the future of word-of-mouth marketing* (16 February 2017), Sergeant Brian C. Darling of New Jersey Army National Guard stated that in an Army Press online journal article, *Improving Army Recruitment by Word-of-Mouth Marketing,* the issue of recruitment was addressed. In this article, Captain Kevin Sandell, a Public Affairs Officer, suggested that considering professionalisation and ethical values of the Army word-of-mouth recruiting could be a viable option. These sentiments were shared by former Secretary of the Army Eric Fanning who emphasised the importance of word-of-mouth strategy. As a result, the word-of-mouth strategy has been incorporated into wider campaigns in the USA. The power of word-of-mouth approach towards the recruitment particularly of hard-to-find candidates cannot be over-emphasised as it has played a key role towards the overall recruitment strategy of the USA.

Employee referral has also been considered as an option to aid the word-of-mouth strategy to find potential public healthcare specialists. This strategy is usually accompanied by payments of bonuses to employees for successful referrals. According to Gusdorf (2008:4), such bonuses range from a $25 gift certificate to a $200 cash reward. In this case, all stakeholders become winners - the institution secures the services of a new recruit, the new employee finds a job that will enable him/her to earn a salary and the referring employee gets a bonus. Using employee referrals might not be practical at times because of its lack of diversity in the workplace (Hasluck, 2011:23). For instance, women and minorities are not afforded equal opportunities to access this source, thus denying them valuable information as job seekers.

### 5.5.1.2 Formal/external recruitment sources

The utilisation of traditional methods such as college/university recruitment and employment agencies as part of the external recruitment strategy is believed to be the ideal solution in attracting and recruiting public healthcare specialists in the USA. This view is also aligned with sections 5.4.2 and 5.6.2.

### 5.5.1.2.1 College/university recruitment

Employees hired through external sources possess better qualities than internally promoted employees. Cocca highlighted that the Association of American Medical Colleges has predicted a deficit of 90,000 and 130,000 public healthcare specialists by 2020 and 2025, respectively. This deficit is caused, *inter alia*, by an ageing workforce. Some of them, of course, are courted by the private sector. This problem has prompted public hospitals to establish effective partnerships with colleges of medicine and universities with an aim to attract registrar trainees and specialty nurses undergoing training.

This view has also been espoused by Watkins (2010:86), who added the importance of collaborating with the surrounding colleges and universities. He went on to say that some public service institutions have embarked on certain initiatives that range from simple recruitment college fairs at specific colleges to a more concentrated effort with a specific College. This collaboration has enabled public hospitals to define their talent needs with the view to shape the curricula that will assist the hospitals to achieve their health outcomes (Deloitte, 2017:3). With this strategy in mind, the presence of these hospitals within the college or university vicinity is instrumental in recruiting completing public healthcare specialists as they have partnered with relevant academic departments. Millennial generation has been the target for these public hospitals.

### 5.5.1.2.2 Recruitment agencies

Recruitment agencies combined with college/university recruitment have gained popularity in the US Federal Government especially in the search for public healthcare specialists. This perception has been echoed by Davidson, Lepeak and Newman (2007:12) who added that the applicant's pool is shallow. This shallowness fueled recruitment agencies such as O'Grady Peyton International (USA) to become active in recruiting public healthcare specialists for US public hospitals (Attaran & Walker, 2008:265). The majority of the recruitment agencies are believed to have failed to acquire a diverse pool of public healthcare specialists and also neglecting the Equal Employment Opportunities (EEO) and Affirmative Action (AA) guidelines. This view is supported by Thomas et al. (1994:14), who highlighted that none of the recruitment agencies made an endeavour to reach qualified minorities and women. In concluding on the internal and external recruitment methods, if two employees have similar credentials and one of them has been recruited via external and the other via internal recruitment methods, the former is likely to experience a great number of further career opportunities (Devaro, 2016:6).

Conversely, the Harvard Business Review (2014:6) published a list of the world's 100 best-performing chief executive officers (CEOs), where they found that among the top ten CEOs on that list, internal promotion is more prevalent than external recruiting. These patterns are not unique to financial institutions and CEO's but they also pertain to hard-to-find highly-skilled medical (nurses and specialists) positions. For instance, according to the Harvard Business Review (2014:2), the hard-to-find highly-skilled medical (nurses and specialists) positions are commonly filled through internal promotions or lateral moves than through external promotions or lateral moves. The next section deals with the recruitment techniques.

**5.5.1.3 RECRUITMENT TECHNIQUES**

As elucidated in sections 5.3.1.3 and 5.4.1.3, the attraction of the right public healthcare specialists is an important step in the recruitment process. Such an attraction usually takes the form of an advertisement through various media. It is important for hospitals to consider the current labour market and the target audience before advertising public healthcare specialist positions. Having advertised the posts of public healthcare specialists, the HR department manages the applicant's response (Purdue University, 2013:4).

**5.5.1.3.1 Attracting candidates**

Before attracting candidates for the job of public healthcare specialists, public hospitals should ensure that job analysis has been performed to determine the core competencies of a job and the knowledge, skills and abilities (KSAs) needed by the candidate to successfully perform the duties of the position (US Merit Systems Protection Board, 2015:11). Placing an advertisement on any source of media indicated the beginning of the applicants' attraction. The University of Harvard (2016:6) contends that it is inadequate to place an ad for positions such as that of public healthcare specialists in a few sources. According to the University of Columbia (2018:15), the hard-to-find candidates like highly qualified public healthcare specialists often do not respond to advertisements, and must be contacted directly by the hospital because they would not apply of their own volition. Therefore, the applicant's attention must be drawn through the placement of job advertisement at the address of the institution at least 30 days before the candidates' selection contest (Osoian & Zaharie, 2014:132-133). USAJobs, a government's online portal, highlighted that the applicant's résumé is the primary entry to the Federal Government (http://usajobs.gov). The completion of a standard application form is available online and must be accompanied by the supporting documents.

**5.5.1.3.2 Recruitment costs**

In spite of the global economic recession in 2008, the USA continued to effectively attract public healthcare specialists regardless of the high recruitment costs. These costs were affirmed by Franklin Joseph and Associates, a physician recruitment firm based in Arizona which reported that physician recruitment cost was $40,000 in 2008, with an average cost of $30,000. This information was reported in Beth Greenwood's article entitled the *average recruitment costs* which also highlighted that the American Medical Association (AMA) held the opinion that recruitment of categories such as public healthcare specialists must be accompanied by a payment of a sign-on bonus (http://work.chron.com). Comparatively speaking, the use of specific medical or nursing journals and professional recruiting agencies costs more than placing an advertisement in the local newspapers.

As part of the recruitment process the next section explores selection techniques used by the USA public hospitals in selecting public healthcare specialists.

## 5.5.2 SELECTION TECHNIQUES

The selection process is guided by the merit system principles embodied in the *Recruitment and selection best practices guide - Avoiding EEO pitfalls to create a diverse workforce* issued by the Department of VA (2010:6-7). According to Ingraham and Gberevbie (2008:38), merit system principles were meant to promote, among others, fair and open competition for both the 'Competitive Service,' and the 'Excepted Service' (White Paper on Attracting and Hiring the Best and Brightest: Bridging Recruitment Gaps within the Federal Government, 2016:1 http://fig.gov). By law and executive order under 5 CFR Parts 213 and 302 as well as the White Paper, positions of public healthcare specialists fell under Schedule A the 'Excepted Service' and are therefore, exempted from competitive status. This means that they are not eligible to be subjected to any entrance examinations, even though, public hospitals in their pursuit to fill the posts of public healthcare specialists, are required to follow merit selection principles.

Due to the severe shortage of public healthcare specialists in public hospitals, a critical hiring need was identified. Based on this need, the government granted public hospitals authority to hire public healthcare specialists at all grade levels. This authority was delegated by the Office of the Personnel Management (OPM) to public hospitals but warned that the hiring process must be consistent with the regulations. The hiring process is subjected to periodic review to determine whether the delegation of authority is used for its intended purpose. However, the 'Competitive Service' remains the most popular method within the Federal Civil Service as it accounts for about two-thirds of all positions filled. The OPM is the custodian of all hiring policies and practices for the 'Competitive Service' posts. Although the selection of public healthcare specialists is not affected by these hiring policies and practices, it is necessary to highlight critical issues that influence entry into the Federal Civil Service. According to Rein (2015), the OPM slowly launched the use of tests for GS levels 3 to 15 in departments such as Justice and Health, Defense in 2012 (http://thewashingtonpost). The idea behind the introduction of these tests was to build a quality of applicants into the selection process. Testing was used mainly for reasoning and problem-solving skills. Based on the merit system principles, testing became the entrance examinations for career civil service. The Competitive Examining Hiring Authority (CEHA) has became the federal hiring authority that is responsible for rating candidates according to the 'rule of three' or 'category rating' methods (White Paper, 2016:2).

Flowing from the recruitment and selection best practices guide, the selection committee consist of two or three persons who will bring diverse outlooks to avoid bias in the selection process. Under the OPM, the selection committee must have received training on the interviewing techniques (Campion, Palmer & Campion, 1997 cited in the US Merit Systems Protection Board, 2003:16 http://mspb.gov). In evaluating applicant's entry into the federal civil service, the selection committee in terms of Chapter 8, Section 1: Hiring and Placement (19 February 2013) issued by the FederalDaily Staff use interviews and reference checks to determine the suitability of each candidate (http://federalsoup.com).

### 5.5.2.1 Shortlisting/Initial screening

Thus, the OPM expects departments/agencies to supply all members of the selection committee with a set of: (i) job description, (ii) job specification, (iii) copy of an advertisement, and (iv) a list of all applicants and their complete application documentation immediately after the closing date of applications. The selection committee will meet to formulate the criteria for shortlisting and a rating system that will be consistently applied to each applicant. Once agreed on the criteria and rating system, the selection panel identify and shortlist all those candidates who meet the essential criteria in terms of the advertisement. Should a need exist for further shortlisting, the remaining candidates are assessed against the essential and desirable selection criteria. The selection committee should not forget to record reasons for not shortlisting all those applicants who were found not suitable. On completion of the process, the HR department of the hospital should, notify all unsuccessful applicants about the results. All eligible candidates proceed to the interview stage as part of the selection process (Vickers, McDonald & Grimes, 2015:5).

### 5.5.2.2 Selection Interview

According to the FederalDaily Staff (2013), a candidate is assessed to the extent of his/her knowledge, skills and abilities (KSA) of the job. After a rigorous interview based on the KSA facets, the OPM require departments/agencies to rank suitable candidates according to the following categories: (i) basically qualified, (ii) well qualified, or (iii) highly qualified. Those who were not found suitable are not placed in a category as there is no 'not qualified' category. Highly qualified candidates refer to those applicants who substantially exceed the minimum requirements and qualifications of the job. Such candidates are deemed to be highly proficient in all aspects of the job. There is a strong belief that these candidates can perform the duties attached to the positions of, for instance, public healthcare specialists with minimum amount of training.

The next category of 'well qualified' candidates refer to candidates who also meet the minimum requirements of the job, but lack some proficiency in certain aspects of the position. In order to perform the duties attached to the position these candidates would need extensive training. On completion of the ranking process, departments/agencies are required to submit all eligible candidates falling under 'highly qualified' category to the delegated officer. Any person falling in this category is eligible to be selected to fill the position. There is a view that public healthcare specialists selected from this process have become high performers in the 21$^{st}$ century. This is an indication that the merit system principles embrace strong deeply rooted national traditions of political neutrality of the recruitment and selection of public healthcare specialists.

### 5.5.2.3 Reference checks

According to the US Department of Justice (2013), the OPM defines reference checking as an assessment of a candidate's past job performance based on information given by, for instance, former colleagues, supervisors as well as his/her juniors. Reference checks are meant to assess job- related competencies rather than the applicants' integrity. It is important to understand that the idea behind reference checks is to predict the highest value of the candidates' suitability. In the absence of a government-wide requirement for reference checking as a part of the hiring process for federal applicants, the OPM and the Merit Systems Protection Board (MSPB) do not play an oversight role here, except by encouraging them to check applicant references for every hiring process. The reference check must be limited to the period of employment, job title(s) held, responsibilities and functions performed, reasons for leaving and salary package. The reason for using reference checks came from legal pitfalls which was described as having a potential of discrimination. To circumvent such challenges, in April 2012 the Equal Employment Opportunity Commission (EEOC) released new guidelines on the use of criminal background checks in hiring decisions (see http://shrm.org), but not on reference checks as the two concepts differ from each other.

### 5.5.2.4 Making the decision/job offer and contract of employment.

Having completed the interview process, candidates are ranked according to their suitability and non-suitability based on their performance at the interview. The selection committee should detail all the core competencies and KSAs required to perform the job of public healthcare specialists in this regard. It is essential for the selection committee to reach consensus on the most suitable candidate for the post. The selection report as well as the assessment sheet showing the recommended candidate is prepared and signed by all members of the selection panel. Clear reporting is imperative as the selection process may be challenged by unsuccessful candidates

### 5.5.2.5 Record-keeping

As the recruitment and selection process remain a vital aspect of HRM, all documents that were used by the selection committee must be returned to HR departments for good record-keeping. The MSPB is a judicial agency responsible for settling all labour disputes arising out of the selection process. For MSPB to effectively manage and settle such disputes, they will need all relevant documents that were used in the selection. From the preceding discussions, it is clear that public hospitals in the US have good credibility and reputation which is attributed to merit system principles in recruiting and selecting public healthcare specialists. Paired with good retention strategies such as job satisfaction has played a key role in improving (Gberevbie, 2008:39) health outcomes. A discussion of retention follows.

### 5.5.3 RETENTION STRATEGY

Against the backdrop of finding hard to fill positions of public healthcare specialists, the OPM, in consultation with the US Office of Management and Budget (OMB) approved the granting of physicians comparability allowances (PCAs) amounting up to $14,000 a yeark to a physician with 24 months or less of service as a government physician while those with more than 24 months of service receive up to $30,000 on an annual basis (OPM, 2013:46). Emphasis has been placed on monetary incentives to retain and motivate quality public healthcare specialists. Heneman (2007:1) suggests that monetary incentives should be blended with nonmonetary rewards to generate superior competitive advantage (health outcomes). This blending is referred to as total rewards system. As part of total rewards system, Huang and Cho (2010:11) identified professional growth opportunities as a strategy to retain high-quality public healthcare specialists. According to Huang and Cho (2010:11), the study conducted by Huang, Miyoshi, La Torre, Marshall, Perez and Peterson (2007) affirmed that professional training and development has bolstered the sense of pride and belonging in the identified hospitals. Over and above, it has increased loyalty (employees) (Kossivi, Xu and Kalgora, 2016), efficacy and competencies of public healthcare specialists.

This study by Sellers, Leider, Harper, Castrucci, Bharthapudi, Liss-Levinson, Jarris and Hunter (2015:21) found that most state health agency (SHA) employees have some access to professional training where, 92% are allowed to use working hours for training, 80% have on-site training available, and 77% report that the hospital pays travel or registration fees for training. Despite extensive efforts of providing service benefits to public healthcare specialists, US public hospitals are faced with a challenge of retaining the few highly skilled employees. This is so because the demand for public healthcare specialists exceed the supply. To respond to this challenge, US public hospitals have a variety of options to increase job security, and thereby, retention.

Flowing from the OPM, US public hospitals have discretionary powers to make continuing (i.e., biweekly) payments of up to 25% of basic pay as retention allowances (OPM, 1999:3). Service benefits such as pension plans, healthcare and flexible working hours offered by the federal government highlighted the critical importance of job security (Phillip & Connell, 2004:165). The author of the Book of US Government Jobs argued, 'Government jobs are for people looking for secure employment with good salary potential'. Even so, the recent study conducted by Sellers, Leider, Harper et al. (2015) found that 38% of SHA employees intend to leave governmental public health before 2020.

It was highlighted that 39% to 40% of SHA employees are 'somewhat satisfied' and 'very satisfied' with their job, respectively, whilst 41% and 36% reported 'somewhat satisfied' with their institutions and pay, respectively (Sellers, Leider, Harper et al. (2015:17). These figures confirm that more than a quarter of SHA employees will leave their jobs by 2020 through voluntary resignations and/or retirements. The preceding discussion provided an explanation of HRM, with the ultimate aim of identifying common perspectives on their approach in implementing the HRM practices of the recruitment, selection and retention. Such an explication has to a certain extent propelled this study towards a sense of developing a model and checklist to recruit and retain the hard-to-fill highly-skilled public healthcare specialists positions. Table 5.1 outlines similarities and differences of HRM variables, namely: recruitment, selection and retention.

**Table 5.1 Commonalities in HRM in the UK, Australia and the USA**

| Protagonists | HRM in the UK | Protagonists | HRM in Australia | Protagonists | HRM in the USA |
|---|---|---|---|---|---|
| Legge 1989a 1989b, 1995) | The origin of HRM can be traced back to the 19th century. Institutions in the UK such as Glaxo (pharmaceuticals), Citibank (investment banking), Hewlett-Packard (hi-tech), WH Smith (retail and distribution), Lloyds Bank (retail banking), BT (telecommunications), | Hope-Hailey et al. (1997)  Lansbury, Wright & Baird (2006) | The concept HRM was universally accepted by scholars and researchers in the 1980s and termed HRM as evangelical testament.  Ford, GM – Holden, Toyota, Mitsubishi and | Ulrich (1997)  Caldwell (2001)  Beer, Lawrence, Mills & Walton (1984)  Tichy, Fombrun & | HRM in the USA has evolved tremendously since 1900 to 1980.  The concept was first adopted by IBM and |

| | | | | | |
|---|---|---|---|---|---|
| Wickens (1987) | KJS (fast moving consumer goods) and an NHS Trust (healthcare) adopted a new strategic approach to the management of people in the 1990s | | Mitsubishi-Adecco. | Devanna (1982)<br><br>Hendry and Pettigrew (1986) | Hewlett-Packard |
| Jackson, Martin & Whiting (2010)<br><br>Royal Holloway University of London (2012) | **Recruitment and selection practices 7 steps:**<br><br>Identifying the vacancy;<br><br>Obtaining approval to recruit;<br><br>Attracting suitable candidates;<br><br>Shortlisting;<br><br>Selection;<br><br>Appointment; and<br><br>Induction | Department of Planning and Community Development (State Services, 2009) | **Recruitment and selection practices 10 steps:**<br><br>HR planning;<br><br>Job analysis;<br><br>Position descriptionand key selection criteria;<br><br>Recruitment attraction;<br><br>Shortlist applications;<br><br>Selection process;<br><br>Reference checks;<br><br>Selection decision;<br><br>Induction/orientation; and | Department of Veterans Affairs (2010) | **Recruitment and selection practices 5 steps:**<br><br>Job analysis<br><br>Outreach & recruitment<br><br>Interview<br><br>Reference checks, and<br><br>Selection decision |

| | | | Evaluation | | |
|---|---|---|---|---|---|
| | **Retention** | | **Retention** | | **Retention** |
| Schulten & Bohlke (2012)<br><br>McClure, Poulin, Sovie & Wandelt (1983) | Compensation and rewards: pay structure and basic working conditions concluded by the NHS staff council and NHS employers Pride at being part of theinstitution (job satisfaction)<br><br>Higher satisfaction with issues such as training & professional, development, management style and professional practice | Zurn, Dolea & Stilwell (2005)<br><br>Borland (2002)<br><br>Torstad & Bork (2007)<br><br>Halligan (1994)<br><br>Edwards & Burnard (2003)<br><br>Billeter-Koponen & Freden (2005)<br><br>Wheeler & Riding (1994) | Compensation and poor rewards guaranteed the retention of motivated workforce<br><br>Professional training and development enabled the acquisition of new knowledge, skills and attitude<br><br>Flexible working arrangement<br><br>Moderate to high satisfaction with jobs (stress & burnout) | Heneman, (2007)<br><br>Flores (2007)<br><br>Zhang & Byrd, (2005)<br><br>Benjamin (2002)<br><br>OPM (1999) | Total rewards system offers non-monetary & monetary incentives including compensation & rewards, professional training & development & job security |

**Source: Author's construction (2018)**

Based on the exposition in Table 5.1 HRM emerged and received recognition in the UK, Australia and the USA during the 1980s. An analysis of the literature indicated that the recruitment and selection processes seem to vary among these three countries.

For instance, the USA Federal Government rarely use selection tests and assessment centres for selection of public healthcare specialists in comparison to the UK and Australia. The difference in the recruitment and selection process as well as the retention strategies, is attributed to the statutory and regulatory framework and the culture of each country. However, this framework has no *locus standi* to govern aspects such as recruitment sources/methods and practices. Table 5.1 thus provided the study with generic synopsis to develop a model and checklist for the recruitment and retention of public healthcare specialists.

## 5.6 SUMMARY

This chapter considered the standing of the HR activity in three OECD countries, namely, the UK, Australia and the USA, while simultaneously, tracing the origin of HRM practices. It examined the recruitment and selection best practices that enabled the public hospitals of these countries to be able to effectively recruit and select highly skilled and motivated public healthcare specialists, in spite of the global challenges. Retention strategies were also discussed. The next chapter explores the research design and methodology of this study.

# CHAPTER 6

## RESEARCH DESIGN AND METHODOLOGY

### 6.1    INTRODUCTION

The literature of HRM from an international perspective with particular emphasis on recruitment, selection and retention was examined and logically presented in Chapter 5. This examination enabled the study to benchmark the public service's praxis in order to develop a model and checklist that will assist the Ngwelezane, Queen Nandi and Stanger Regional Hospitals in their quest to effectively attract and retain public healthcare specialists (critical scarce skills). This chapter identifies various philosophical assumptions relevant for research and the interpretive paradigm became ideal for the study due to its framework. In addition, the chapter explains the execution of the research design and methodology, namely: strategies and instruments for data collection and analytical methods.

The chapter comprises eleven (11) sections. Section 6.2 explores the philosophical research paradigm adopted by the study. In this section, various major research paradigms such as the ontological and epistemological assumptions that justify the choice for this study are presented and discussed. Section 6.3 describes and explains the research design and section 6.4 deals with the sampling techniques. Section 6.5 reveals the research methodology while section 6.6 presents a discussion on the primary data collection methods involving semi-structured interviews (qualitative) and self-administered survey questionnaires (quantitative) and secondary data collection methods to obtain insight into and experiences of the respondents, enabling one to draw valid conclusions. Section 6.7 describes documentation as data collection instrument. Section 6.8 concludes with the data analysis procedures, followed by the interpretation of meaning. Section 6.9 highlights the manner in which rigour was achieved for this study, while section 6.10 focuses on ethical measures. Section 6.11 summarises the chapter. The next section commences with the exploration of the philosophical research paradigm adopted by the study.

### 6.2    PHILOSOPHICAL RESEARCH PARADIGM

A study is guided by the belief system of the investigator. From a research point of view, this belief system is referred to as a 'research paradigm' (Ngxola, 2012:28) aimed at discovering the facts and reality. This means that the research process must be conducted within a scientific framework containing certain set of beliefs or philosophical assumptions (Cresswell & Clark, 2011:39; Molefe, 2014:30) to enable the researcher to make valid and reliable decisions.

The term 'worldview' shall be used to describe these set of beliefs or philosophical assumptions although it is viewed as metaphorical when it comes to social sciences research compared to the natural sciences research (Vosloo, 2014:301). However, the concept 'paradigm' has its origin in the Greek word *paradeigma,* meaning 'pattern' (Antwi & Hamza, 2015:217). The concept was first used by Thomas Kuhn in 1962 to denote a conceptual framework (Ngxola, 2012:28) which was used by the society of scientists to examine problems originating from natural sciences (LeCompte & Schensul, 1999) such as Chemistry and Physics. Their examination was based on the phenomena that could be observed and measured with the intention of finding solutions. Based on the foregoing, Crotty (1998) presents four major elements in designing a study.

**Figure 6.1: Four major elements in designing a study**



Set of beliefs or philosophical assumptions (For example, ontological and epistemological positions)

Theoretical lens
(For instance, feminist, racial, social science theories)

Methodological approach
(For example, grounded theory, quantitative and qualitative methods)

Methods of data collection
(For example, survey questionnaires and semi-structured interviews)
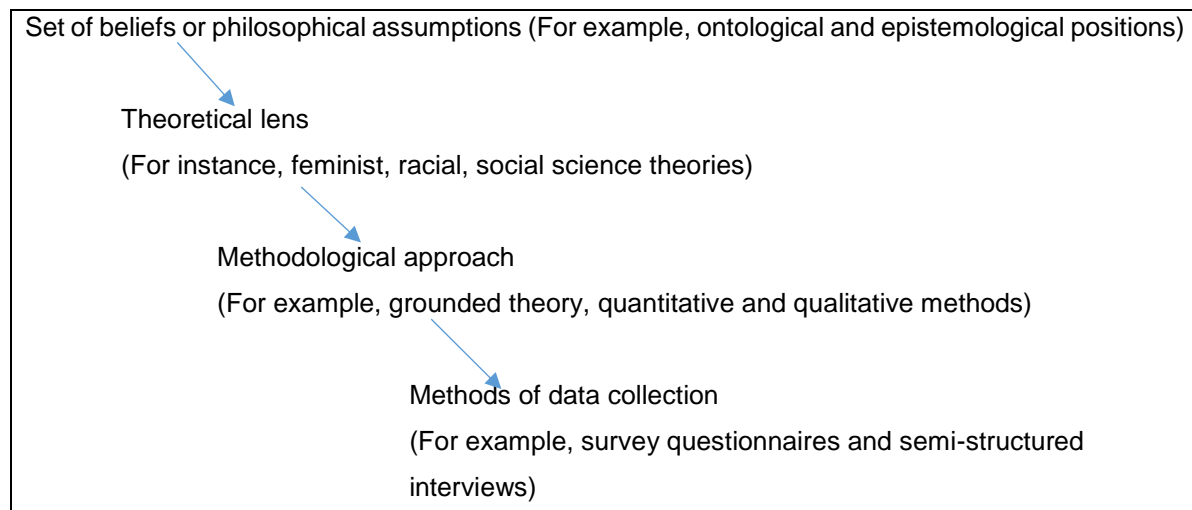
**Adapted from Crotty (1998 cited in Cresswell & Clark, 2011:39)**

Figure 6.1 contains the categories that are considered ideal for this study because they can locate and conveniently apply interpretivism paradigm (see Strauss and Corbin, 1998) within social sciences research where the researcher makes attempts to find the reality within the recruitment process and retention. The study assumes that the data necessary to find the reality is available out there in the world. However, the formulation of the research philosophy prior to conducting the investigation is important to enhance the validity of the study (Mohammed, 2016:74). Mohammed (2016:74) and Thanh and Thanh (2015:24), contend that the research paradigm should encompass all three dimensions (ontology, epistemology and methodology) as they are inter-related to define the nature of inquiry. For instance, Guba and Lincoln (2005:39) point out that the ontological assumptions about the nature of knowledge underlying a paradigm constrain the role of the researcher in obtaining that knowledge (epistemology), and ultimately, influence the methods available to the researcher to obtain the knowledge (methodology) (George, 2014:66).

Carnaghan (2013) considers the three philosophical assumptions as being embedded within interpretive frameworks. The article suggests that interpretive frameworks may take the form of social science to enable the researcher to develop his/her theoretical framework for the study (Creswell, 2012). Therefore, these philosophical assumptions and interpretive frameworks are significant for this study. Starting with ontology, Dudovskiy (2016) asserts that researchers in social sciences must devote about two pages to ontology on research at a PhD level.

### 6.2.1  Ontological position (the nature of reality)

Ontology is a concept that is embedded into the research philosophy which articulates the nature and structure of reality in the world (Thomas, 2010:292). This means that what to be known ought to be brought onto the surface through the research process. Hence, any research activity commences with the ontological position and chronologically followed by epistemological and methodological positions (Mustafa, 2011:24). Vanson (2014) holds the view that the research design begins by considering the ontological position which deals with the nature of reality. The author argues that within this position there is no true or false answer because this assumption embraces the philosophy of multiple realities. As part of qualitative research this study has gathered multiple data (realities) from the participants which was later organised according to themes and concepts. These themes and concepts contain the actual words of the participants; of particular interest, is the fact that different perspectives were presented about the recruitment process and retention. As seen in this articulation, ontology is characterised by multiple of realities. Since ontology determines the choice of the research design, it is therefore, defined as "the science or theory of being" (Blaike, 2010).

This means that the society questions the knowledge of the nature of reality. For example, Poetschke (2003:2), ask whether there is something called 'real' world 'out there'? Consistent with the assertion, is whether these hospitals can be considered as social entities with their reality dependent on external social people or whether we should consider the views and perceptions of social people that are embedded in the social constructions (Bryman, 2004:16). The answer to this question is dependent upon the individual's interpretation of the social reality. Of course, the answer will either be objective or subjective. Ontological viewpoints include objectivism (or positivism) and subjectivism (constructionism or interpretivism) (Sale, Lohfeld & Brazil, 2002:46). From a research point of view, the authors consider both worldviews as equal and complementary to each other based on the assumption that each one of them might be relevant for certain circumstances or inappropriate for the other in a given time. This ontological position is depicted in Figure 6.2.

**Figure 6.2: Ontological worldviews**



Objectivism (or positivism) holds an ontological stance which places social phenomena and their meanings outside social people (actors) (Bryman, 2012). This suggests that objectivism tacitly assumes that social reality has an external independence to the researcher (Bryman & Bell, 2007). The management of hospitals under study has an objectivist context, hence is, regarded as 'persona' (Bryman, 2008:19). For instance, these hospitals are characterised by the formal hierarchical structure that places public healthcare specialists in them. In this instance, the application of the objectivism approach assumes that the existence of the hospitals is not dependent only on other social institutions since they have their own independent mission statements. This means that these hospitals exist within the framework of law and order to which employees will have to adapt and align themselves. In a similar vein, since single truth or reality are the critical aspects of ontological position the researcher will have to 'speak truth to power' (Hawkesworth, 2006:160) in the meeting with participants.

By contrast, the ontological position of subjectivism (or constructionism or interpretivism) assumes that the social actors (people) are responsible for the accomplishment of social phenomena and their meanings (Bryman, 2012). Therefore, social phenomena are perceived to have been developed from views and perceptions of social actors (Bryman, 2012). Social actors, such as public healthcare specialists may provide different interpretations on the clinical environment/ settings in which they are working. Again, individual public healthcare specialists might develop varying perceptions on the environment as a result of the worldview. Indeed, these varying interpretations and perceptions have the potential to influence their actions as well as their social interaction with other colleagues. In a different context, the actions of the actors could be viewed as meaningful in the social context of interpretations and meanings. In this regard, the study understands the reality of subjectivity of the sampled public healthcare specialists to enhance the meaning of their motives and actions. However, subjectivism presupposes lack of single truth or reality in constructionism because arguably, reality is created by individuals in groups.

According to Dudovskiy (2016), constructionism deduces constant construction and revision of institutions such as the procedure manuals and out of adjustment appointments to rejuvenate the existing social structures (Bryman, 2008:19-20). Ngxola (2012:29) argues that the positivist and constructivist paradigms have been regarded as inflexible.

Hence, Johnson and Onwuegbuzie (2004) termed them as 'paradigm wars'. There is an underlying belief that these two paradigms and their research methods cannot be combined. For instance, the proponents of the positivist paradigm believe that direct personal interaction between the researcher and participants should not exist as the latter are treated as an entity (Johnson & Onwuegbuzie, 2004). As such, this paradigm is associated with quantitative research methods, experiment design and statistical analysis (Paton, 1980:19). In contrast, constructivist paradigms believe that knowledge is socially embedded into the participants who attempt to understand and make sense of what they observe or to interpret explanations from people who give them information (Mertens, 2005). The nature of this paradigm is associated with the qualitative research method as the researcher will be required to collect data in close contact with participants (Patton, 1980).

As the two paradigms were found to be contrasting a new paradigm emerged in the early 1980s called 'paradigm of choices' later referred to as 'pragmatic paradigm' (Ngxola, 2012:29). In this instance, the pragmatic paradigm entails the belief system and philosophical assumptions of public healthcare specialists working in the hospitals under study. Pragmatists opine that individuals must make practical choices based on their belief system. According to Mustafa (2011:28), pragmatists are guided by their values and principles when undertaking research, for instance: they choose a topic that is close to their hearts guided by their value systems including the key-information-rich-participants in anticipation of the findings that correspond with the values. The interpretation of the pragmatic paradigm suggests that researchers start with the problem and research questions to be answered, and then decide on methods that will offer the best vehicles for answering their research questions. Therefore, the adoption of mixed methods could be viable since it is expansive and creative and not limiting researchers to one way of looking at the social world (Ngxola, 2012:29).

Ngxola (2012:29) argued that using mixed methods in one study affords researchers the opportunity to draw from strengths of each approach to counteract the weaknesses of the other. Although the researcher has certain reservations regarding the paradigms, they cannot be completely separated in this study as the mixed methods of quantitative and qualitative research were adopted to investigate the recruitment, selection and retention based on reality. Hence, abduction to arrive at a conclusion was used. Abduction enabled the study to make "new discoveries in a logically and methodologically ordered way. Of course, abductions cannot be forced by a specific procedural programme, but one can induce situations (and this is the moral of this episode) in which abductions fit" (Reichertz, 2004:300).

Olsen (2004:15) affirms that abduction refers to the "phenomenological attempt to obtain inside the thing which is being researched". In this regard, the researcher was the sole human instrument who collected and interpreted data through an objective approach thus, remaining independent and detached from personal interests. This strategy improved the methodological rigour (section 6.9) of this study. From a different perspective, the study advances the notion that the paradigm of choices has recognised the social world from the angle of flexibility, thus, allowing the researcher to develop strategies for collecting and analysing data. The study further contends that the utilisation of mixed methods has the potential to address the research questions. The paradigm worldview of epistemology as reflected in Figure 6.1 is discussed in sub-section 6.2.2.

### 6.2.2   Epistemological position (knowledge)

Having explored the ontological position, the researcher attempts to integrate the 'nature of the knowledge' with the recruitment, selection and retention through the epistemological position. Epistemology forms part of the philosophical assumptions that deals with the nature of the knowledge. Erikson and Kovalainen (2008:14) make a distinction between adequate and inadequate knowledge. This distinction highlights the differences between the knowledge that exists and the knowledge that ought to exist (Mustafa, 2011:24). This assertion suggests that individuals cannot be divorced from their social reality which constitutes knowledge of the phenomenon and from an epistemological position the basis and sources for such a knowledge remains questionable (Mohammed, 2016:74). The epistemology is particularly concerned with the identification, discovery and transmission of the knowledge of the world. Epistemology clearly identifies whether there is an existence of the connection between the researcher and public healthcare specialists. In this regard, a cordial relationship of researcher-respondent/participant existed. Epistemology emphasises that the researcher should detach himself/herself from being influenced by the recruitment, selection and retention practices.

### 6.2.3   Distinction between ontological and epistemological positions

Epistemology is grounded upon the relationship of reality and research (Carson et al., 2001) while ontology is concerned with the nature of reality (Hudson & Ozanne, 1988). From a qualitative research perspective, ontological position adopts the respondent's perceptions since it is guided by the philosophy of interpretivism. Thanh and Thanh (2015:24) are of the view that interpretivism approach is not appropriate for quantitative research as quantitative instruments, namely: statistics and figures are highly unlikely to provide in-depth insight and information about the central phenomena. An epistemological position lays a solid foundation for the interaction of the researcher and the participants.

The more the researcher gives himself or herself time to understand the participants, the more the participants would realise the extent of their knowledge (Creswell, 2007:18). In this case, the social reality consists of the researcher and participants who due to their daily social interaction interpret the meaning of the recruitment, selection and retention. Considering the above, Crotty (1998:10 cited in Mustafa, 2011:24) argue that it is difficult to differentiate from a conceptual research point of view between ontological and epistemological positions because of their linkage to the research paradigm.

For instance, when the researcher speaks about the creation of the meaning of a phenomenon (epistemology), he/she implicitly speaks about building a meaningful social reality (ontology) hence, the study epitomises both philosophical concepts. Having reviewed and analysed both concepts the study acknowledges that these concepts are characterised by an element of subjectivity. It would appear that both epistemology and ontology are dominated by the traditions of paradigms (Edirisingha, 2012) which determine the criteria for research (Dash, 2005). In keeping with both ontological and epistemological positions, the interpretivism paradigm was deemed appropriate for this study as it seeks to explore the implementation of the recruitment, selection and retention, hence the quality of the research and data collection methods are largely dependent upon the research philosophy of this paradigm (Bahari, 2010:18 cited in Mohammed, 2016:74-75).

Lastly, consistent with Figure 6.2 below, research methodology (section 6.5) is the last step in the development of the research study which is conducted after the researcher has chosen a particular research method (Scotland, 2012:9 cited in Mohammed, 2016:73). In conclusion, the study represents all three philosophical concepts as well as their linkage to the research paradigm. Figure 6.3 depicts the relationship between different concepts in social sciences research.

**Figure 6.3: Relationship among different terms in relation to the social science research**
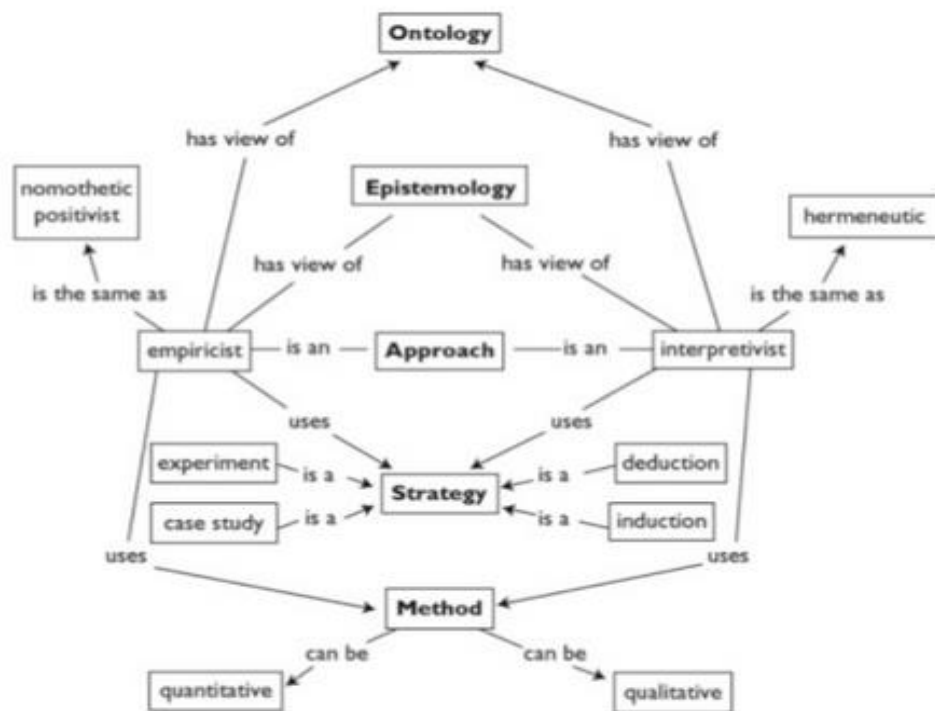
According to Crotty's (1998:3), research methodology entails research approaches, research processes, research designs and paradigms. The research process is guided by an interpretative framework designed to address the questions pertaining to the ontological and epistemological concepts. Edirisingha (2012) argues that the inaccessibility to the 'out there real' world by the interpretive researchers (Carson, Gilmore, Perry & Gronhaug, 2001:6) creates a problem of investigating the recruitment process and retention, but maintains that through the application of conventional scientific methodologies the realities of human behaviour can be discovered (Bassey, 1995). Such discoveries are expressed by factual statements emanating from the understanding, experience and interpretation of the social reality (Edirisingha, 2012). Mustafa, 2011:24) perceives social reality as intersubjective, and largely based on the meanings, experiences and understandings of the environment. Finally, Phothongsunan (2015:1) also finds that ontology, epistemology and research methodology are associated with the interpretivist paradigm.

### 6.2.4 Interpretivism paradigm (phenomenological approach)

According to Babbie and Mouton (2008:28), interpretivism explores the complexity of social realities to obtain the understanding of people, while the phenomenological approach seeks to understand people. Hence, interpretivist researchers strongly believe that the social reality of this paradigm should be well constructed. In line with this construction, qualitative research is based on the views of the participants that requires the interpretation of the social reality to make valid conclusions, for which reason, Seakamela (2011:181) call it interpretative research as opposed to non-quantitative research. Based on the assertion, interpretivist researchers are expected to understand and interpret events as they are happening on a daily basis, and such events could include experiences, beliefs, and values attached to the recruitment process and retention. These characteristics are categorised as social reality which contains an element of subjectivity and nuances, because conclusions of the research are shaped by the emerging perceptions of the respondents.

The study deemed it necessary to adopt an interpretive approach because it provides vistas and insightful understanding of public healthcare specialists' perceptions. Arguably, the meanings of these perceptions are based on subjectivity and individuality in regard to the implementation of the recruitment, selection and retention. This approach does not intend to search for universal truths but rather to deal with the subjective aspects of the recruitment, selection and retention. Interpretivism requires that the hidden meanings, beliefs and experience must be brought to the surface (Blaikie, 2009:99). Such attributes exist within the minds of humans which in turn inspires them to construct meanings. Vosloo (2014:307) argues that the meanings can be found through the language as opposed to quantitative analysis. From the perspectives of research, interpretivist researchers seek to understand and interpret human behaviour (Bahari, 2010:22 cited in Mohammed, 2016:76). However, Thanh and Thanh (2015:24) argue that this human behaviour is somehow contained in the experience of humankind of the world. Since social science research applies different principles compared to natural sciences Vosloo (2014:308) suggests the following three basic principles which can be applied in interpretivism:

(i) The social reality is constructed based on the subjective views of the participants. The social reality needs to be interpreted by humans because they have the consciousness or a mind. The knowledge of the social reality affects the human behaviour and this knowledge is only available in human beings;

(ii) The phenomena must be observed by the researcher who is part of the process; and

(iii) The researcher must show a particular interest in the subject matter.

Based on the foregoing, it is clear that the complexity of social realities cannot be addressed through the application of natural sciences principles because the social reality can be grown and re-grown by humans almost on a daily basis (Livesey, 2011b:4 cited in Vosloo, 2014:308). In this research, the social phenomena are viewed and understood through the eyes of reality and thereafter, the researcher interprets the meanings of the participant's viewpoints. This could mean the interpretation of qualitative data supplied by the participants during semi-structured interviews. The participants referred to were the Assistant Nurse Managers (ANMs) in charge of specialty wards. Vine (2009) explains that these participants have their own unique and distinct understanding as to how to interpret the environment (http://rubyvine.blogspot.co.za). Vine (2009) further asserts that the study should consider the attitudes, perceptions and values of the participants (Hammersley, n.d.; Mackenzie & Knipe, 2006). It argues that such consideration could only be achieved through direct interaction with the public healthcare specialists that provide specialised clinical services in the area.

Vosloo (2014:310 quoting Gephart, 1999:5) suggests that subjectivity has been endorsed by proponents of interpretivism, thus resulting in acceptance within the community of interpretivism, and consequently, acceptance as the philosophical idea on which the study is based. Most researchers confuse social inquiry as comprising only procedures such as sampling, data collection and analysis, thereby, overlooking the philosophical ideas that inform the study. The central tenets of this interprevist paradigm revolve around the relationship of researcher-respondent/participant. The following section provides the background behind the selection of the interpretive approach, ontological, epistemological and methodological views for this study:

(i) Within the context of this study, epistemological assumption explores how knowledge of HRM praxis is created, acquired and communicated to all appropriate participants.

(ii) Since the study is concerned with the reality of how the participants perceive HRM praxis, it is feasible to adopt an ontological approach.

(iii) The research methodology (section 6.5) will attach the meaning to the recruitment, selection and retention.

Having described the recruitment, selection and retention interpretivist researchers are expected to interpret its meaning instead of making invalid predictions. For instance, this paradigm recognises context and values instead of figures and numbers. Interpretivist paradigm is embedded in the practice of qualitative research (Phothongsunan, 2015:2).

Qualitative research uses different forms of qualitative methods in multi-pronged projects, namely, structured, semi-structured or unstructured interviews, participant observations and focus groups (Seakamela, 2011:185; Mohammed, 2016:80). In qualitative research, interpretivist researchers utilise the data that emerged based on beliefs, attitudes and perceptions of the participants (Tholo, 2007:111). As an experienced HR practitioner and manager, the researcher used his experience to interpret the research findings, choosing the interpretive approach. The qualitative approach is employed to obtain rich in-depth information on the recruitment, selection and retention, with a view of developing an effective model and checklist that will assist the hospitals under study to recruit and retain public healthcare specialists. Guba and Lincoln (2005:39) maintain that the only instrument for primary data collection would be 'humans' instead of 'non-humans instruments' and this data would be regarded as credible and trustworthy. It will enable the interpretivist researcher to make decisive conclusions.

In the research context, humans are research participants who can write their own social realities and the interpretivist researcher should investigate, describe and interpret these social realities. Qualitative research method fosters direct interaction between the sampled participants and the researcher who is the sole 'human instrument' to interview all participants selected through purposive sampling. The primary data would be supplemented by secondary data. A further sampling method would be used to obtain additional data, should a need arise. In sum, this data would be used to develop a model and checklist that would be effective for the recruitment, selection and retention of public healthcare specialists for the hospitals under study. To achieve the overall objective of the study, the next section discusses the research design that was adopted.

## 6.3    RESEARCH DESIGN

The study ensured that a systematic process was undertaken to uncover the truth or to answer a question about the phenomena (LeCompte & Schensul, 1999:62 cited in Ngxola, 2012:26). This view is supported by various scholars (Leedy, 1989; Bogdan & Biklen, 2006:54; McMillan & Schumacher, 2001:72), who explain that the plan of action for discovering the truth is called a research design. Leedy (1997:195 cited in Mafuwane, 2011:68) sees research design as a plan responsible for collecting data and yields results that are both valid and credible. To achieve such results require careful planning and a rigorous, systematic approach (Antonius, 2003:26; Babbie & Mouton, 2008:74). Research design can therefore be conceived as a master plan of research which gives the direction of the population to be studied, as well as place, time and context (McMillan & Schumacher, 2001:9 cited in Tholo, 2007:105).

MacMillan and Schumacher (2001:166 cited in Mafuwane, 2011:68) suggest that participants and site(s) should be carefully chosen. This plan can be viewed from an architectural perspective as outlining and throwing light onto the major aspects of the study to be conducted. From a different perspective, a research design serves to guide the research process to accomplish its stated goals of recruitment, selection and retention of public healthcare specialists (Tholo, 2007:105). It is required of the researcher to describe the research design that would be used to gather data that is credible, valid and trustworthy. Consequently, the researcher must ensure that the research design fulfils the requirements and specifications of the study. After identifying and specifying the research problem, research questions and research aims, a specific research design which closely fits the research context would provide the required information that would be reliable and valid. Based on the scope of the above factors the study adopted the 'paradigm of choices' (Patton, 1980) called the 'mixed methods' paradigm comprising qualitative and quantitative designs (Creswell, 2012; McMillan & Schumacher, 2010) to provide a wider scope and range of the research.

### 6.3.1 Mixed methods research design

A mixed methods design is characterised by the combination of at least one qualitative and one quantitative research component. Johnson, Onwuegbuzie and Turner (2007:123 cited in Schoonenboom and Johnson, 2017:2-3) defined mixed methods research as:

> The type of research in which a researcher or team of researchers combines elements of qualitative and quantitative research approaches (e. g., use of qualitative and quantitative viewpoints, data collection, analysis, inference techniques) for the broad purposes of breadth and depth of understanding and corroboration.

The aim of mixed methods research, of combining qualitative and quantitative research components, is to expand and strengthen a study's conclusions and, therefore, contribute to the body of knowledge. The use of mixed methods will contribute to answering the study's research questions. Mixed methods study designs comprise different variants such as parallel, sequential, conversion, multilevel or combination (Teddlie & Tashakkori, 2009:141). To gain a deeper understanding of the topic under investigation, the study has been conducted using the convergent (or parallel or concurrent) design, a mixed method designs (Creswell, 2014).

This type of design enabled the researcher to concurrently conduct the qualitative and quantitative elements in the same phase of the research process, weigh the methods equally, analyse the two components independently, and interpret the results together in order to best understand the research problem (Creswell, Plano-Clark, Gutmann & Hanson, 2003; Creswell & Plano-Clark, 2011 cited in Demir & Pismek, 2017:123). With the purpose of corroboration and validation, the researcher aimed to triangulate the methods by directly comparing the quantitative statistical results and qualitative findings. The study drew conclusions based on the data from each phase, and the qualitative and quantitative phases were integrated (Teddlie & Tashakkori, 2009:152). The research process in this study is given in Figure 6.4.

Figure 6.4: The research process in this study using the convergent mixed-parallel design
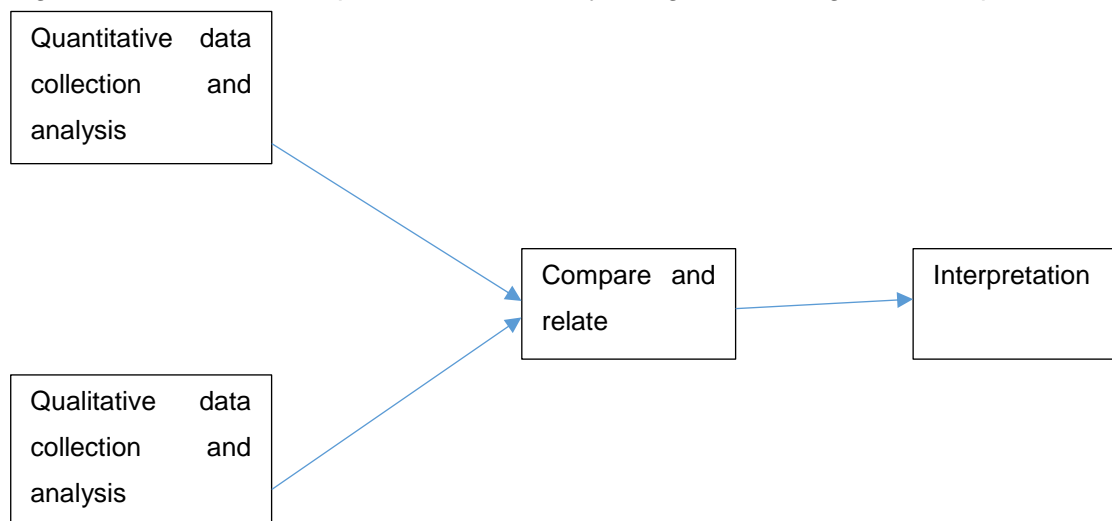


Source: Demir & Pismek (2017:124).

## 6.3.1.1 Quantitative design

Interpretivist (section 6.2.4) design is not suggested for quantitative methods (Thanh & Thanh, 2015:24). The rationale behind this thinking is that the phenomenon is explained in terms of objective measurement such as numerical, statistical or mathematical analysis of data as opposed to observations (Farmer & Rojewski, 2001:111). According to McMillan (2000:9), quantitative research can take either the experimental (true and quasi experimental) or non-experimental design (descriptive, comparative, correlational, or causal comparative). This means that the researcher assigns numbers to any variable to describe and analyses human actions/behaviour. However, a well-structured hypothesis and assumptions guide the researcher to make a decision about the objective measurement.

In social science research, quantitative data is generally collected through the use of surveys or questionnaires or computer software and is arranged in non-textual forms taking the shape of numbers, figures, charts and/or tables (Barbie, 2010; Tholo, 2007:106). For this research, survey design has proven to be a reliable instrument to quantify information necessary based on abduction reasoning. This process was followed by analysis and reporting of data, and thereafter, the researcher generalised the conclusions across the entire population to explain the recruitment, selection and retention.

### 6.3.1.2 Qualitative design

Since the qualitative method is largely dependent on interpretivism as a paradigm, qualitative researchers must collect data in the natural settings where there are human interactions (Altrichter, Feldman, Posch & Somekh, 2013:69). As such, interpretivism seeks to understand and interpret the participants' beliefs, opinions and experiences. From healthcare perspectives, qualitative research is considered as person-centred because it involves human experiences such as interactions between public healthcare specialists and patients, colleagues and management; hence, the study sought their views, feelings, emotions and experiences about the recruitment, selection and retention. Social inquiry requires the interpretivist researcher to collect data and report it in everyday language through the following instruments and procedures, interviews, focus groups and observations (Seakamela, 2011:181). The data collected through these techniques consists of texts (words) from respondent's opinions, feelings and experiences which are organised according to themes (Shuping, 2014:43) and concepts that enable the study to understand their social environment.

It would mean that in the context of this research words are used instead of numbers (Willis, 2008:40) and the interpretivist researcher is required to interpret such features to draw valid conclusions (Mohammed, 2016:79). Words are drawn from different types of qualitative research strategies which include: grounded theory, case studies, ethnography, phenomenology and narrative (Creswell, 2009:13). Bitsch (2005:77) adds hermeneutic, naturalistic inquiry, ethnomethodology, and participatory action research (PAR). Mustafa's (2011) adds 'clinical' to these designs (Short, 1991; Denzin & Lincoln, 2000). This study was conducted in clinical settings. Tholo (2007:107) acknowledges the benefits of utilising the qualitative method of research for inquiry in clinical settings. This section does not intend to describe all these variables as they fall outside the scope of this research.

### 6.3.1.3 Reasons for choosing mixed methods design

For the study to improve its validity and credibility, interpretivist researchers should advance legitimate justification for combining and integrating mixed methods in one study. Several viewpoints have been echoed as to why methods have been combined. Vosloo (2014:322) argue that combining and integrating both methods in one study is not to replace each method with the other but that each method complements the other (Morgan, 1998). This view is supported by Vosloo (2014:322), who also reflected that combining both methods "can produce a final product which can highlight the significant contributions of both". The application of mixed methods enabled triangulation (Figure 6.6) to take place and produced the final model for the study (Scott & Morrison, 2007:158). Cross-validation of data provided a complete understanding of the model (Sale et al., 2002:48) since it was not restricted to one paradigm. The two paradigms have been applied interchangeably to provide a wider scope and range for the research (Molefe, 2014:30). In support of Molefe's assertion, Mustafa (2011:27) states that quantitative research draws its primary data from self-administered questionnaires and qualitative sources such as interviews, focus groups and observations on the one hand, while on the other, qualitative research can also draw its data from quantitative sources. Mustafa's deliberations suggest that both qualitative and quantitative methods complement each other even though the interpretation of data might be different. Taking into consideration the complexity of the recruitment, selection and retention mixed method became desirable to yield better results compared to the mono-method approach, in three ways (Tashakkori & Teddie, 2003):

(i)     The ability to answer questions that other approaches cannot; mixed methods can answer simultaneously confirmatory and exploratory questions;

(ii)    Mixed methods provide stronger inferences through depth and breadth in answer to questions about complex social phenomena; and

(iii)   They provide the opportunity for divergent findings through an expression of differing viewpoints.

The study, therefore advances the notion of compatibility between the two concepts as they contain elements of interdependence and independence. This compatibility derives from the fact that qualitative research seeks to discover variables that are meaningful whereas quantitative research is driven by a hypothesis that is already defined. Interestingly, both quantitative and qualitative methods embrace an element of interpretivism for which reason the mixed methods proved to be a valuable instrument in the collection of data: it has the ability to reach multiple and diverse public healthcare specialists. The next section scrutinises the prerequisites of the design of research to align this study.

### 6.3.2   Prerequisites to the design of research

Maluleke (2011:34) and Shuping (2014:62) state that there are three prerequisites to the design of any research. The specifications are: (i) the exact objective/purpose of the study (ii) the population on which the study is focused, and (iii) the available resources.

### 6.3.2.1 Objective/purpose of the study

The objective/purpose of this study is to investigate factors and perceptions that affect the recruitment, selection and retention of public healthcare specialists and to better understand the variables and elements affecting this HR activity. It is the intention of this study to propose strategies that will empower line managers to be more effective in the recruitment, selection and retention of public healthcare specialists.

### 6.3.2.2 Population

The next step is to identify and specify the population which is appropriate to the research design (Chapter 1). Maluleke (2011:35) and Shuping (2014:63) argue that the identification and specification of the population has an effect on the sampling and the allocation of resources. Gachie (2014:235) explains that 'a population is the totality of persons … with which the research problem is concerned'. In line with this explanation, the population for this study has been meticulously selected (Monette, Sullivan & Dejong, 2008:130) from the hospitals under study, comprising of public healthcare specialists. These participants form part of the hospitals that offer district, regional and tertiary health services. The administration and management of these hospitals is decentralised into 6 hospital executive committee members (EXCO) namely, Chief Executive Officer (CEO), Nursing Manager, Finance Manager, Medical Manager, HR Manager and Systems Manager. The problem of unequal distribution of public healthcare specialists (critical scarce skills) together with the proximity between the three hospitals suggest that a sample should be drawn from a larger population working in the specialty departments as well as the HR managers for the three hospitals.

### 6.3.3.   Availability of resources

Having described the purpose of the study as well as the identification and specification of the population the study is confronted with the challenge of providing the resources. Shuping (2014:65) has identified the cost of studying, time constraints and accessibility to the resources as preventing the study from obtaining data and information from the entire population. In this regard, the researcher opted to gather data from the small group or subset that mirrors the entire population to draw valid and accurate conclusions (Schutte & Steyn, 2015:11). This implies that the knowledge accumulated from the inquiry is representative of the larger population.

This subset is called 'sample' and the method is referred to as 'sampling' (Maluleke, 2011:35). Flowing from Shuping's (2014:66) deliberations above, sampling takes place in the early stages of the overall research planning, and is hence discussed in the following section.

## 6.4 SAMPLING

Mohammed (2016:81) define sampling as a selection of key-information-rich-participants who can provide in-depth information for the study. Gravetter and Forzano (2009:128) define a sample as a "set of individuals selected from a population and usually intended to represent the population in a research study". Accordingly, a sample of key-information-rich-participants should be meticulously chosen in such a way that it mirrors the total population from which it is drawn (Schutte & Steyn, 2015:11). In essence, the rationale behind any form of sampling depends upon the research problem, the research questions, data collection strategies and availability of participants (McMillan & Schumacher, 2010). The value and quality of the research will depend upon the adoption of the appropriate sampling method and size. In this regard, the proximity and the uniqueness of the specialty services provided by these hospitals has prompted the study to draw a subset of the population to learn about the larger population (Gravetter & Forzano, 2012:138). The meticulous selection of the sample is based on the premise that it was practically difficult to allow every member of the population to participate in an activity when investigating the phenomenon (Miles & Huberman, 1994:27). Hence, sampling processes are "dynamic, *ad hoc* and phasic rather than static" (McMillan & Schumacher, 2010:328). In sum, sample sizes are usually small in numbers (Borrego, Douglas & Amelink, 2009:57). Figure 6.5 depicts the relationship between a population and a sample.

**Figure 6.5**: **The relationship between a population and a sample**

Research begins with a general
question about a population.

The population (all
the individuals of
interest)

The results from the sampler are
generalised to the population.

The sample is selected from the
population

The sample (the
specific set of
individuals who
participate in the
research study)

.
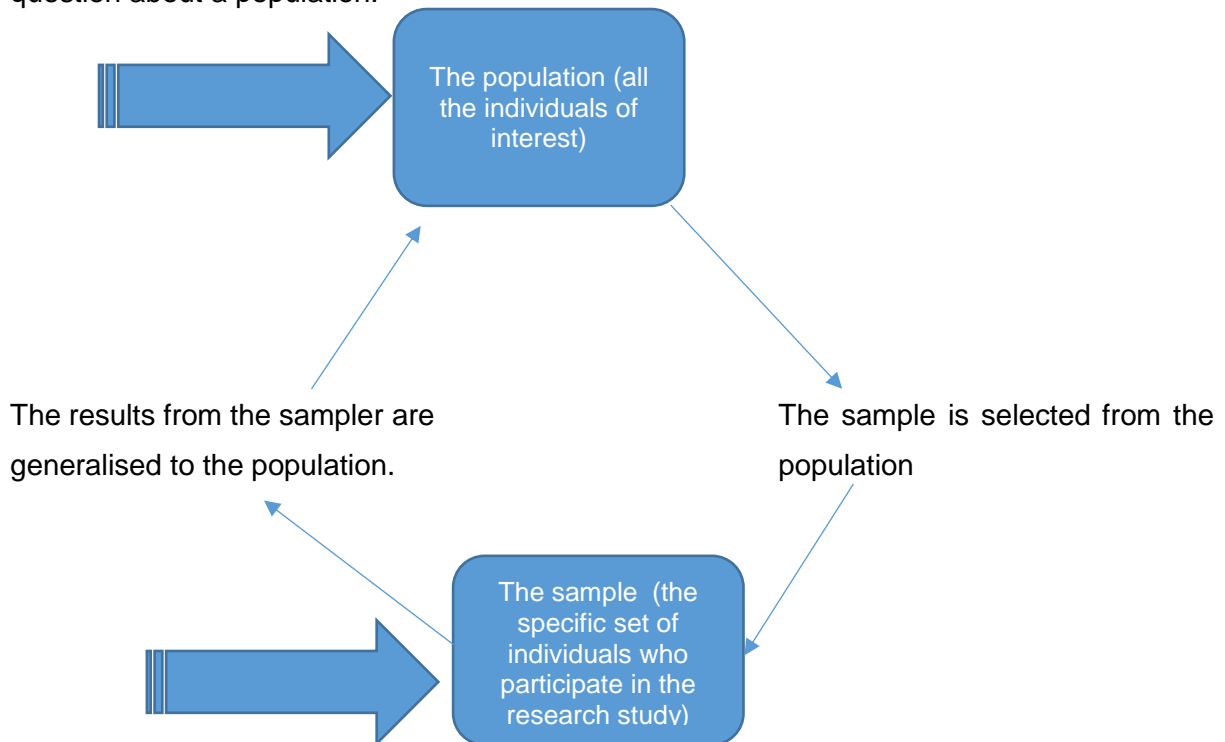
The actual research study is conducted with a sample.

**Source: Gravetter & Forzano (2012:139)**

Having clarified the difference between the population and the sample, the study is confronted
with the challenge of selecting individuals for the sample. There are two sampling methods for
choosing a sample for the study: probability (random) and non-probability (non-random)
sampling (Berg, 2009:49-50). Creswell and Clark (2011:174) describe probability sampling as
a technique used by researchers to select a sample wherein each particular individual in the
population is afforded an equal chance of being selected through the utilisation of
randomisation. By contrast, non-probability sampling is captured as a sampling technique
wherein individuals are sampled on the basis of their accessibility as opposed to
randomisation (Holtzhausen, 2010:170). This implies that their selection cannot be
guaranteed and furthermore, it cannot make statistical inferences about the characteristics of
the population. The study opted to utilise purposive and simple random sampling techniques
which are non-probability and probability in nature to collect qualitative and quantitative data,
respectively (Cozby, 2009:139-140).

The researcher identified the information-rich key respondents/participants (Patton, 2002) who are quite knowledgeable or experienced about the phenomena (Cresswell & Plano-Clark, 2011). Apart from knowledge and experience, factors such as willingness and availability of the participants were taken into account by the researcher. The researcher used his knowledge and expertise to intentionally select public healthcare specialists who are highly experienced with the recruitment, selection and retention to participate in this study. The two sampling techniques presented the researcher with an opportunity to meet public healthcare specialists from different hospitals at different locations and times.

### 6.4.1   Sample size

When determining the sample size for quantitative research, Nadasen (2009:192-193) caution that in some instances prospective respondents might fail to return questionnaires, return questionnaires with incomplete data or put two ticks in one space. The latter would have to be regarded as spoiled. These factors are likely to influence the response rate. Applying a simple random sampling method enabled the study to secure a sample size of 150 who fulfilled the criteria of quantitative research. Out of 150 questionnaires that were distributed, 9 questionnaires had to be disqualified due to incomplete and/or missing data and they were regarded as spoiled: 22 were not returned in spite of probing. The study's final response rate was 119 (79.3%). According to Williams (2003:251 cited Pillay, 2012:220), a response rate exceeding 70% for a self-administered questionnaire is extremely good. It is considered large enough and representative of the population to generate the data that could be generalised to the larger population. The sample comprises of different race groups from different clinical settings.

From this figure, five (5) participants selected through purposive sampling completed the qualitative instruments. Borrego, Douglas and Amelink (2009:57) explain that qualitative research samples are usually small in number as compared to quantitative research samples. According to Mbanze (2005:14), this number of participants is adequate for a qualitative type of research. Shuping (2014:66) state that clear-cut specifications in terms of how big or small the sample is, do not exist. The qualitative aspect required participants to respond to semi-structured interviews which had three themes. The list of the sample size comprised of different race groups from different clinical settings working in these hospitals. The HR managers of these institutions were instrumental in compiling the list for both quantitative and qualitative research. The study now identifies the research methodology that was adopted to collect, analyse and interpret data.

## 6.5    RESEARCH METHODOLOGY

Mouton (2001:56 cited in Vosloo, 2014:318) view research methodology as the process underpinned by theory, collection, analysis and interpretation of data. The point of departure could be the type of instruments used in collecting the data. Hence, the research process embodies assumptions and hypotheses that the researcher has developed to interpret data and arrive at a conclusion. This means that the research methodology is an operational framework containing all the facts necessary to be observed in a study. These assertions seem to suggest that the research methodology forms a link between research objectives and research activities as it contains epistemic content. Both the literature review and empirical study were pivotal when this research was conducted. Consistent with this view, the study adopted an explorative mixed methods research design to determine the perceptions, experiences and knowledge of public healthcare specialists with regard to the implementation of the recruitment, selection and retention.

In line with this exploration, the study used a semi-structured interview (qualitative method) and a self-administered survey questionnaire (quantitative method) to collect data (Seakamela, 2011:179-180). While philosophical differences between the two concepts exist, Molefe (2014:31) hold the view that the research questions can best be addressed by combining both methods. Molefe (2014:33-34) agree with this philosophy and Sale, Lohfield and Brazil (2002:44) add that within healthcare research such a practice is common and acceptable. Since this research was conducted in the healthcare sector, the mixed methods approach is essential in addressing the recruitment, selection and retention as it requires data from different areas of specialties (Clarke & Yaros, 1988). Still with healthcare, the use of mixed methods is also of paramount importance to address the complexities affecting public health programmes (Baum, 1995).

In this regard, this study seeks to understand and interpret the meaning of perceptions, experiences and knowledge of public healthcare specialists on the implementation of the recruitment, selection and retention. The foregoing illustrated that the research methodology is based on the interpretive approach of social sciences research. This research methodology aims to provide an explicit framework for interpretive analysis to address the perspectives of the phenomena. In keeping with the interpretivist paradigm, the researcher seeks to explore the experiences, views, opinions and background of public healthcare specialists. This study embraces the research methodology that is based on interpretivist paradigm (section 6.2.4). The next section examines the research approach adopted by the study.

## 6.6 THE RESEARCH APPROACH

In the research context, an empirical strategy involving qualitative methods (semi-structured interviews) on the one hand while on the other, quantitative methods (self-administered survey questionnaires) was employed to obtain insight into the experiences of the respondents to draw valid conclusions. Vosloo (2014:320) describes the concept 'empirical' as the process of acquiring knowledge through the application of practical and scientific enquiries, experience and experiments. The rationale behind empirical investigation is to gather valid and trustworthy data based on the background of the recruitment, selection and retention (See Chapter 1 on the research problem, research questions and research aims). The mixed methods approach was complemented by phenomenology which seeks to interpret the meaning of the participant's attitudes, perceptions and beliefs about the recruitment, selection and retention (Leedy & Ormrod, 2010:141). Evidently, certain contrasts critical to the study exist between qualitative and quantitative research, and Table 6.1 depicts such characteristics.

**Table 6.1: Qualitative and Quantitative research characteristics**

| Characteristics | Qualitative method | Quantitative method |
|---|---|---|
| Reasoning | Inductive | Deductive |
| Purpose | Describing complex levels of reality and gaining understanding of human experiences | Testing of theory and hypotheses; establishing facts and using them to predict |
| Focus | Examining the full context and face-to-face human interactions | Large samples, using formal instruments to collect numeric data, controlled studies that isolate variables of interests |
| Design | Beginning with an idea that evolves during the research | Structured and developed prior to initiation of the study |
| Data analysis | Interpretive analysis of narrative data | Statistical |

**Adapted from Farmer & Rojewski (2001:113-114 quoting Gay & Airasian, 2000; Patten, 1997)**.

### 6.6.1 Qualitative method

The qualitative method of research as an interpretivist paradigm must be conducted in natural settings (Sale, Lohfeld & Brazil, 2002:45). In this research context, the qualitative method was conducted in clinical settings to understand and interpret the recruitment, selection and retention of public healthcare specialists under investigation.

The qualitative data was organised according to themes and concepts to enable the study to understand the social environment. This understanding was based on inductive logic that supported the theoretical assumptions of the experiences, beliefs, perspectives and meanings of the respondents. The term 'meaning' is considered as a matter of concern for qualitative research (Bogdan & Biklen, 2003) hence, the participant's perspectives of recruitment, selection and retention becomes the focus of this chapter. Qualitative methods of research comprise a small sample that involves the participants who were sampled based on their involvement in the HR activity. Participants that specialise in various clinical disciplines, for example, Anaesthetics as well as their close involvement in the implementation of recruitment selection and retention were chosen. The sample size was found to be adequate for this qualitative type of research (Mbanze, 2005:14).

### 6.6.1.1 Qualitative method of collecting data

This section explains that qualitative research uses different forms of qualitative methods to collect data such as: interviews, focus groups and participant observation (Sale et al., 2002:45). According to Gachie (2014:236),

(i) The researcher takes notes and pictures during the observation;
(ii) The researcher transcribes the individual and focus group interviews;
(iii) The researcher applies artefacts to gain insight to the group of participants;
(iv) The researcher interrogates all documents related to the recruitment process and retention, and
(v) The researcher uses audio-visual materials including audio recordings of participants.

When choosing any of these methods the researcher must ensure that they are linked to the topic and research aims as well as philosophical assumptions underpinning the study. These methods are characterised by certain features that are common to them despite variations in their traditions (Edwards & Holland, 2013:4), and these features include but are not limited to:

(i) Face-to-face dialogue in the form of interactional exchange between the researcher and the researched. According to Mason (2002:62), other terms for the researched include subject, respondent, informant, interviewee and participant. Such terms are used interchangeably in this section.
(ii) Thematic presentation of the topic taking the form of narrative approach.
(iii) Interactional perspective which creates the meanings and understanding of the phenomenon in the construction or reconstruction of knowledge.

Since the thrust of this section is based on interviews of public healthcare specialists they tend to be intersubjective in nature because they enable participants to freely interpret the environment in which they live. Interviews range through a continuum, from structured, through semi-structured, to unstructured interviews (Edwards & Holland, 2013:2). As previously indicated, elements of humanity, according to Phothongsunan (2015:3), are embedded in all types of interviews, and therefore, cannot be escaped. Creswell and Plano-Clark (2011:177) explain that data collected through these instruments can be organised into text data (word) or images (types of pictures). To accomplish the objectives of the study, interviews should be conducted in an environment that resembles the following characteristics (Phothongsunan, 2015:3):

(i) Research questions must enable researchers to understand, explore and interpret the social context;
(ii) Non-probability sampling methods is suggested for choosing participants hence, purposive sampling was used for this study.
(iii) Interview techniques were used as a strategy for data collection because they brought the researcher in contact with the respondents.

Creswell (2012:133) suggests that the above characteristics are likely to yield positive results because the participants will be willing to 'share information' as honestly as possible. According to Fraenkel et al. (2012:452), structured interviews are characterised by inflexibility in terms of asking questions and respondents perceive the interview process as 'mechanistic'. Of particular interest is that all these types of interviews engage a dialogue between the researcher and participants. Structured interviews dictate that researchers must not deviate from the list of questions (or interview schedule) either in wording or sequence (McMillan & Schumacher, 2010). Semi-structured interviews utilise a similar tool of interview schedule but in this case the researcher has the flexibility to probe more deeply, and deviate from the interview schedule where needed (McMillan & Schumacher, 2010). In contrast, in unstructured interviews the researcher does not use an interview schedule. Rather, the sequence and wording of the questions are decided on by the researcher during the interview (McMillan & Schumacher, 2010).

#### 6.6.1.1.1  Semi-structured interview schedule

The questions in the interview schedule (Appendix 'C') are associated with the core question (Jamshed, 2014:3) developed on the basis of the research purpose, literature review and theoretical framework. Interview schedules have been utilised to ensure that the interview remains focused on the stated objective.

The interview schedule was face-validated by a former thesis supervisor. Validation included sequencing and clustering of questions to ensure that they will be in a position to elicit the desired information to address the research questions. Of necessity, certain questions had to be rephrased to remove any ambiguities and uncertainties. Appendix 'C' reflects the final interview schedule utilised during the empirical study.

### 6.6.1.1.2 Semi-structured interviews

The researcher adopted semi-structured interviews to generate data. Semi-structured interviews are widely accepted in research for different healthcare professionals (Jamshed, 2014:3). In addition, it perfectly fit the ontological position where the researcher is interested in the views, beliefs and perceptions of the participants, on the one hand, while on the other, epistemological positioning fosters the researcher-participant dialogue which is deemed to be the only way for gathering data. Over and above, it provided the researcher with some form of flexibility which was evident when allowed to probe the participants to answer the questions, while sticking to the framework of an interview schedule.

### 6.6.1.1.3 Semi-structured interviews as data collection instrument

Semi-structured interviews as a technique to generate data requires an element of sensitivity to the meaning of the recruitment process and retention (Silverman, 2004:140). The popularity of this technique emanates from the fact that it allows the researcher to construct and reconstruct knowledge (Mason, 2002:63). Mohammed (2016:79) indicates that qualitative research is cyclical and non-linear. This implies that qualitative research allows the researcher to repeatedly ask questions that will enable him/her to generate new credible data and gain new insights. From a different perspective, interviewees were freely able to respond to questions without any coercion thus sticking to their own frame of reference. As a result, this technique provided the researcher with an opportunity for deeper probing to obtain their in-depth perspective and understanding about the recruitment process and retention as they have their own interpretations of the subject matter (Thanh and Thanh, 2015:26). According to George (2014:76), with in-depth interviews the researcher explores what the participants think or how they feel about a situation. This exploration is based on the fact that these factors cannot be evidently observed for analytical purposes. Table 6.2 provides the advantages of in-depth semi-structured interviews.

**Table 6.2: Advantages of in-depth semi-structured interviews** .

| Semi-structured interviews |
|---|
| The researcher can clarify questions respondents do not understand (Gall et al., 1996). |
| The researcher can probe respondents' answers to clarify vague or incomplete answers (Cohen et al., 2000; Fraenkel et al., 2012; Gall et al., 1996; McMillan & Schumacher, 2010). |
| The researcher can establish a rapport with respondents which may make it easier for respondents to reveal information that they may not otherwise have mentioned (Gall et al., 1996). |
| The researcher can monitor both the verbal and non-verbal behaviour of respondents (McMillan & Schumacher, 2010). |
| Respondents can answer using words of their own (Schumacher & McMillan, 1993). This can be useful to researchers because it can either support or contradict researchers' perceptions of respondents' viewpoints (Wellington, 2000). |

**Source**: **George (2014:76)**

## 6.6.1.2 Interview protocol refinement (IPR) framework

Interviews provide researchers with rich and detailed qualitative data for understanding participants' experiences, how they describe those experiences, and the meaning they make of those experiences (Rubin & Rubin, 2012 cited in Castillo-Montoya, 2016:811). Given the centrality of interviews for qualitative research, it has become necessary to conduct interviews according to the interview protocol refinement (IPR) framework. A good interview protocol is essential to getting the best information from the interviewees; however, a good protocol does not ensure that you will have a successful interview (Jacob & Furgerson, 2012). Structural questions through the application of IPR enabled the interviewer to discover information about the phenomenon under study. The IPR framework consisting of the four-phase process was found to be most suitable for refining semi-structured interviews (Castillo-Montoya, 2016:811).

**Phase 1: Ensuring interview questions align with the study's research questions**

The first phase focuses on the alignment between interview questions and research questions. This alignment increased the utility of interview questions in the research process. Interview questions are necessary to unravel complex experiences that have not been presented before the researcher. Seidman (2013:9) states that:

> The purpose of in-depth interviewing is not to get answers to questions... At the root of in-depth interviewing is an interest in understanding the lived experiences of other people and the meaning they make of that experience.... At the heart of interviewing research is an interest in other individuals' stories because they are of worth.

The researcher/interviewer must ask questions that are connected to the study's purpose after building rapport (Rubin & Rubin, 2012). For this study, a variety of questions were developed for the interview and the researcher decided on eight (8) interview questions that addressed the research questions (see Annexure G). These questions were marked in the final interview protocol as the key questions to be asked during the interview. Besides aligning the interview questions with research questions the contexts that shaped the participants' lives including their daily practices were taken into consideration. As Patton (2015:471) stated, "you're hoping to elicit relevant answers that are meaningful and useful in understanding the interviewee's perspective. That's basically what interviewing is all about". The next phase deals with protocol supporting an inquiry-based conversation.

**Phase 2: Constructing an inquiry-based conversation**
Maxwell (2013:101) asserts that there is functional difference between research questions and interview questions because the former is formulated based on the what the researcher wants to understand, while the latter asks participants to gain that understanding. For participants to gain that understanding, researchers must develop a protocol that promotes a conversation. In this study, the researcher used his knowledge of contexts and every-day practices of public healthcare specialists to write interview questions that are understandable and accessible to participants. Brinkmann and Kvale (2015:158) stated, "The research questions are usually formulated in a theoretical language, whereas the interview questions should be expressed in the everyday language of the interviewees". It is suggested that jargon must be avoided and the interviewer must ask one question at a time and consider the terms used by participants (Merriam, 2009; Patton, 2015).

Participants were not interrupted during the interview and the researcher indicated his understanding of the subject matter by nodding or other gestures, ask ask clarifying questions, transition from one topic to another, express gratitude, and communicate any intentions to follow up before the interview ends (Rubin & Rubin, 2012). To support the development of an inquiry-based conversation, a script as part of the interview protocol was drafted to guide the interviewer during the interview. Developing a script enabled a smooth transition from one topic to another (Brinkmann & Kvale, 2015; Patton, 2015; Rubin & Rubin, 2012) or one set of questions to another set of questions. For example, between recruitment and selection questions, a researcher said: "Thank you for your responses on recruitment, I would like to now ask you questions regarding selection of public healthcare specialists". A researcher may not read the script word-for-word during an actual interview, but developing a script can mentally prepare the researcher for the art of keeping an interview conversational (Castillo-Montoya, 2016:824).

**Phase 3: Receiving feedback on the interview protocol**

To enhance reliability and trustworthiness of the research instrument obtaining feedback on the interview protocol is necessary. Feedback provides the researcher with information about how well participants understand the interview questions and whether their understanding is close to what the researcher intends or expects (Patton, 2015). Out of a variety of activities that provide feedback on interview protocols Castillo-Montoya (2016:825) suggested: Close reading of the interview protocol. Close reading of the interview protocol is illustrated in Table 6.3.

**Table 6.3: Activity checklist for close reading of interview protocol**

| Aspects of an Interview Protocol | Yes | No | Feedback for improvement |
|---|---|---|---|
| **Interview Protocol Structure** | | | |
| Beginning questions are factual in nature | | | |
| Key questions are majority of the questions and are placed between beginning and ending questions | | | |
| Questions at the end of interview protocol are reflective and provide participant an opportunity to share closing comments | | | |
| A brief script throughout the interview protocol provides smooth transitions between topic areas | | | |
| Interviewer closes with expressed gratitude and any intents to stay connected or follow up | | | |
| Overall, interview is organized to promote conversational flow | | | |
| **Writing of Interview Questions & Statements** | | | |
| Questions/statements are free from spelling error(s) | | | |
| Only one question is asked at a time | | | |
| Most questions ask participants to describe experiences and feelings | | | |
| Questions are mostly open ended | | | |
| Questions are written in a non-judgmental manner | | | |
| **Length of Interview Protocol** | | | |
| All questions are needed | | | |
| Questions/statements are concise | | | |
| **Comprehension** | | | |

| Questions/statements are devoid of academic language | | | |
|---|---|---|---|
| Questions/statements are easy to understand | | | |

**Source: Castillo-Montoya (2016:825)**

The guide sheet for proofing an interview protocol (Table 6.4) was given to Dr E. E. Orisakwe (colleague and Clinical Manager) to examine the protocol for structure, language, relevance, length, wording and writing style. The guide sheet was accompanied by interview questions to verify whether the questions stimulated the subjects to talk about their experiences and feelings. The interview sheet is an important aid that keeps the researcher with needed consistency (Krauss, Hamzah, Nor, Omar, Suandi, Ismail & Zahari, 2009 cited in Abdul Majid, Othman, Mohamad, Halim Lim & Yusof, 2017:1074). Also, were the interview questions easy to understand, short, and devoid of academic language? (Brinkmann & Kvale, 2015:157). In this case, Dr Orisakwe was asked to play an interviewee's role in order to anticipate how he may understand the interview questions and respond to them (Maxwell, 2013).

**Phase 4: Piloting the Interview Protocol**

An interview protocol has been developed in accordance with the study's aim. The interview protocol contained questions which were conversational in nature, but also inquiry-driven. The questions has been examined for clarity and simplicity, and above all, answerability. Feedback received through close reading of the protocol played a role in the examination of the contexts. Based on the close reading of the protocol the revised/refined instrument was piloted at the Port Shepstone Regional Hospital with 3 participants who mirrored the characteristics of the sample to be interviewed for the actual study (Maxwell, 2013). Similar sentiments were shared by Turner (2010; Hennink, Hutter and Bailey, 2011 cited in Abdul Majid et al., 2017:1076). The participants were selected based on purposive sampling and willingness to participate. Table 6.4 summarises the demographic characteristics of the participants.

**Table 6.4: Port Shepstone Regional Hospital employee profiles**

| Pseudonym | Age group | Gender | Position | Specialty |
|---|---|---|---|---|
| Keith | 40-50 | Male | Prof Nurse | Theatre |
| Faith | 40-50 | Female | Prof Nurse | Theatre |
| Dudu | 50-60 | Female | ANM | Theatre |

Merriam (2009:104) affirms that the "best way to tell whether the order of your questions works or not is to try it out in a pilot interview". During piloting, the researcher simulated the actual interview by trying out the research instrument including the recording devices and consent forms (Baker, 1994). The interviews ranged in time between approximately 40 and 45 minutes. The interview should not exceed 90 minutes to consider other commitments of participants (Jacob & Furgerson, 2012). It was noticed that each interview session did not exceed the recommended time frame. This process provided the researcher with a realistic sense of the duration of the interview and to establish whether participants are able to answer questions. Piloting provided the study with an opportunity to make final revisions to interview protocols. Establishing viability of the study was important as the researcher was preparing to launch a full-scale study (Maxwell, 2013), regardless of paradigm (Tashakkori & Teddlie, 2003). More importantly, the pilot study enabled the researcher to acquire interviewing skills as well as obtaining experience in conducting in-depth, semi-structured interviews. For both novice and experienced researchers Castillo-Montoya (2016:828) suggested the use of Interview Protocol Refinement (IPR) method as it provides rich and productive data to answer pressing research questions (see Table 6.5).

**Table 6.5: Interview Protocol Refinement (IPR) Method**

| Phase | Purpose of phase |
|---|---|
| Phase I: Ensuring interview questions align with research questions | To create an interview protocol matrix to map the interview questions against the research questions |
| Phase 2: Constructing an inquiry-based conversation | To construct an interview protocol that balances inquiry with conversation |
| Phase 3: Receiving feedback on interview protocol | To obtain feedback on interview protocol (possible activities include close reading and think-aloud activities) |
| Phase 4: Piloting the interview protocol | To pilot the interview protocol with small sample |

**Source: Castillo-Montoya (2016:828)**

The IPR method assisted the researcher to have a well-vetted and refined interview protocol, which is flexible. In qualitative research, flexibility means that researchers can make changes in the interview protocol and even in research questions, if necessary. The researcher must think carefully if he/she has to effect changes that take place in the study sites. Changes taking place in the interview questions can solicit rich data when they maintain congruence with any changes in the research questions (Jones, Torres & Arminio, 2014).

Indeed, the IPR method was designed to support researchers to fine-tune an interview protocol. The implementation of the IPR method helped the study to gather robust and detailed interview data necessary to address research questions.

### 6.6.1.3 Procedure during the interviews

Consistent with interview protocol, the study adopted an ethnographic interview. According to the website http://csed.engin.umich.edu the following interview procedure was adopted:

**Introduction**: The researcher/interviewer introduced himself to the interviewee and thereafter, stated the purpose of the interview. During the introduction the interviewer addressed all the formalities such as consent forms and recording devices.

**Kickoff**: In line with the interview protocol the Kickoff directly followed the formalities of the introduction. During the Kickoff the interviewer used conversational, yet relevant questions to make participants feel comfortable, and warm them up to answering more complex questions.

**Build Rapport**:

A harmonious relationship between the participant and the interviewer must exist to facilitate better responses (Jacob and Furgerson, 2012). The interviewer commenced with social conversation before the actual interview in order to build a sense of trust. Trust and positive attitude towards the interview enabled free flow of information that resulted in the interview being enjoyable and interesting. It remained important for the interviewer to ensure that the dialogue remains relevant to the topic.

**Grand Tour**: In-depth questions were developed to elicit deeper meaning and understanding of the recruitment, selection and retention of public healthcare specialists. The main purpose of Grand tour questions was to allow the interviewee to express himself/herself at length to answer questions relating to the topic.

**Reflection**: The interviewer had prepared reflection based questions to bridge gaps that were identified during the course of the interview. Reflection also presented the interviewer with an opportunity to clarify statements that were made at different points early on in the interview. It was important for the interviewer to create the skeleton for the types of questions he wanted to ask based on what the interviewee has stated. Question: You said earlier that the moratorium on the filling of posts has impacted negatively on the morale of staff, can you clarify why this is so because the moratorium has not affected critical posts.

**Wrap Up**: The interviewer wrapped up the interview by thanking interviewers for their time. It was important for the interviewer to give a signal that the interview is coming close to an end. Critically important was to let them know how helpful they have been towards the project. Their final thoughts on the interview were solicited especially with regards to their feelings about the entire process. Finally, interviewees were afforded an opportunity to ask questions relating to the interview and such questions were answered in a satisfactorily manner.

According to Jamshed (2014:3), interviews must be recorded and for this research, interviews were tape-recorded using an iPAD. Protagonists of qualitative interviewing believe that recording of the interview keeps the interviewer focused on the content of the interview hence, enabling verbatim transcription of the interview. Permission was solicited from the participants and where the participant felt uncomfortable with the use of the device, note-taking was utilised. Informed consent sheets were distributed prior to the commencement of the interview process. The use of an iPAD was viewed as ideal because it offered better quality sound, it was: very handy and less conspicuous and risky. The use of a recording device is definitely regarded as indispensable when conducting interviews (Fraenkel et al., 2012:457).

Researchers also contend that tape-recording the interview could reduce the risks of interfering with the interview process when the interviewer from time-to-time stops the process and take notes (Fraenkel et al., 2012:457). Allowing continuity of the interview enabled the interviewer to accurately and objectively generate data which would be transcribed from clear recordings thereby providing thorough analysis. Fraenkel et al. (2012) suggest that the interviewer should guard against interrupting the interviewee whilst talking. Again, the interviewer should listen attentively and refrain from being influenced by external variables. The researcher had to be cautious in the approach when asking questions to avoid bias and judgment. Eye contact, use of gestures and voice tone were the communication tactics that were critical in ensuring that the required data is obtained from the interviewees. Such tactics were meant to avoid any misinterpretation which could indicate a true or false answer. Hence, neutrality was the order of the interview process. Interviews were conducted in their clinical settings.

### 6.6.2 Quantitative method

Ngxola (2012:29) identify surveys as an approach in which data is gathered through the use of questionnaires, tests, attitudes, checklists or interviews. In the context of research, testing the central phenomenon could be done through quantitative measurement, namely, the survey approach (Ngxola, 2012:29).

A sample of 119 is considered large enough and representative of the population to generate the data and findings to the larger population (Williams, 2003:251 cited Pillay, 2012:220). To achieve the required number for the sample, some precautionary measures need to be taken into account: (i) ensuring that the researcher avoids ambiguous and confusing questions, and (ii) diplomatic follow-ups are done to ensure the return of fully completed questionnaires for analysis purposes. In the context of this study, a survey approach was utilised as the researcher believed that data collected through this technique would provide relevant answers to the research questions. Consequently, the researcher chose the survey questionnaires compared to other instruments due to the geographical proximity of public healthcare specialists, and also time constraints.

### 6.6.2.1 Quantitative method of collecting data: survey questionnaire

Questionnaires are mostly used to determine the extent to which the participants hold their perceptions and attitudes about the recruitment process and retention. The researcher is of the view that the respondents are likely to provide objective opinions if questions are in a written form rather than subjecting them in an intimidating environment. To achieve the objective, the respondents shall not be influenced when completing the questionnaire. In a nutshell, ethical guidelines should be followed by both the researcher and participants to enhance the validity and trustworthiness of the data. While it is important to keep the objectives of the study in mind when formulating the questions to be used in a questionnaire, a decision should be made whether to use open-ended or closed-ended questions. The drawbacks of such are highlighted in the construction of the questionnaire section. The use of a survey questionnaire has the advantage (Vosloo, 2014:339) of reaching almost all the participants. Anonymity makes the instrument reliable, and also encourages honesty (Cohen et al., 2007:158 cited in Nadasan, 2009:194). Wilkinson and Birmingham (2003:39 cited in Muijs, 2011:38-39) identify the disadvantages. Both the advantages and disadvantages are indicated in Table 6.6.

**Table 6.6: Advantages and disadvantages of survey questionnaires**

| Advantages | Disadvantages |
|---|---|
| The availability of large number of respondents in one facility is less costly and also provides economy of time *vis-à-vis* interviews. The latter requires that questionnaires be sent to a large group of respondents who may be widely scattered (Oppenheim, 1966; van Dalen, 1973; McMillan & Schumacher, 2001). | Effort needed to construct the questionnaire – designing questions that directly relate to the aim of the study requires extensive planning, reading, designing and piloting, as pointed out by Keeves (1988:479): it requires a "great deal of painstaking developmental work". |

| | |
|---|---|
| Quick to administer large numbers of respondents with minimum sophisticated skills and efforts (Fraenkel & Wallen, 1993), unlike the case of interviews. | The poor response rate – this applies especially to mailed questionnaires, as not all the recipients respond, resulting in poor return rates (Oppenheim, 1966; McMillan & Schumacher, 2001). The poor return rate introduces bias and may render the data obtained useless (van Dalen, 1973). |
| The absence of the researcher from the setting gives respondents convenience time to think about their answers thus reducing bias (Galfo, 1975; McMillan & Schumacher, 2001). | Absence of the researcher – should the respondents need clarity on some questions, the researcher is usually not present to offer such clarity. |
| Anonymity and confidentiality of the respondents is ensured by the researcher whose endeavour is to elicit maximum cooperation from the respondents (Oppenheim, 1966; McMillan & Schumacher, 2001). | Scarcity of time to complete the questionnaire is identified as a critical factor which might result in the return of superficial data. |
| Interpretation of results is usually unequivocal because results can be mathematically based on factual statements (Milne, 2007:25). | |
| High return rate from the representative sample is likely possible (Milne, 2007:25). | |

**Source: Adapted from Molefe (2014:34)**

Although the survey questionnaire has some limitations, it is still regarded as the most popular data collection instrument (Shuping, 2014:55) in the area of social research.

### 6.6.2.2 Construction of the questionnaire

The construction of questionnaires entails greater amount of time and care because of its influence on the validity and reliability of the data collected. A review of literature reflects that the design of a high quality survey questionnaire must be attractive and logical (Molefe, 2014:34) and should contain short, relevant and objective statements or questions (McMillan & Schumacher, 2010:195). This implies that a researcher needs to be creative when designing, adapting or developing a survey questionnaire. The questionnaire should be piloted thoroughly to check all aspects, including the font, explain McMillan and Schumacher (2010:195). The reason for piloting the questionnaire is that it affects the validity of data as well as the response rate. A poorly designed survey questionnaire has the potential to constrain the effectiveness of data collection.

To improve the reliability of the survey questionnaire, it is imperative for the researcher to meticulously perfect the wording of the questions, and also to ensure that such questions deals with the research problem. There are, however, some criticisms leveled at the use of a survey questionnaire (Vosloo, 2014:338): (i) unwillingness to reply; (ii) inability to reply; (iii) inability to find respondents, and (iv) finding respondents: due to distance, communications becomes extremely difficult. Shuping (2014:55) adds excessive non-response rates, poorly-constructed items, a questionnaire dealing with trivial issues, and the complexity of synthesising data from the questions to this list.

A researcher must ensure that sufficient data is collected from the participants who mirror similar characteristics as those who did not respond. The danger about low response rate is that generalisation of the results would introduce bias. However, it is argued that the use of self-administered survey questionnaires is perceived as an instrument for participants who are unwilling to put effort into research. This argument is based on the perception that in this instrument participants simply just tick answers from those given. It is assumed that the use of unstructured questionnaires requires more time from participants who always complain about the scarcity of time. This perception sometimes leads to reluctance in completing questionnaires. To this end, the aim of administering the survey questionnaire in these hospitals was to determine the factors and perceptions affecting the recruitment process and retention. Ultimately, the completed questionnaires were imported into MS Excel and SPSS programmes.

### 6.6.2.3 Questionnaire format and content

Both questionnaires (Annexure 'A' and Annexure '1') are divided into four (4) sections. The former was completed by HoD/HCU, ANM and OM while the latter was completed by medical specialists, professional nurses with specialty training/advanced nurse midwives. They are structured as follows:

*Section 1*: The purpose of this section is to extract biographical information such as age, gender, race, specialty qualifications, experience, and position held according to the hierarchical structure of the institution.

*Section 2*: This section focuses on the recruitment (pre-selection process) activity to determine the extent of the line managers' involvement in the recruitment, selection and retention of public healthcare specialists as well as their ability to screen applicants against the set criteria.

*Section 3*: This section deals with the recruitment (selection) activity. The main intention is to establish the type/nature of the interview used by the selection committee whether it yields the desired objective.

*Section 4*: This section examines the factors and perceptions affecting the recruitment, selection and retention: working conditions and environment; salary packages and benefits; decision-making processes; delegations of authority, institutional cultures, supervisory support and favouritism in lieu of unfair discrimination, for example, political affiliations or race or gender.

### 6.6.2.4 Piloting the questionnaire instrument

Pre-testing of research instruments is defined as a feasibility study conducted after a research topic and research questions, data collection techniques and methods have been formulated (Calitz, 2009:157-258). Trying-out the research techniques of questionnaires and interviews to a small number of selected individuals is essential to determine ambiguous statements or concepts related to the structuring of the questions (Wilkinson & Birmingham, 2003:52) before the final measuring instrument was distributed for completion. This experiment is called a pilot study which is usually conducted in preparation of the complete study (Shuping, 2014:57; Vosloo, 2014:343-344). Hence, pilot testing is conducted to participants who mirror the researcher's sample and criteria. This method affords the researcher with an opportunity to identify any shortcomings, flaws, weaknesses or problems associated with the measuring instrument, and thereafter, correct any imperfections (De Vos et al., 2011a:237).

Pre-testing of the measuring instrument was conducted with 21 respondents who fulfilled the criteria, including 3 HoDs and 1 OM and semi-structured interviews were conducted to one (1) ANM and two (2) professional nurses with specialty training working at the Port Shepstone Regional Hospital. The study adopted similar selection criteria for the pre-trial study as for the final instruments. The input gathered from the pre-trial of the tool indicated few significant changes to be effected in the final instrument. The final questionnaire was discussed and approved by a former thesis supervisor as well as a colleague who is an expert on the development of measuring instruments (Annexures 1 and A).

### 6.6.2.5 Administration of the final instrument

The final questionnaire was administered to 119 respondents comprising of HoDs/HCUs, ANMs, medical specialists, professional nurses with specialty training and advanced nurse midwives working at the three hospitals.

The questionnaire was accompanied by a covering letter (Annexure 1, Appendix A: HoDs and ANMs/OMs and Annexure 1; Appendix A: medical specialists, professional nurses with specialty training/advanced nurse midwives). Both covering letters provided the respondents with an explanation on how to complete the questionnaire as well as the purpose of the research. The covering letter inserted a clause regarding anonymity. On obtaining the gatekeepers authority, the researcher was able to gain access to the facilities to distribute the self-administered questionnaires to the participants. The assistance and cooperation of Medical and Nurse Managers was elicited since the respondents fell within the scope of their jurisdictions. This cooperation resulted in the majority of questionnaires being brought back timeously, which proved that working with line managers can yield positive results. Notwithstanding, there were some exceptions where the researcher had to repeatedly follow-up through phone calls, personal interactions, and emails to obtain the questionnaires. In some cases, the questionnaires were reported to be either misplaced or lost whereupon an additional copy was given.

## 6.7. Documentation as a secondary tool

The study acknowledges that secondary data instrument has long been applied in the social sciences research, and therefore its application enabled the researcher to gain deeper insights into the recruitment, selection and retention (Gachie, 2014:242). According to Shuping (2014:59), documentation serves as a secondary instrument that gathers information which does not involve direct human interaction of respondents. Therefore, the researcher can garner data from public sources such as books, newspapers, letters and official documents. In addition to the HR policies, the study reviewed the KZN Provincial Treasury policies with regard to their impact on the recruitment, selection and retention. From the national government perspective, the review and assessment of documentation involved but was not limited to statutory and regulatory frameworks:

(i) *White Paper on Human Resource Management in the Public Service, 1997;*

(ii) *White Paper on Affirmative Action, 1998;*

(iii) *White Paper on Transformation of the Public Service, 1995;*

(iv) *National Development Plan Vision 2030 by the National Planning Commission, 2011;*

(v) *National Department of Health Strategic Plan (2017-2022);*

(vi) *South African Human Rights Commission Reports;*

(vii) *Commission for Employment Equity Reports,* and

(viii) All other government related Acts and Regulations.

This chapter concludes with data analysis procedures which subsequently provided the interpretation of the meaning of the central phenomena, discussed in the next section.

## 6.8 DATA ANALYSIS

It is logical that once data has been collected it should be analysed. Data should be analysed in terms of Morse's (1994) analytical framework: (i) comprehension, (ii) synthesis, (iii) theorising and (iv) re-contextualisation (Houghton, Casey, Shaw & Murphy, 2013:13). Data analysis is largely dependent from the type of data collected including the sample size, through research design, to research process (Gachie, 2014:245). Data analysis must be arranged in terms of the following steps (Mohammed, 2016:91):

(i) Firstly, data must be prepared and organised according to either hospitals or chronological order or individuals or different groups under examination.

(ii) Secondly, the exploration of the 'initial review' provides the researcher with the general overview of the data that was collected. This review determines whether or not sufficient data was collected. The review allows the researcher to re-collect additional data if he/she is convinced that the required data is not sufficient to be generalised to the entire population.

Similar to Gachie's assertion above, the following guidelines for research analysis process are suggested (Creswell, 2009:200-202):

(i) Quantitative data collected through survey questionnaire must be checked for accuracy, completeness, and uniformity with the sole purpose of identifying and eliminating errors and mistakes made by respondents;

(ii) Qualitative data should enable researchers to effectively interpret the overall meaning of the information to be generalised to the entire population. Qualitative data must be able to provide the researcher with a sense to read the ideas generated by participants;

### 6.8.1 Quantitative - IBM SPSS Statistics analysis

For this study, quantitative data was analysed using IBM SPSS Statistics. Descriptive statistics were run to produce and present basic features of the study sample in the form of frequencies, percentages and some measures of central tendency. The one-way analysis of variance (ANOVA) method was used to test the significance of differences in perceptions of the recruitment, selection and retention factors based on the respondents' biographical profiles.

Where the ANOVA indicated statistically significant differences in respondents' perceptions, the Tukey HSD test was performed, to identify those differences among public healthcare specialist groups. Linear regression analysis was conducted to examine the relative impacts on retention of the various recruitment and selection factors assessed in the study. All the multivariate and statistical significance testing was done at the 95% confidence level.

### 6.8.2 Qualitative - thematic analysis

The thematic analysis process is intended to interpret the data to identify the connection between the variables associated with the research aims. Data analysis involves the coding process, that is, data collected is organised according to themes and concepts. Interviews were audio recorded and then transcribed into transcripts hence, the thematic analysis of data. The thematic analysis is exemplified by the division of all the enabling factors and perceptions that constrain the recruitment, selection and retention. The researcher was able to interpret the meaning of data. According to Onwuegbuzie and Teddlie (2003:350), this step created an opportunity for the researcher to search for emerging patterns, concepts and data explanation.

### 6.8.3 Triangulation of data analysis

In social science, triangulation is defined as the mixing of data or methods so that diverse viewpoints or standpoints cast light upon a topic (Olsen, 2004:3). Shuping (2014:50) describes triangulation as a research method that enables the researcher to use a different method or sources to corroborate each other when studying a particular phenomenon. Mixing the use of survey data with interviews and documentation, is a more profound form of triangulation. In the research context, data was sourced and triangulated using three methods as depicted in Figure 6.6.

**Figure 6.6: Triangulation of data analysis**
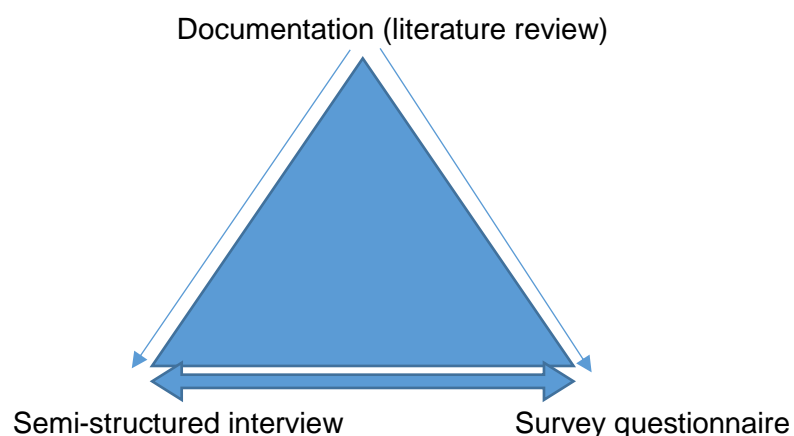
Figure 6.6 facilitated deeper understanding of the phenomenon being investigated where both semi-structured interviews and survey questionnaires represented primary method, and documentation (literature review) represented a secondary method. Grounded in the conceptualisation of the research process through the mixed methods design, the researcher ensured that the research results from both methods are connected to each other, contributing to the development of the model and checklist described above. For the purpose of this study, the triangulation enabled the researcher to establish the factors and perceptions affecting the recruitment, selection and retention of public healthcare specialists. The rigour or the integrity of the study is outlined in the next section.

## 6.9 RIGOUR OF THE STUDY

Rigour is the scientific work embodying stages of the research work, namely, planning, developing, analysing and evaluating research including results presentation (Allende, 2004). Therefore, adherence to the truth is of utmost importance in rigour to uncover prejudices during the interpretation of results. In cementing the truth, a famous biochemist, Dr. Efraim Racker, once said "there's nothing sadder than an ugly fact destroying a beautiful idea" (Allende, 2004). In keeping with rigour, a beautiful idea can be destroyed by facts. Based on rigour, it is extremely important to assess the quality of this research since its findings are likely to be incorporated and applied into healthcare practice. This assessment will enable researchers and public healthcare specialists to evaluate the reliability of the research with regard to the utilisation of the research methods, and ultimately the integrity of the findings. Noble and Smith (2015:34) explain that quantitative research embraces concepts such as validity, reliability and generalisability since they are rooted in positivism paradigm. Golafshani (2003) argues that both validity and reliability are deeply rooted in the positivist perspective, for which reason their use should be redefined in their naturalistic approach.

There are ongoing arguments regarding the utilisation of such concepts to evaluate qualitative research (Mohammed, 2016:91) because of their philosophical differences and purposes. On closer scrutiny, Guba & Lincoln (1985) posit that trustworthiness of a research study is critical in evaluating the research, and involves (i) credibility, (ii) dependability, (iii) confirmability and (iv) transferability (Houghton et al., 2013:13). These concepts are closely related to the concepts of validity and reliability that are applicable to quantitative research. In a similar vein, rigour of qualitative research can only be evaluated through four criteria (Guba & and Lincoln, 1985). In essence, all of the above criteria can be regarded as the framework that needs to be applied in research to determine the rigour of the study, and are briefly discussed next.

### 6.9.1 Validity

Validity is used in a quantitative study to accurately measure the extent of what is supposed to be measured in terms of quality (Heale & Twycross, 2015). Acccording to Pillay (2012:220), validity determines whether the research truly measures that which it was intended to measure or how truthful the research results are. For example, the self-administered survey questionnaire for this study is supposed to measure the recruitment, selection and retention but if it measures, for instance, performance management systems it should not be considered as valid.

### 6.9.2 Reliability

Reliability is used in a quantitative study to test the consistency or the repeatability of the findings (Cho, Schunn & Wilson, 2006:893). In other words, would the same self-administered survey questionnaire consistently yield the same results if repeated immediately and the conditions remain unchanged? In the same vein, Joppe (2000:1 cited in Pillay, 2012:220) confirms that reliability refers to "the extent to which results are consistent over time and an accurate representation of the total population under study is referred to as reliability, and if the results of a study can be reproduced under a similar methodology, then the research instrument is considered to be reliable". Cohen, Manion and Morrison (2007:57 cited in Shuping, 2014:57) maintain that validity and reliability of the questionnaires can be tested by seeking responses to the following two questions:

(i) Whether the respondents will complete the questionnaires with honesty, accuracy and correctly; and

(ii) Whether those respondents who were unable to bring back their questionnaires would have provided almost similar answers as those who returned the questionnaires.

For the purposes of this study, the former was addressed by conducting self-administered survey questionnaires, while the latter was done by making constant follow-up with non-respondents. Bitsch (2005:81) argues that the criteria used for evaluating quantitative research cannot be exported to qualitative research.

### 6.9.3 Credibility

Credibility is defined as the truth of the research findings (Holloway & Wheeler, 2002; MacNee & McCabe, 2008) which establishes whether or not the truth highlighted in the research findings reflect plausible information extracted from the respondent's original data (Anney, 2014:276).

Credibility also suggests that the findings reflect the correct interpretation of the respondents' opinions. Several techniques to increase the credibility of the study are suggested by Fraenkel and Wallen (2003 cited in Janse van Rensburg, 2009:45):

(i)  The interviewee should be allowed to take his/her time during the interview to get acquainted to the interviewer so that he/she could begin to conduct himself/herself in a natural way;

(ii) Alternatively, data could be collected in as many contexts and situations as possible to have a complete picture of the phenomenon being investigated.

For this study, the researcher used both primary and secondary methods of data collection to add credibility to the study.

### 6.9.4  Dependability

Dependability parallels the concept of reliability. Dependability refers to how stable the data are over a period of time (Anney, 2014:276). This means that if the study could be repeated under the same conditions, the same findings would be yielded. This criterion emphasises that the ever-changing context and content during the data collection process needs to be accounted for by the researcher. Therefore, it is incumbent upon the researcher to explain the changes that have the potential to affect the study. This assertion suggests that dependability is closely connected to credibility (Shenton, 2004:71). Dependability possesses similar characteristics to that of credibility in that it enables prospective researchers to repeat the research to obtain similar findings.

### 6.9.5  Confirmability

Shenton (2004:71) adds that confirmability is concerned with the extent to which the researcher confesses his own liabilities. From a different perspective, the researcher is required to be objective in his approach and where necessary, he should indicate any claims of personal biases or prejudices (Janse van Rensburg, 2009:46). According to the author quoting Mackey and Gass (2005), such claims would enable the second researcher to confirm, modify or refute the initial interpretations as they contain the elements of impartiality and precision of the data (Tobin & Begley, 2004:32). In this study, the three HR managers were granted the opportunity to confirm whether the identification of line managers (HoDs and ANMs) would yield better results in addressing the research problem.

### 6.9.6  Transferability

Transferability is the extent to which a particular finding is transferable to other similar contexts or with other participants (Bitsch, 2005:85): drawing from Tobin and Begley (2004) above, it is deemed to be interpretivist in nature equivalent to generalisability. Pandey and Patnaik (2014:5749) argue that in qualitative research it is difficult to transfer the findings and conclusions of one study to other contexts or situations because such findings are only applicable for a particular population. Therefore, consideration of the ethical issues highlighted in the next section needs to be invoked if other researchers intend to conduct similar research under similar contexts. The next section highlights the importance of ethical measures.

### 6.10  ETHICAL ISSUES

Gathering of data in social sciences research is a critical aspect as it involves humans and therefore, their values and principles must not be compromised. Whilst conducting research, researchers should be aware that they are not intruding on the participants' private life (Thomas, 2010:324) which thus requires the upholding of ethical issues during and after the research had been conducted. To regulate the behaviour and conduct of the researcher, ethical guidelines have been introduced to enable the researcher to take informed and proper decisions (Gravetter & Forzano, 2009). With ethical guidelines in place, participants deserve to be treated with dignity and respect (Creswell, 2003). In the same vein, the researcher must display honesty when reporting the results of the study. To ensure the legitimacy of the study the following documents were attached:

(i) Ethical clearance from the University of KwaZulu-Natal (Protocol Reference Number HSS/1492/014D).
(ii) Letter of authority granted by the Secretary-General for Health:KZN (Reference Number HRKM 018/15).
(iii) Gatekeeper's letters from the three facilities.

The inclusion of these documents helped the study in removing any fears and doubts that the respondents might have had about the completion of the questionnaire. To maintain confidentiality, a coding system was used to ensure anonymity of the respondents . The next section summarises the chapter.

## 6.11    SUMMARY

This chapter introduced and presented the philosophical assumptions of ontology and epistemology based on interpretivisms as a paradigm. The alignment of the research design to interpretivisms, was explored. The chapter effectively dealt with the sampling techniques as well as the reasons for choosing simple random and purposive sampling. The research methodology used for this study was discussed. This methodology included both qualitative and quantitative research approaches. Thereafter, the chapter comprehensively discussed and explained both primary and secondary instruments used in data collection namely, self-administered survey, semi-structured interviews and document analysis. The chapter continued with data analysis procedures which were subsequently followed by the interpretation of meaning. It also highlighted the manner in which rigour was achieved for this study as well as, finally, ethical measures. The next chapter discusses the presentation of the data collected during this investigation.

# CHAPTER 7

## RESEARCH FINDINGS, ANALYSIS AND INTERPRETATION

### 7.1 INTRODUCTION

Chapter 6 explained the quantitative and qualitative methods of research. This chapter presents the research findings, analysis and interpretation of data that will be used to establish the concepts and themes for research conclusions and recommendations. The literature review undertaken in Chapters 2, 3, 4 and 5 have informed this chapter. Data analysis was conducted in accordance with the construction framework of the survey questionnaires and semi-structured interviews. These instruments were ultimately presented in table format for ease of understanding and comprehension. The three hospitals that participated in the study were coded in terms of the Ngwelezane [1], Queen Nandi [2] and Stanger [3]. This chapter assesses the significance of differences in perceptions of the recruitment, selection and retention factors. The two factors conceived of as independent variables in the analysis were pre-selection process and selection process while retention was treated as the dependent variable throughout the analysis.

The chapter comprises five (5) sections and is structured as follows: Section 7.2 unveils the research instruments used to collect primary data. Section 7.3 deals with quantitative data analysis. In this section, there is a need to report on the reliability of the questionnaires as part of the two most important aspects of precision, namely, reliability and validity. This section provides personal/demographic information that is descriptive in nature. Respondents are requested to provide some information that would offer insight into existing staffing patterns within their facilities. Furthermore, they are asked to rate a list of factors pertaining to recruitment, selection and retention based on a 5-point scale where 1 represented "poor, 2 "slightly poor", 3 "moderate", 4 "good" and 5 very good". This section also examined the relative impacts on retention of the various recruitment and selection factors through linear regression analysis. Section 7.4 presents qualitative data analysis. In this section, the thematic analysis process is used to interpret the data in order to identify the connection between the variables associated with the research aims. Data collected is organised according to themes and concepts (coding process). Section 7.5 summarises the chapter.

## 7.2 PRIMARY DATA RESULTS

Primary data was collected directly from the respondents and participants in the form of a survey-questionnaire and semi-structured interview, respectively (Chapter 6). These two instruments contained questions that were compatible with the objectives of the study, and were structured to answer the research questions stated in Chapter 1. The results of the primary data are interlinked with the literature review and are presented in Parts A (Quantitative) and B (Qualitative).

<div align="center">

**PART A**

</div>

## 7.3 QUANTITATIVE DATA ANALYSIS:

The survey questionnaire was conducted to examine the relative impacts on retention of the various recruitment and selection factors. These factors included: (i) pre-selection process, (ii) selection process and (iii) retention strategy.

### 7.3.1 SUMMARY OF THE RESULTS FROM QUESTIONNAIRE

A response rate of 79.3% for a self-administered survey questionnaire from the three hospitals was achieved. The questionnaire was completed by N=15 HoDs/HCUs, N=14 ANMs, N=13 OMs, N=14 medical specialists (Annexures 1), N=57 professional nurses with specialty training and N=6 registered nurse midwives (Annexures A). The questions contained in these two Annexures served as a denominator for all respondents in terms of findings. As the two questionnaires were not exactly the same, there was a need to report the reliability of the questionnaires as part of the two most important aspects of precision, namely, reliability and validity.

### 7.3.1.1 Reliability

As highlighted in Chapter 6.9.2, reliability ensures that the instrument is used to measure the concept or object that it is supposed to measure. In this regard, the instrument is used as a predictor to assess factors and perceptions affecting the recruitment, selection and retention of public healthcare specialists. Based on scores obtained from summated scales, similar and inter-related items should be declared reliable, if and only if, the candidate's responses are reliable. Kirk and Miller (1986:41-42 cited in Pillay, 2012:220) identified three types of reliability for quantitative research: (i) the degree to which a measurement, given repeatedly, remains the same: (ii) the stability of a measurement over time, and (iii) the similarity of measurements within a given time period. Bajpai and Bajpai (2014 cited in Namdeo and Rout, 2016:1371) states that "if a measurement device or procedure consistently assigns the same score to individuals or objects with equal values, the instrument is considered reliable".

Internal consistency is one of the strategies for estimating reliability as it measures multiple items simultaneously. This view is supported by Lee (2012:122) who state that internal consistency reliability should be measured by Cronbach's alpha. According to Melanie (2012), the range of Cronbach's alpha normally is between 0 and 1 http://www.bookchubby.net/book/questionnaire-evaluation-with-factor-analysis-and.html. It means that the coefficient value is equal to 1.0. Namdeo and Rout, 2016:1371) provided the following rubric or rules of thumb:

If the value of alpha is:
 >0.9 = Excellent,
>0.8 =Good,
>0.7 = Acceptable,
>0.6 = Questionable,
>0.5 =Poor,
<0.5 = Unacceptable.

For the coefficient values to be acceptable, Mohamad, Sulaiman, Sern and Salleh (2015:165) state that the reliability value should be between α = .70 and .99.  However, *ceteris paribus* prescribes that the coefficient value will normally rise for items with more variables, and decrease for items with fewer variables. For this study, the Cronbach's Alpha coefficients were run separately for the HODs and MedProfs (Table 7.2) and the respective values are shown in Table 7.1.

**Table 7.1: Reliability of co-efficient values**

| Category | Cronbach's Alpha |
| --- | --- |
| MedProfs | 0,988 |
| HoDs | 0,942 |

These values are based on the final list of statements that were included in the analysis; both were above 0.70 and thus prove sufficient reliability. They indicated a high degree of excellence which suggests that internal consistency of the items in the scale is considered acceptable. As a result of the reliability measures above α=0.9, it may be concluded that almost all the factors contained in self-administered survey questionnaires are internally consistent and reliable to assess the perceptions of public healthcare specialists. Validity is another important precision that embraces quantitative research. Although the instrument has been accepted as reliable due to high score of Cronbach's alpha, it cannot be claimed that it is valid.

**7.3.1.2 Validity**

As validity accurately measure the extent of what is purported to be measured in terms of quality (Chapter 6.9.1), this study has attempted to avoid vague representativeness to ensure accurate presentation of data. Validity according to Crewell (2005), enables the study to draw acceptable conclusions from the sample population of 119 participants.

**7.3.2 Descriptive statistics**

This sub-section focuses on personal/demographic information that is descriptive in nature. Crossman (2017) describes descriptive statistics as the representation of the entire population or sample of it (http://www.thoughtco.com). Cohen, Manion and Morrison (2009:63) point out that it is a sub-set of statistics that describe, explain, portray, express and present data that cannot be generalised to any other population. It simply describes what is going on in a population or sample or data set. Descriptive statistics allows the researcher to select sample characteristics that may influence his/her conclusions and also provides the researcher with the basic idea and insight into the data and information that will be used in the subsequent analysis stage of the research (Pillay, 2012:222).

Once the data is collected, statistical analysis involving frequency counts and frequency distributions, graphical representations of data and summary statistic commences (Graziano & Raulin, 1997:96 cited in Govender, 2011:183). Frequency distributions are usually univariate (one variable only) but may be bivariate (including two variables) in nature (Thompson, 2009:58). The latter is often presented as a table with the name and values of one variable across the top and the name and values of the second variable down the left side. Statistical analysis enables the researcher to make comparisons between different data sets (Larson, 2006:76) by identifying the smallest and largest values. In this regard, it is easy to establish the trend or changes over a certain period of time. According to Al-Benna, Al-Ajam, Way and Steinstraesser (2010:343), healthcare research articles utilise descriptive methods that include measuring the mode, median and mean. Thompson (2009:58) describes these variables as follows:

(i) The mode is regarded as the lowest level measure of central tendency for nominal level data. In this study, the age group that is represented by the most subjects is the mode.

(ii) The median refers to the value that is in the exact middle of the sample, that is, half of the subjects lie above this value and half of the subjects lie below it.

(iii)    The mean (or average) is regarded as the most common measure of central tendency that is calculated by adding up the value for all subjects and dividing by the total number of subjects (n).

For this study, descriptive statistics were run to produce and present basic features of the study sample in the form of frequencies, percentages and some measures of central tendency. All the multivariate and statistical significance testing was done at the 95% confidence level.

### 7.3.3 Biographical Information

The survey collected biographical information necessary for profiling the research respondents as well as enabling subsequent analysis of the results according to the different respondent categories. A total of 119 respondents took part in the study and the composition of the study sample in terms of geographic, demographic and other background information is presented below.

### 7.3.3.1 Hospitals

The total study sample comprised 56 respondents (47%) from Ngwelezane Hospital, 46 (39%) from Stanger Hospital and 17 (14%) from Queen Nandi as shown in Figure 7.1 below.

**Figure 7.1: Hospitals covered in the study**
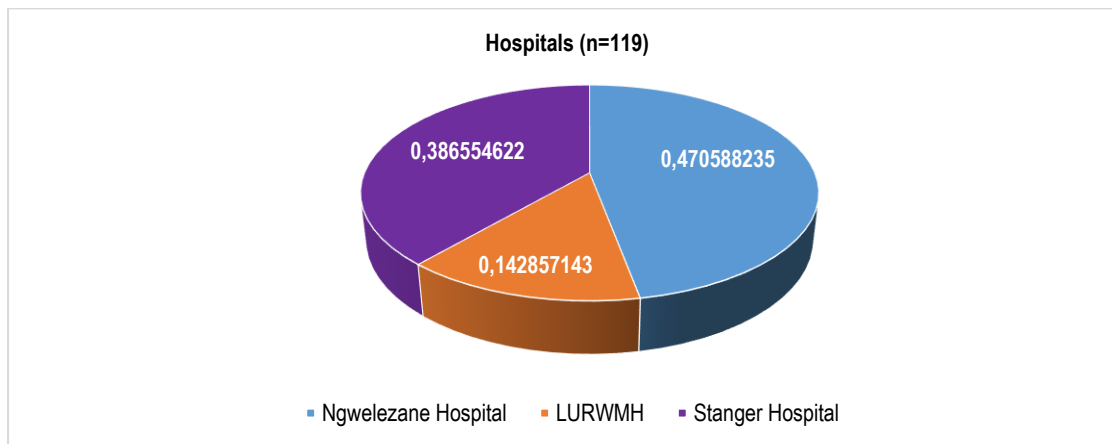


### 7.3.3.2 Position

A total of 42 individuals (35%) were classified as Heads of Departments while the other 77 (65%) were classified as Medical Professionals. Altogether, the respondents fell into six specific positions as shown in Table 7.2 and close to half (48%) of them were professional nurses with specialty.

**Table 7.2: Position of staff**

| Category | Position | N | % |
|---|---|---|---|
| Heads of Departments | Head of Clinical Unit | 15 | 12.6% |
| | ANM with specialty | 14 | 11.7% |
| | OM with specialty | 13 | 10.9% |
| Medical Professionals | Medical specialist | 14 | 11.7% |
| | Professional nurse with specialty | 57 | 47.9% |
| | Registered nurse midwives | 6 | 5.2% |
| **Total** | | **119** | **100%** |

### 7.3.3.3 Fields of specialty

Table 7.3 lists the areas of specialisation for the 119 study participants and shows that 20% of them were in Critical Care. These were followed closely by those in Obstetrics & Gynaecology (18%) and Operating Theatre (15%). Altogether, there was a wide spread in relations to the fields of specialty amongst the respondents.

**Table 7.3: Fields of specialty**

| Specialty | Number of respondents | Percentage |
|---|---|---|
| Critical Care | 24 | 20.1% |
| Obstetrics & Gynaecology (O & G) | 22 | 18.4% |
| Operating Theatre | 18 | 15.1% |
| Trauma | 12 | 10.1% |
| Paediatrics | 11 | 9.2% |
| Orthopaedics | 9 | 7.5% |
| Opthalmology | 4 | 3.4% |
| Primary Health Care | 4 | 3.4% |
| Psychiatric | 3 | 2.6% |
| ENT | 2 | 1.7% |
| Radiology | 2 | 1.7% |
| Urology | 2 | 1.7% |
| Dermatology | 2 | 1.7% |
| Nephrology | 2 | 1.7% |
| Internal medicine | 2 | 1.7% |
| **Total** | **119** | **100%** |

### 7.3.3.4 Number of years in fields of specialty

The number of years that the respondents had in their respective areas of specialty is shown in Table 7.4 and, overall, almost half (48%) had been in those specialisations for between 6 and 10 years.

**Table 7.4: Number of years in area of specialty**

| Position | N | Number of years in area of specialty | | | |
|---|---|---|---|---|---|
| | | 0-5 years | 6-10 years | 11-15 years | 16 years+ |
| Head of Clinical Unit | 15 | 20% | 40% | 27% | 13% |
| ANM with specialty | 14 | 0% | 43% | 14% | 43% |
| OM with specialty | 13 | 31% | 46% | 15% | 8% |
| Medical specialist | 14 | 29% | 36% | 21% | 14% |
| Professional nurse with specialty | 57 | 21% | 54% | 12% | 13% |
| Registered nurse midwives | 6 | 33% | 50% | 17% | 0% |
| **Total** | **119** | **21%** | **48%** | **16%** | **15%** |

In view of the above results, the 43% of ANMs with 16 years or more experience appears to standout as the category that has been more exposed in the implementation of the recruitment process and retention of public healthcare specialists. Their responses and comments can be regarded as reliable and valid. Based on Table 7.4, the study considers their input as fairly credible. However, categories with 6 to 10 years experience in a specialty area have an equal balance of fairly limited exposure to this HR activity. This is supported by the high percentages of 40%, 43%, 46%, 36%, 54% and 50% for HoDs/HCUs, ANM with specialty, OM with specialty, Medical specialist, Professional nurses with specialty and Registered nurse midwives, respectively.

### 7.3.3.5 Gender

In total, about 8 in 10 of the study participants were females. Although males made up only 21% of the overall sample, they comprised the majority amongst medical specialists at 57% as well as amongst heads of clinical units (60%).

**Figure 7.2: Gender**



Gender

| Category | Male | Female |
|---|---|---|
| Total (n=119) | 0,210084034 | 0,789915966 |
| Registered nurse midwives (n=6) | 0,166666667 | 0,833333333 |
| Professional nurse with specialty (n=57) | 105263158 | 0,894736842 |
| Medical specialist (n=14) | 0,571428571 | 0,428571429 |
| OM with specialty (n=13) | 76923077 | 0,923076923 |
| ANM with specialty (n=14) | | 1 |
| Head of Clinical Unit(n=15) | 0,6 | 0,4 |
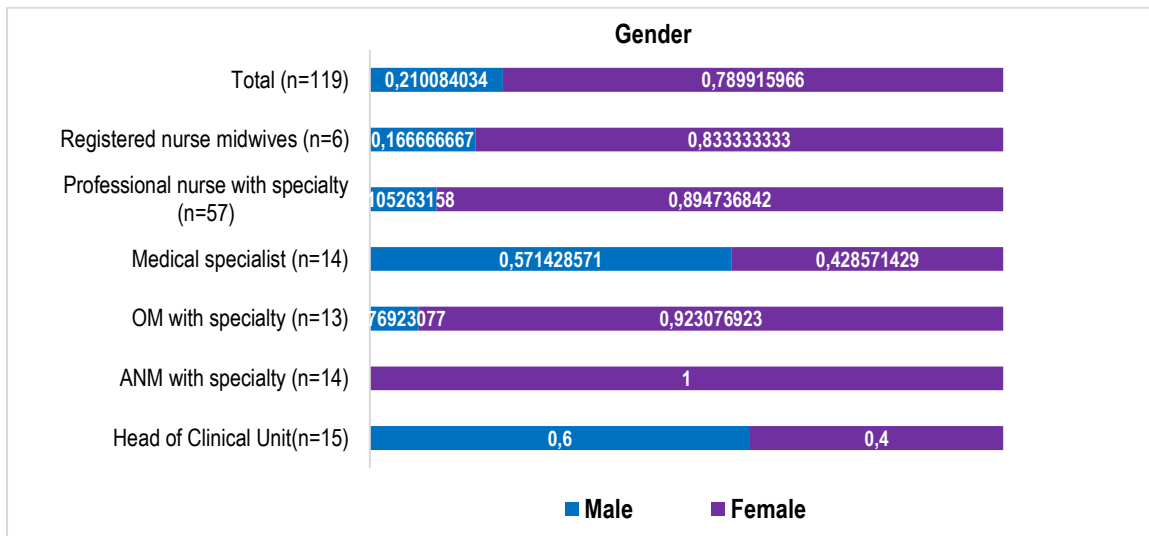
■ Male   ■ Female

This gender profile is in line with the South Africa's National Policy Framework for Women's Empowerment and Gender Equality, which advocates parity in the public sector. On average, there are more females working in clinical specialties than males, but not among Heads of Clinical Department/Unit and medical specialists.

### 7.3.3.6 Age

The age spread of the respondents is shown in Figure 7.3 and the largest percentage (38%) fell in the 51-60 years age bracket, followed by the 31% in the 41-50 years range. In total, therefore, about 7 in 10 of the respondents were aged between 41 and 60 years.

**Figure 7.3: Age of participants**



Age (n=119)

| 21-30 | 31-40 | 41-50 | 51-60 | 61 and more |
|---|---|---|---|---|
| 0,03 | 0,13 | 0,31 | 0,38 | 0,15 |
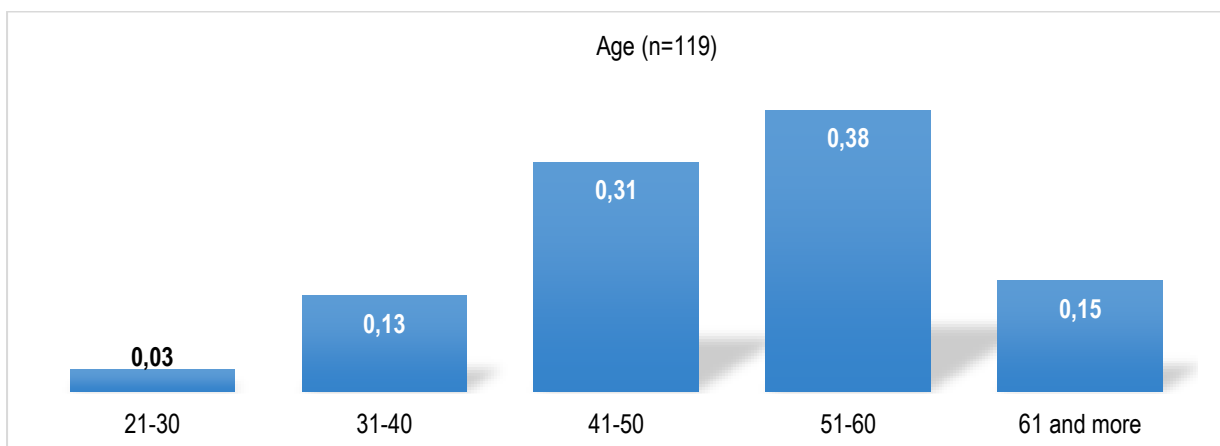
Forbes and Lynn (2005:571 cited in Pillay, 2012:224) states that age consideration is in line with the South African government's vision for the public service as it is an important determinant in ensuring efficient and effective service delivery. For those respondents who have reached either premature or normal retirement age, human resource planning and forecasting come to the fore. In this regard, competitive advantage would be realised through the implementation of recruitment and selection processes. The 31% who are in the 41-50 years range should be retained as they have the potential to influence the recruitment process and retention of public healthcare specialists.

### 7.3.3.7 Race

In terms of race, the study participants were predominantly Africans (86%), with Indians (10%), Whites (3%) and Coloured (1%) making up the remainder.

**Figure 7.4: Race**
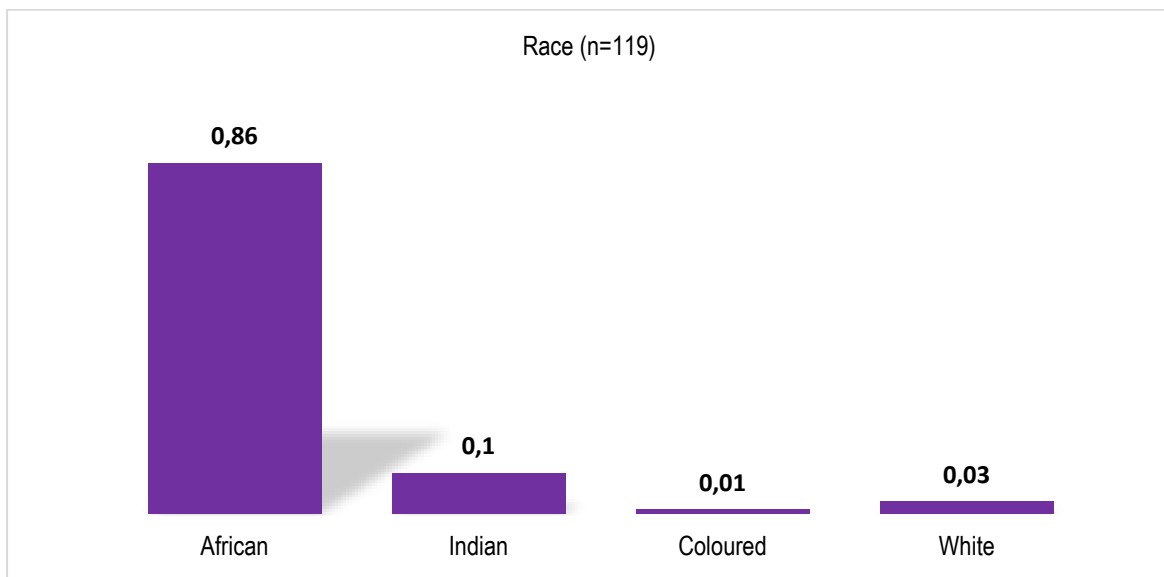


Figure 7.4 reflect skewed distribution of public healthcare specialists in terms of race. To comply with the EEA guidelines, race groups that are in the minority need to be prioritised when these hospitals conduct the recruitment and selection process. However, this distribution is in line with the demographic profile of the KZN Department of Health.

### 7.3.4 STAFFING AND RETENTION PATTERNS

In view of the study objectives, respondents were asked to provide some information that would offer insight into existing staffing patterns within their facilities. This information included numbers of specialised staff within the units and trends relating to longevity of service and turnover, among others.

### 7.3.4.1 Number of specialised staff in units

Table 7.5 presents the mean (average) number of specialised staff that respondents reported to be currently employed within their units. In total, there were about 4 specialised personnel employed per unit, although ANMs reported markedly more specialised staff members in their units at about 6. The reported number of sessional specialised personnel in units was relatively lower at an average of 1 per unit in total. Against these figures, the average number of specialised personnel actually required to meet unit needs was about 8, a figure twice as much as the reported existing specialised staff complement.

**Table 7.5: Number of specialised staff in units**

|  | Head of Clinical Unit (n=15) | ANM with specialty (n=14) | OM with specialty (n=13) | Total (n=42) |
|---|---|---|---|---|
| Specialised personnel in unit | 3.3 | 5.9 | 3.8 | 4.3 |
| Sessional/part-time specialised personnel in unit | 2.7 | 0.0 | 0.0 | 1.0 |
| Specialised personnel required to meet needs of unit | 7.6 | 11.0 | 6.3 | 8.3 |

### 7.3.4.2. Fluctuations in specialised staff numbers

At least 85% or more of the respondents across the three categories of Heads of Departments reported decreases in the number of specialised personnel within their units over the past 5 years, as shown in Figure 7.5. In total, decreases were reported by 90% of the respondents, with the remaining 10% reporting that the number of specialised staff had remained static. Notably, therefore, none of the respondents reported any increase in the number of specialised personnel within their units.

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**Figure 7.5: Fluctuations in specialist staff in past 5 years**



Fluctuations in specialist staff

| | Decreased | Remained static |
|---|---|---|
| HEAD OF CLINICAL UNIT (N=15) | 0,866666667 | 0,133333333 |
| ANM WITH SPECIALTY (N=14) | 1 | 0 |
| OM WITH SPECIALTY (N=13) | 0,846153846 | 0,153846154 |
| TOTAL (N=42) | 0,904761905 | 0,095238095 |
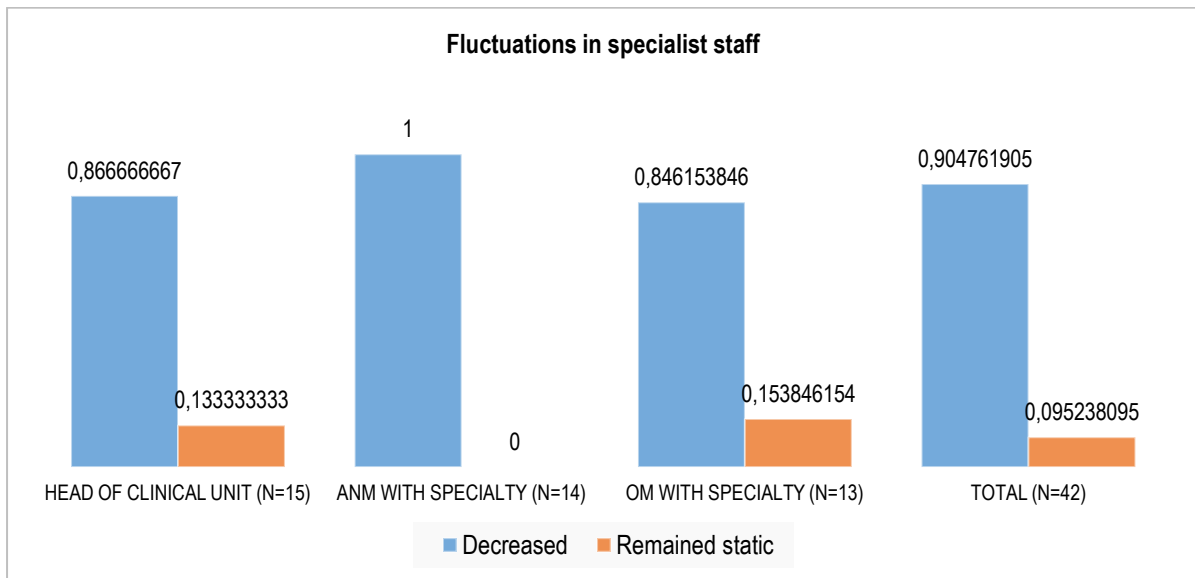
The respondents provided possible reasons for the observed decrease in the number of specialised staff and apart from a variety of other unspecified reasons that were cited by 45% of the respondents, poor working conditions (33%) was the largest single reason given. Lack of equipment was another notable one, as mentioned by 17% of the respondents.

**Figure 7.6: Reasons for fluctuations in specialist staff numbers**



Reasons for staff fluctuations (n=42)

| | |
|---|---|
| Family relocation | 0,023809524 |
| Poor management decisions | 0,03 |
| Lack of equipment | 0,166666667 |
| Poor working conditions | 0,333333333 |
| Other | 0,452380952 |
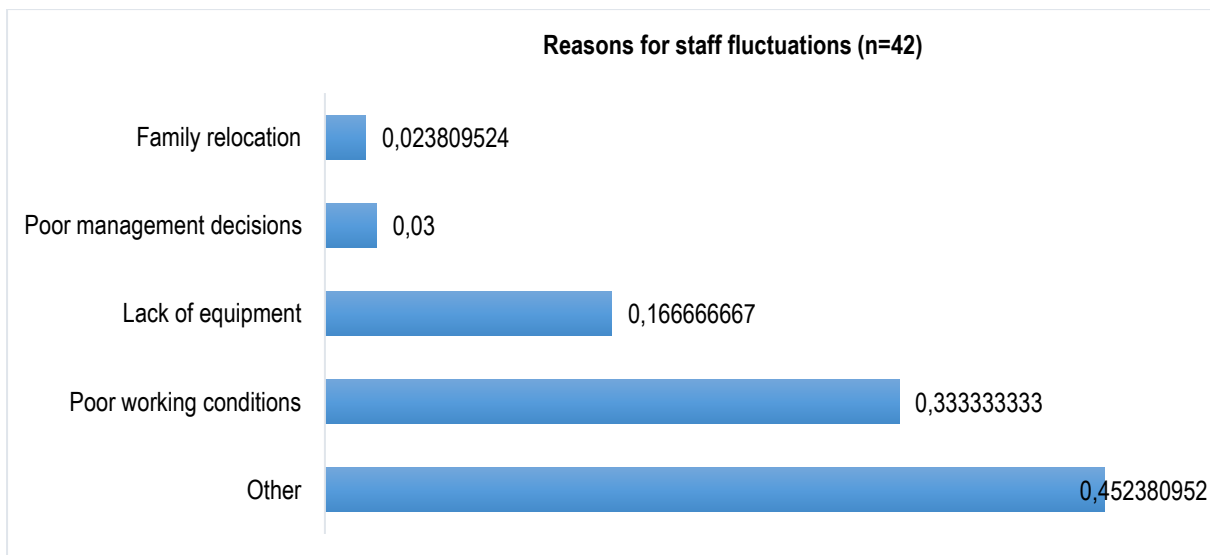
### 7.3.4.3 Average stay of specialised staff in units

Pertaining to the average time that specialised staff stayed in the units, there were notable differences in the estimates given by Heads of Clinical Units compared to those given by Assistant Nurse Managers as shown in Table 7.6. While 33% of the Heads of Departments reported that specialised personnel stayed in their units only up to 12 months, the corresponding figure amongst ANMs was almost twice as high at 64%.

**Table 7.6: Average stay of specialised staff in units**

|  | 6-12 months | 1-3 years | 4-10 years |
|---|---|---|---|
| Head of Clinical Unit (n=15) | 33% | 67% | 0% |
| ANM with specialty (n=14) | 64% | 36% | 0% |
| OM with specialty (n=13) | 46% | 38% | 16% |
| **Total (n=42)** | **48%** | **48%** | **4%** |

### 7.3.4.4 Frequency of exit interviews

Regarding the frequency of exit interviews with specialised staff, 83% of Heads of Department reported that such interviews were not done at all compared to 14% who said exit interviews were done when an employee left, and 3% said group interviews were done upon expiration of contracts.

**Table 7.7: Frequency of exit interviews with specialised staff in facility**

|  | None | When an employee leaves | Group interviews when contract expires |
|---|---|---|---|
| Head of Clinical Unit (n=15) | 67% | 27% | 6% |
| ANM with specialty (n=14) | 100% | 0% | 0% |
| OM with specialty (n=13) | 85% | 15% | 0% |
| **Total (n=42)** | **83%** | **14%** | **3%** |

### 7.3.4.5 Post in Pool Establishment

In response to whether or not their posts existed in the pool establishment, 95% of the respondents overall said the posts did exist. The overall 5% that answered in the negative came from Heads of Clinical Units.

**Figure 7.7: Existence of posts in pool establishment**



**Posts in pool establishment**

Total (n=42)
No: 0,047619048
Yes: 0,952380952

OM with specialty (n=13)
Yes: 1

ANM with specialty (n=14)
Yes: 1

Head of Clinical Unit (n=15)
No: 0,133333333
Yes: 0,866666667

■ No   ■ Yes
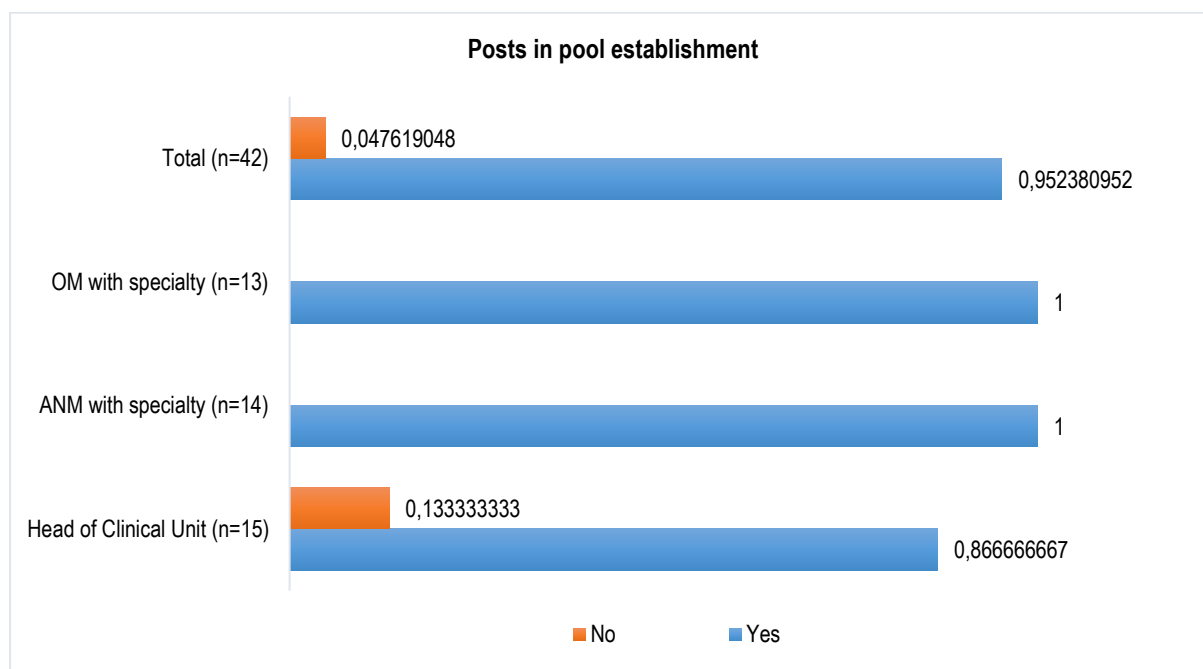
Furthermore, 60% of the respondents said the posts had been created more than 5 years ago, while 40% said the posts had been created between 1 and 5 years.

**Table 7.8: How long posts have been created in unit**

|  | 1-5 years | More than 5 years |
|---|---|---|
| Head of Clinical Unit (n=15) | 60% | 40% |
| ANM with specialty (n=14) | 43% | 57% |
| OM with specialty (n=13) | 15% | 85% |
| Total (n=42) | 40% | 60% |

## 7.3.5   RATING OF RECRUITMENT, SELECTION AND RETENTION FACTORS

The respondents were asked to rate a list of factors pertaining to recruitment, selection and retention based on a 5-point scale where 1 represented "poor, 2 "slightly poor", 3 "moderate", 4 "good" and 5 very good". The rating outcomes are reported below, starting with the results for factors pertaining to human resource frameworks.

**7.3.5.1 Rating of Recruitment Pre-Selection Process**

The recruitment pre-selection process was assessed on the basis of 64 factors and Table 7.9 presents the mean (average) scores for each of the factors. Amongst the higher rated aspects of the pre-selection process were those pertaining to job descriptions containing sufficient information about the posts. The lowest rated aspect of the pre-selection was on participation in decision-making regarding publications to use to advertise posts (mean = 1.29). The overall pre-selection process rating score was computed as the average of the individual sub-attributes scores and was 2.89, an average that falls between the slightly poor to moderate range.

**Table 7.9: Ranking of recruitment pre-selection factors**

| Recruitment Pre-Selection Process Factors | Mean |
|---|---|
| Inherent requirements i.e. knowledge, skills, training and competencies. | 4,10 |
| Job descriptions drawn up before posts are advertised | 4,08 |
| Job analysis/profile | 4,01 |
| Minimum/essential and maximum/desirable qualifications | 3,97 |
| Patients workload and abnormal working hours | 3,85 |
| Intranet | 3,79 |
| Working conditions | 3,76 |
| Financial constraints | 3,71 |
| Word of mouth | 3,69 |
| Working environment | 3,66 |
| Inadequate referral system | 3,65 |
| Geographical area of the facility | 3,61 |
| Lack of opportunities for specialisation | 3,60 |
| Nominations of persons to serve on the Selection Committee | 3,60 |
| Clause of a negotiated salary notch when advertising posts enhance attraction of specialised staff. | 3,57 |
| Internet recruitment | 3,56 |
| Competition with local private hospitals and clinics | 3,35 |
| Radio and Television | 3,29 |
| Lack of support from management | 3,27 |
| Participation in the head hunting process for the suitable candidate | 3,17 |
| Shortlisting (application/ resume review) | 3,14 |
| Extent experience gained before registration with Council is considered | 3,14 |
| Appropriate experience | 3,13 |

| | |
|---|---|
| Suggestions to improve the current system of recruitment for specialised staff | 3,13 |
| Processes of registration with HPCSA/SANC resulting in delays of issuing registration licences | 3,13 |
| Demand for staff | 3,05 |
| Job description(s) of the post(s) | 3,05 |
| Newspapers advertisement | 2,97 |
| Advertisement | 2,95 |
| Delays in issuing work permits for foreign specialised staff by Department of Home Affairs | 2,91 |
| Creation of specialised posts | 2,88 |
| Medical journals | 2,84 |
| Delegations of authority to approve the advertising of posts to enhance effective recruitment | 2,79 |
| Awareness that advertising budget has been decentralised to the facility with effect from 1/4/2002 | 2,72 |
| Extent informed that the post(s) have been created on PERSAL before advertising | 2,71 |
| Twitter and cellphones | 2,66 |
| Participation in the strategy to recruit specialised staff | 2,65 |
| Africa Health Placement | 2,64 |
| Authority to unfreeze the post(s) | 2,60 |
| Conflict and friction between physicians themselves and among nursing management | 2,51 |
| Granting of bursaries by the facility in an attempt to attract specialised staff to join unit | 2,51 |
| Considering demographic and customer profiles when advertising post(s) | 2,50 |
| Expenses associated with the employment of the successful candidate | 2,48 |
| Recruiting agencies | 2,48 |
| Walk-ins | 2,40 |
| Facility markets itself effectively to prospective employees at tertiary institutions | 2,40 |
| Total costs associated with the filling of the post(s) submitted to the Cash Flow/Finance Committee | 2,39 |
| National Department of Health supports the facility by supplying foreign specialised staff for unit | 2,35 |
| Occupation Specific Dispensation (OSD) offering a market-related salary | 2,32 |
| PERSAL printout showing details of the post | 2,31 |
| Expenses arising on the use of Consultants who sit on Selection Committees | 2,28 |

| | |
|---|---|
| Africa Health Placements (AHP) addresses the severe shortage of specialised staff in unit | 2,22 |
| Expenses arising out of the shortlisting and interview process | 2,13 |
| Advertisement of specialised staff with a provision for a negotiable salary attracted scarce skills | 2,13 |
| Foreign Workforce Management Programme offered by National Department of Health | 2,13 |
| University/Campus recruiting | 2,12 |
| Labour market | 2,02 |
| Job evaluation results for all posts of level 9 and above (or newly-defined posts) | 2,00 |
| Unit employs the services of the recruiting agencies to provide specialised staff in your unit | 1,84 |
| Commencing advertising the post when the current incumbent has indicated intention to vacate it | 1,81 |
| Psychometric testing (if applicable) | 1,81 |
| A certificate to the effect that funds are available | 1,48 |
| Current system effective to attract specialised personnel in your unit | 1,45 |
| Participate in the decision-making on which suitable publication need to be used | 1,29 |
| Overall Recruitment Pre-Selection Score | 2.89 |

Chapters 3.6 and 5.3.1, 5.4.1 and 5.5.1 indicated that the recruitment sources form an integral part of the recruitment process. Based on Table 7.9, it is doubtful that attempts have been made by the hospitals under study to establish relationships with university/college campuses and/or recruiting agencies with a view to source public healthcare specialists. Respondents claim that management refused to include them in decision-making in identifying appropriate recruitment sources for public healthcare specialists (mean = 1.29). Management perception has rendered the current system to attract public healthcare specialists obsolete (mean = 1.45).

In view of the findings, the advertising budget was decentralised with effect from 1/4/2002. It means that from a budgetary perspective, HoDs/HCUs and ANMs/OMs are required to factor operational recruitment costs in their recruitment plans. The strategy policy KZNDoH HRM Circular (No 43 of 2011) did not provide the rubric guiding them as to how the decentralisation of budget would impact on their abilities to perform tasks associated with the filling of posts. The dynamics associated with the certification of whether funds are available or not should become management responsibility, particularly the Finance Manager.

**7.3.5.1.1 Rating of Recruitment Pre-Selection Process according to Position**

The ratings given on the pre-selection process were compared according to respondents' positions and all the six different categories gave overall mean scores just below 3.00 as shown in Figure 7.9.

**Figure 7.8: Rating of pre-selection process by position**
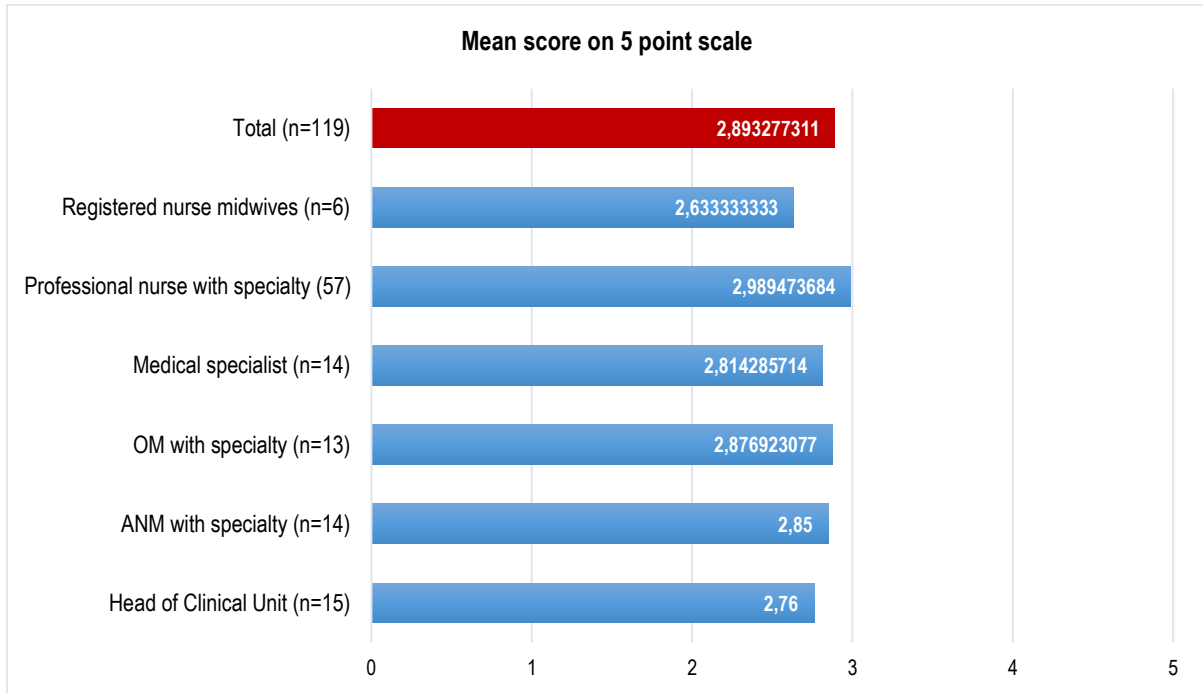


The ANOVA results in Table 7.10 show that there were no statistically significant differences in the rating of the recruitment pre-selection process according to respondent positions ($F=0.475$, $p=0.79$). Overall perceptions of the pre-selection process were therefore in the poor to moderate range regardless of the position of the respondents.

**Table 7.10: ANOVA table on pre-selection process by position**

|  | Sum of Squares | df | Mean Square | F | p-value |
|---|---|---|---|---|---|
| Between Groups | 1.316 | 5 | 0.263 | 0.475 | 0.79 |
| Within Groups | 62.658 | 113 | 0.554 | | |
| **Total** | **63.975** | **118** | | | |

## 7.3.5.2 Rating of Recruitment Selection Process

The mean rating scores for the various factors falling under the selection process are presented in Table 7.11 in order from the highest to lowest rated. The aspect that received the highest score (4.07 out of 5.00) was on ensuring the shortlisting criteria were formulated and approved by all members of the Selection Committee while the lowest rated pertained to limited discretion in appointing non-Public Service members to the Selection Committee (1.71). The overall recruitment selection process rating score was 3.12, and according to the scale used, fell in the moderate range.

**Table 7.11: Ranking of selection process factors**

| Recruitment Selection Process Factors | Mean |
| --- | --- |
| Ensuring criteria for short-listing is formulated and approved by all the Selection Committee members | 4,07 |
| Considering representation of historically disadvantaged persons as well as gender in Selection Committee | 3,88 |
| Interview questions set in the presence of all the selection committee and on the same day of the interview | 3,73 |
| Selection Committee adopts a structured format for the interview | 3,68 |
| Selection Committee members declare any relationship with candidates | 3,66 |
| Questions cover whole spectrum of the key performance areas, job description and competencies of the post | 3,62 |
| Selection Committee marks replies to each question asked of a candidate according to the point system | 3,62 |
| Selection Committee members related to candidates recuse themselves from the interview process | 3,55 |
| Knowledge, experience, skills, competencies and level of training | 3,49 |
| Relevance of questions | 3,48 |
| Number of questions | 3,47 |
| Point scoring | 3,41 |
| Gender | 3,41 |
| Chief Executive Officer validates the Selection Committee at least 3 days before short-listing | 3,38 |
| Constitution of a Selection Committee | 3,38 |
| The facility employment equity plan | 3,37 |
| Interviews | 3,34 |
| Representivity | 3,30 |

| | |
|---|---|
| Selection Committee records the reasons for its decision with reference to the criteria set | 3,28 |
| Date of appointment is effective from the date of assumption of duty | 3,27 |
| The needs of the facility for developing human resources | 3,24 |
| Selection Committee ensures that the criteria for short-listing is formulated and approved by all members | 3,23 |
| Involvement in the composition of a selection committee for specialised staff in your unit | 3,20 |
| Facility appoints candidates on 12 calendar months' probation | 3,19 |
| Information based on valid methods/criteria for selection that are free from bias or discrimination | 3,16 |
| HR Practitioner avails self at the short-listing and interview process for professional advice and guidance | 3,11 |
| Application forms | 3,10 |
| Conduct telephonic interviews for overseas candidates | 3,10 |
| The affirmative action programme | 3,09 |
| Selection Committee considers applicants who omitted to attach professional and/or registration certificates | 3,06 |
| Representation of historically disadvantaged persons and gender equality in the Selection Committee | 3,03 |
| Reference checks | 2,71 |
| Selection Committee considers applicant(s) who have failed to proper complete Z83 (application blank) form | 2,70 |
| Reference checks | 2,61 |
| Medical examination | 2,61 |
| Facility keeps applications and CV of unsuccessful applicants in case post(s) become available | 2,46 |
| Selection Committee considers application(s) submitted even if the post(s) have not been advertised | 2,16 |
| Physical appearance | 2,10 |
| Selection Committee considers application(s) that have been received after the closing date | 2,10 |
| Use of gestures | 1,99 |
| Discretion in appointing a person from outside the Public Service to serve in the Selection Committee | 1,71 |
| Overall Recruitment Selection Score | 3,12 |

As the selection interview forms an integral part of the recruitment process, interviewing skill is associated with the quality of the output. Respondents have made a claim that they have not been subjected to training on recruitment and selection interviews. In the absence of this training, a candidate was found being assessed on physical appearance and use of gestures with a mean of 2.12 and 1.99, respectively. Quinn (2014:63) reveals that this individual was offered a job during the interview as he/she had a relationship with a family member working for the institution. A blame must be apportioned to HR practitioners/specialists for the lack of professional guidance and advice, as they are expected to interpret the strategy policy for the selection committee. Their role is to ensure that a valid method/criteria that is free from bias or discrimination to select candidates, is used.

### 7.3.5.2.1 Rating of Recruitment Selection Process according to Position

The mean rating scores on the selection process according to respondents' positions are shown in Figure 7.9 and show that those occupying supervisory roles (i.e. Heads of Clinical Departments/Units, Assistant Nurse Managers and Operational Managers) gave higher ratings compared to medical specialists in non-supervisory roles.

**Figure 7.9: Rating of selection process by position**



**Mean score of 5 point scale**

| Position | Score |
|---|---|
| Total (n=119) | 3,124369748 |
| Registered nurse midwives (n=6) | 2,616666667 |
| Professional nurse with specialty (n=57) | 3,005263158 |
| Medical specialist (n=14) | 2,864285714 |
| OM with specialty (n=13) | 3,530769231 |
| ANM with specialty (n=14) | 3,571428571 |
| Head of Clinical Unit (n=15) | 3,253333333 |
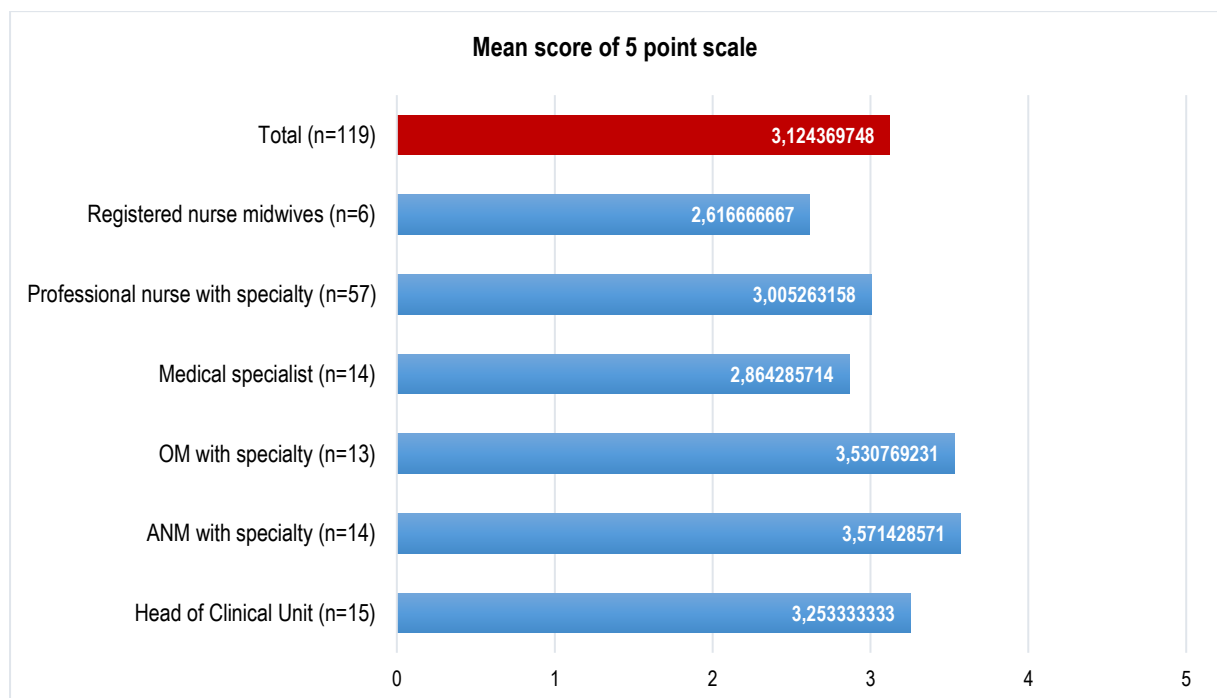
In view of the above results suggesting the presence of notable differences in perceptions of the selection process between those occupying supervisory and non-supervisory roles, the 6 different positions were collapsed into just two categories, Heads of Clinical Departments (combined mean score of 3.45) and Medical Professionals (combined mean score of 2.95).

**Figure 7.10: Rating of selection process – Heads of Units versus Medical Professionals**



**Mean scores on 5 point scale**

Total (n=119): 3,124369748
Medical Professionals (n=77): 2,949350649
Heads of Departments (n=42): 3,445238095
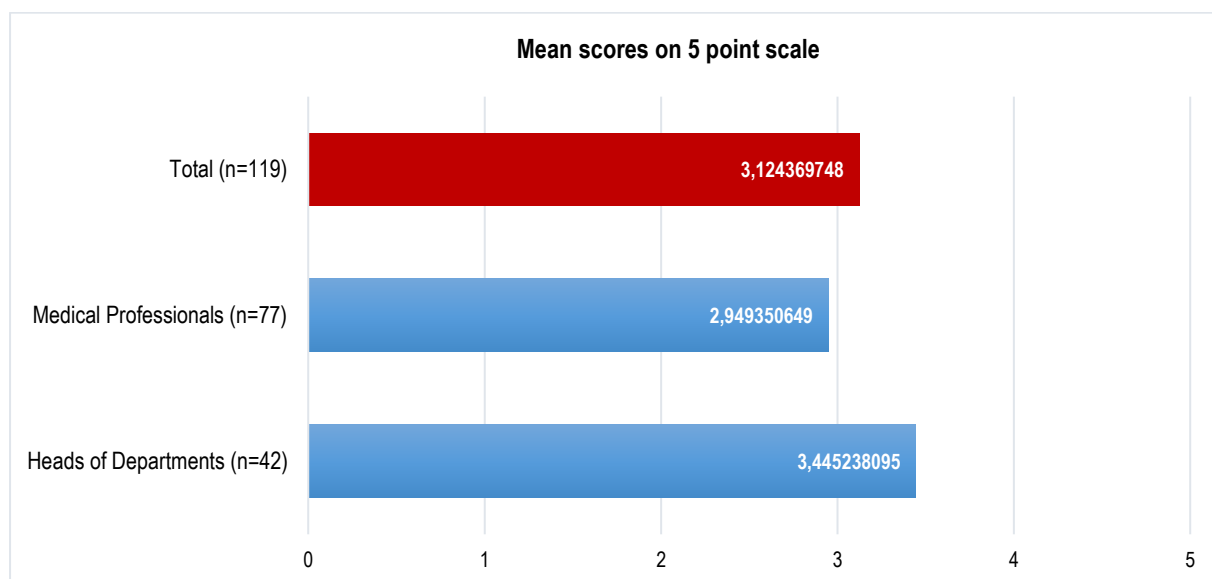
The differences in the selection process rating scores above were then tested using ANOVA and were found to be statistically significant (F=4.586, p=0.03) as shown in Table 7.12. Therefore, overall perceptions on the selection process were significantly more positive amongst staff in supervisory positions compared to those in non-supervisory positions. This positive perceptions is based on the fact the HoDs had been directly involved in the selection process.

**Table 7.12: ANOVA table on selection process by position**

|  | Sum of Squares | df | Mean Square | F | p-value |
|---|---|---|---|---|---|
| Between Groups | 6.683 | 1 | 6.683 | 4.586 | 0.03* |
| Within Groups | 170.477 | 117 | 1.457 | | |
| Total | 177.159 | 118 | | | |

**p<0.05* = statistically significant**

### 7.3.5.3 Rating of Retention

The mean rating scores for the various retention factors are presented in Table 7.13 in order from highest to lowest rated. Amongst aspects that received the highest scores were career development opportunities (4.13), supervisory support (4.10) and salary packages and benefits (4.00). However, the respondents still gave their perceptions about the retention strategies in their hospitals a low average of 1.99 out of 5.00. Ultimately, the overall retention rating score was 3.57 and, according to the scale used, fell between "moderate" to "good" range.

**Table 7.13: Ranking of retention factors**

| Retention Factors | Mean |
|---|---|
| Career development opportunities | 4,13 |
| Supervisory support | 4,10 |
| Salary packages and benefits | 4,00 |
| Decision-making processes within the facility | 3,98 |
| Conducive environment | 3,97 |
| Challenging work | 3,96 |
| Working environment | 3,94 |
| Working conditions | 3,92 |
| Recognition | 3,90 |
| Supervision | 3,90 |
| Attitudes, bias and favouritism | 3,87 |
| Recognition of performance and rewards | 3,86 |
| Market-related salary | 3,83 |
| Delegation of authority/tasks | 3,83 |
| Flexi-working hours | 3,76 |
| Technical | 3,73 |
| Management and administration | 3,71 |
| Promotion of language culture | 3,69 |
| Recognition of cultural diversity | 3,65 |
| Play sport together | 3,63 |
| Mentoring and coaching | 3,60 |
| Institutional transport | 3,50 |
| HIV/AIDS | 3,46 |
| Clinical | 3,45 |
| Rating of reasons made when joining compared to the reasons that make you want to stay | 3,11 |
| EBOLA | 3,03 |
| Extent expectations have been adequately met | 2,68 |
| Social gathering with families | 2,66 |
| Drink together | 2,01 |
| Perception about the retention strategies in your hospital | 1,99 |
| Overall Retention Score | 3,57 |

The main aim of retention is to decrease loss of public healthcare specialists. Although the overall retention rating score was 3.57, respondents indicated that several other negative responses emanating from perceptions had effects on high rate of attrition. These responses include having little decision-making power and confinement to performing routine work. Hence, this aspect was rated with a mean of 1.99. Tensions that existed in clinical areas were largely attributed to the working conditions and environment that these hospitals were in a position to change. This passage has created an impression that their role as specialists is not understood by hospital management. The respondents indicated that they would prefer to practice within their professional ideology to enhance health outcomes.

### 7.3.5.3.1 Rating of Retention according to Position

The ratings given regarding retention were compared according to respondents' positions and all the six different categories gave overall mean scores that lay between the 3.00 and 4.00 marks as shown in Figure 7.11.

**Figure 7.11: Rating of retention by position**
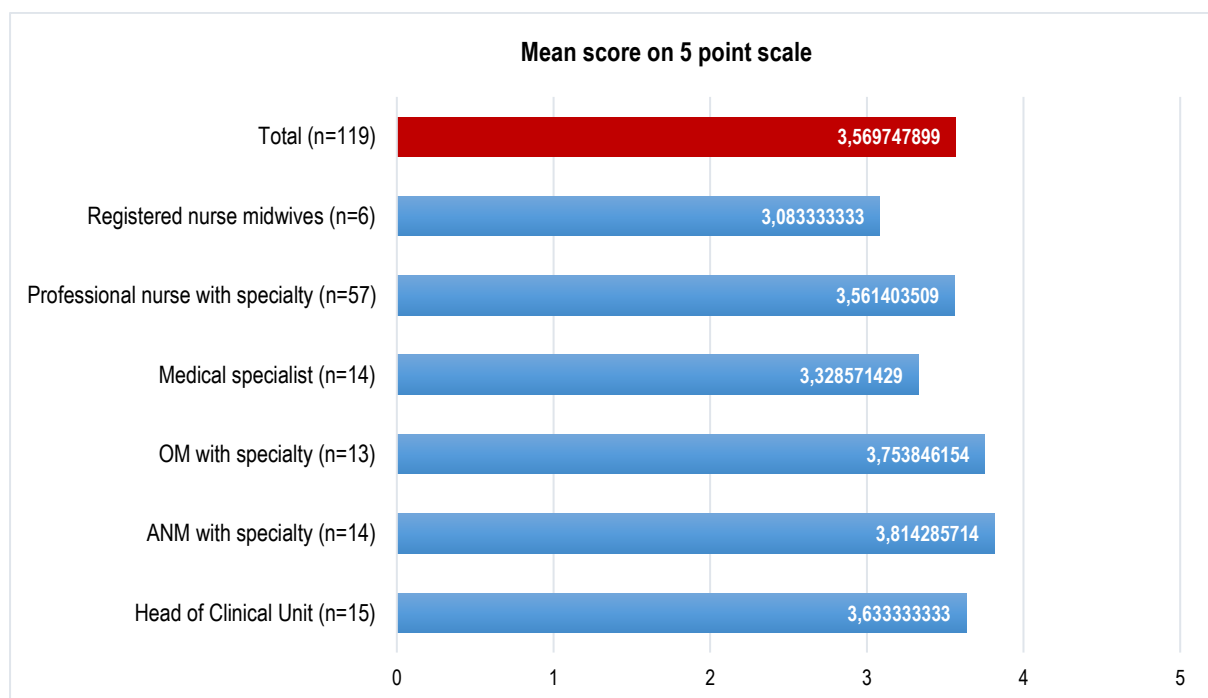


The differences in the above scores were tested using ANOVA and the results in Table 7.14 show that there were no statistically significant differences in the rating of the retention factors according to respondent positions (F=1.307, p=0.27). Overall perceptions on human resources retention were thus in the moderate to good range regardless of position.

**Table 7.14: ANOVA table on retention by position**

|  | Sum of Squares | df | Mean Square | F | p-value |
|---|---|---|---|---|---|
| Between Groups | 3.576 | 5 | 0.715 | 1.307 | 0.27 |
| Within Groups | 61.835 | 113 | 0.547 |  |  |
| **Total** | **65.411** | **118** |  |  |  |

The next section examines the relationship between recruitment, selection and retention.


### 7.3.6   RELATIONSHIP BETWEEN RECRUITMENT, SELECTION AND RETENTION

A linear regression analysis was conducted to examine the relative impacts on retention of the various recruitment and selection factors assessed in the study. The two factors allocated as independent variables in the analysis were Pre-Selection Process and Selection Process while Retention was treated as the dependent variable throughout the following analysis.


### 7.3.6.1 Relationship between pre-selection process and retention

There was a moderate positive linear relationship between the pre-selection process and retention ratings (R=0.56). This means that respondents who tended to give high ratings on the pre-selection process factors also tended to give high ratings on the retention factors. Similarly, those who tended to give low ratings on the pre-selection process factors also tended to give low ratings on the retention factors. The R-square value of 0.32 indicates that up to 32% of changes in respondents' perceptions of retention could be influenced by their perceptions of the recruitment pre-selection process.


**Figure 7.12: Correlation between pre-selection process and retention**



Correlation between Pre-Selection Process and Retention

(R = 0.56, R² = 0.32)
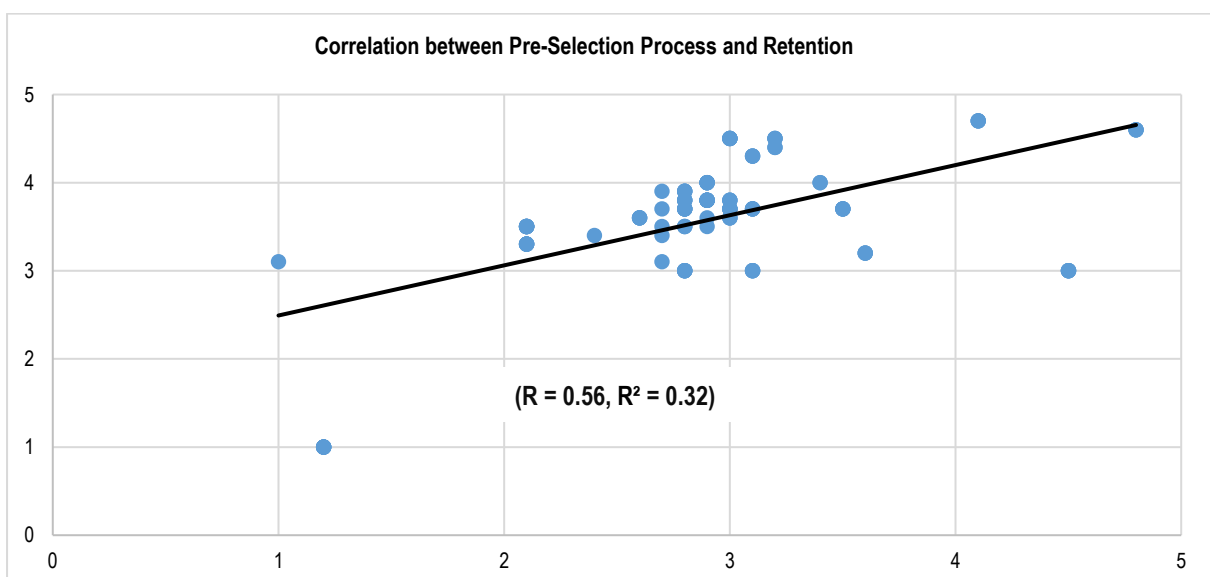
The ANOVA results in Table 7.15 show that the influence of the pre-selection process on retention was statistically significant (F=54.190, p=0.00).

**Table 7.15: ANOVA table on relationship between pre-selection process and retention**

|  | Sum of Squares | df | Mean Square | F | Sig. |
|---|---|---|---|---|---|
| Regression | 20.706 | 1 | 20.706 | 54.190 | 0.00* |
| Residual | 44.705 | 117 | 0.382 |  |  |
| Total | 65.411 | 118 |  |  |  |

**p<0.05* = statistically significant**

In line with the earlier reported positive correlation between the two factors, the linear regression coefficients in Table 7.16 show a significant positive influence of the pre-selection process on retention (t=7.361, p=0.00). The unstandardised Beta coefficients indicates that a unit increase in the pre-selection process ratings resulted in a corresponding 0.569 increase in the retention ratings.

**Table 7.16: Linear regression coefficients on relationship between pre-selection process and retention**

|  | Unstandardized Coefficients | | Standardized Coefficients | | |
|---|---|---|---|---|---|
|  | B | Std. Error | Beta | t | Sig |
| (Constant) | 1.924 | 0.231 |  | 8.340 | 0.00 |
| Pre-Selection Process | 0.569 | 0.077 | 0.563 | 7.361 | 0.00* |

**p<0.05* = statistically significant**

### 7.3.6.2 Relationship between Selection Process and Retention

There was also a moderate positive linear relationship between the selection process and retention ratings (R=0.59). This means that respondents who tended to give high ratings on the pre-selection process factors also tended to give high ratings on the retention factors. Similarly, those who tended to give low ratings on the pre-selection process factors also tended to give low ratings on the retention factors. The R-square value of 0.35 indicates that up to 35% of changes in respondents' perceptions of retention could be due to changes in their perceptions of the recruitment selection process.

**Figure 7.13: Correlation between selection process and retention**



CORRELATION BETWEEN SELECTION PROCESS AND RETENTION

(R = 0.59, R² = 0.35)
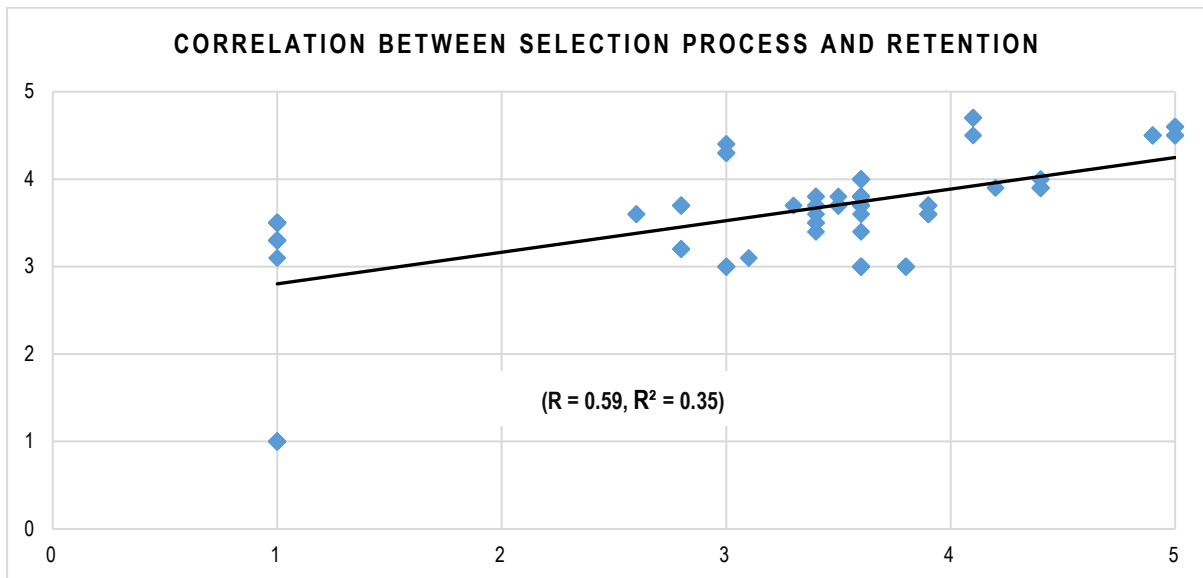
The ANOVA results in Table 17 show that the influence of the selection process on retention as reported above was statistically significant (F=63.895, p=0.00).

**Table 7.17: ANOVA table on relationship between selection process and retention**

|            | Sum of Squares | df  | Mean Square | F      | Sig.   |
|------------|----------------|-----|-------------|--------|--------|
| Regression | 23.104         | 1   | 23.104      | 63.895 | 0.00*  |
| Residual   | 42.307         | 117 | 0.362       |        |        |
| Total      | 65.411         | 118 |             |        |        |

**p<0.05* = statistically significant**

In line with the earlier reported positive correlation between the two factors, the linear regression coefficients in Table 7.18 show a significant positive influence of the selection process on retention (t=7.993, p=0.00). The unstandardised Beta coefficient indicates that a unit increase in the selection process ratings resulted in a corresponding 0.361 increase in the retention ratings.

**Table 7.18: Linear regression coefficients on relationship between selection process and retention**

| | Unstandardized Coefficients | | Standardized Coefficients | | |
|---|---|---|---|---|---|
| | B | Std. Error | Beta | t | Sig |
| (Constant) | 2.441 | 0.152 | | 16.111 | 0.00 |
| Selection Process | 0.361 | 0.045 | 0.594 | 7.993 | 0.00* |

**p<0.05* = statistically significant**

## PART B

## 7.4 QUALITATIVE DATA ANALYSIS:

Semi-structured interviews were conducted to establish the relative factors and perceptions on retention of the various recruitment and selection factors. It covered the main topics of the study such as identifying the three predetermined HRM concepts, namely, (i) recruitment (ii) selection (iii) and retention. The thematic analysis process was used to interpret the data in order to identify the connection between the variables associated with the research aims. Data collected was organised according to themes and concepts (coding process). The thematic analysis is exemplified by the division of all the enabling factors and perceptions that constrain the recruitment, selects and retention. The researcher was able to interpret the meaning of data. According to Onwuegbuzie and Teddlie (2003:350), this step created an opportunity for the researcher to search for emerging patterns, concepts and data explanation.

## 7.4.1 SUMMARY OF THE RESULTS FROM QUALITATIVE INSTRUMENT

The study managed to secure five suitable participants out of ten who were earmarked for qualitative research. Serafini and Szamosi (2015 cited in Agbodo-Otinpong, 2015:55) explain that as long as the key-information-rich-participants are senior officials in the hospitals, they can provide in-depth information and insight into the implementation of HR policies and practices, since the participants are responsible for the recruitment, selection and retention of public healthcare specialists in their line departments. In the context of the study, the ability to interview a small number of senior participants from distinct backgrounds with extensive experience in clinical settings is regarded as a research advantage. In terms of the minimum sample size for qualitative research, clear-cut specifications in terms of how big or small the sample does not exist (Chapter 6.4.1).

According to research studies conducted by Mason (2010) that focused on qualitative interview studies in Great Britain and Ireland found that a range between 1-95 participants is adequate. Hence, the study undertook a decision to conduct semi-structured interviews among the five participants. The findings are presented, in the subsections below, with direct transcription from participants in response to the probing questions, in italics.

### 7.4.1.1 Recruitment

As previously mentioned, recruitment is the process of sourcing and employing suitable candidates for the job who are willing to offer their services to an institution (Chapter 3.5). Representative comments are summarised on recruitment to the question:

*(i)*    **What is your opinion regarding the current recruitment strategy being applied by the hospital to recruit specialised personnel in your unit?**

There was consensus that the current recruitment strategy was not as effective as would have been desired. Among the major reasons that the participants identified for this ineffectiveness was the moratorium that was placed on the filling of posts:

> To be honest, it is not producing any desired results because of the moratorium placed on the filling of posts. As such, vacant positions are not advertised to recruit candidates who might be having an interest in joining the hospital.

Several other constraints and associated negative effects emanating from this situation were identified and are summarised in the chart below, with the participants highlighting that this ultimately had the effect of compromising patient care.

**Figure 7.14: Constraints rendering current recruitment strategy to be ineffective**
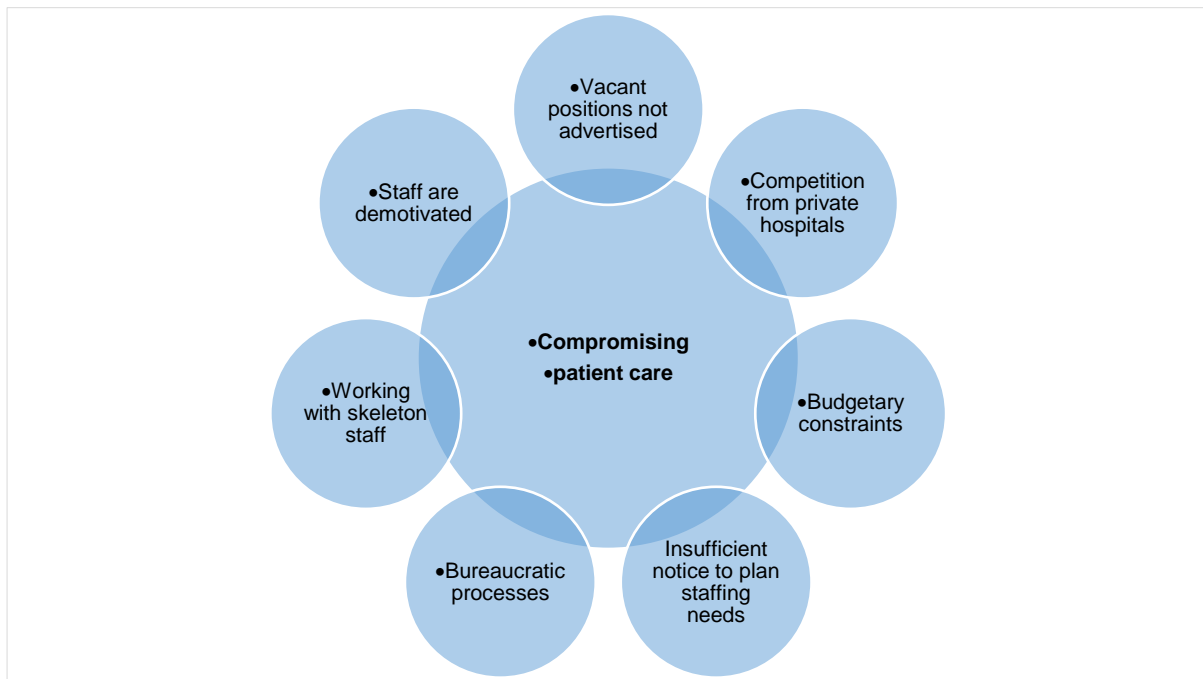


Participants indicated that:

> This position has to a certain extent compromised patient care as the hospital is facing stiff competition from other private hospitals. These hospitals offer better incentives such as high salaries.

Consequently, there was a feeling that:

> the removal of the moratorium might to a certain extent solve the existing problem of shortage of healthcare professionals.

*(ii)* **How do you feel about the employment legislation pertaining to registrations with Council for foreign qualified specialised staff as well as the granting of work permit?**

The participants demonstrated relatively less interest on this question compared to the previous one, with one highlighting that:

> this has no effect on the employment of specialised staff as we do not recruit nurses abroad.

The point was made that issues of registration and work permits lay more with the HR department and the individual nurses themselves, with one of the participants declaring:

> It is not my responsibility to oversee the registration process for nurses with the South African Nursing Council. Nurses are expected to initiate the process of registration immediately on completion of their qualifications so that they become eligible to apply for advertised posts.

Nonetheless, the respondents had an appreciation of the procedures involved and hence made some pertinent comments, which are summarised as follows:

- The South African Nursing Council (SANC) is quick in registering nurses with specialty training
- It takes longer to obtain a work permit if you are a foreign candidate
- Registration with SANC is a criterion for recruitment

*(iii)* **What effect does Occupation Specific Dispensation (OSD) have on the recruitment of specialised staff?**

The participants showed high levels of awareness on OSD as evidenced by the relatively wide range of opinions they expressed on the subject. The OSD was associated with several positive impacts on the recruitment of specialised staff, although some shortcomings were also highlighted, as summarised in the illustration below.

**Figure 7.15: Positive and negative effects of OSD**



Participants noted that:

> The OSD is competitive enough with the private sector as some specialty nurses from the private sector are crossing over to government hospitals.

> The payment of OSD is important, but I do not see it as a solution to attracting and recruiting specialised nurses because it provides dual career pathing. This means that junior healthcare specialists are able to progress to levels where their salaries become equivalent to or higher than that of Operational Managers or Assistant Nurse Managers without performing either supervisory or management duties…

> The payment of OSD is supposed to attract staff with specialised training but most unfortunately, it is viewed as not market-related. Over and above, poor working conditions and environment are also contributing to the ineffectiveness of the current recruitment strategy…

These hospitals have a challenge in attracting and recruiting suitable candidates to fill specialised positions due to the moratorium on the filling of posts. This problem is attributed to budgetary constraints experienced by the KZNDOH for recruitment. Competition with the private hospitals has rendered the recruitment strategy of these hospitals obsolete.

Employment legislation has been viewed as not having a significant negative impact on the recruitment. The payment of OSD is largely dependent on the placement of individuals in the right positions at the right time. The literature review on HRM identifies recruitment as one of the most important variables of HRM as it is used to acquire labour (Chapter 3.5) aimed at achieving patient outcomes (Chapter 2.2.1). Chapter 8 will focus on the discussion of these results to establish whether compatibility with the HRM literature exists or not.

### 7.4.1.2 Selection

The primary aim of employee selection is choosing the best candidate for the post (Chapter 3.6).

*(i)* **How would you identify the work attributes from a prospective applicant *vis-à-vis* job description and job specification?**

The attributes that the participants prescribed as important for a prospective applicant can be categorised as both skills and personality related as summarised below.

**Figure 7.16: Work attributes**
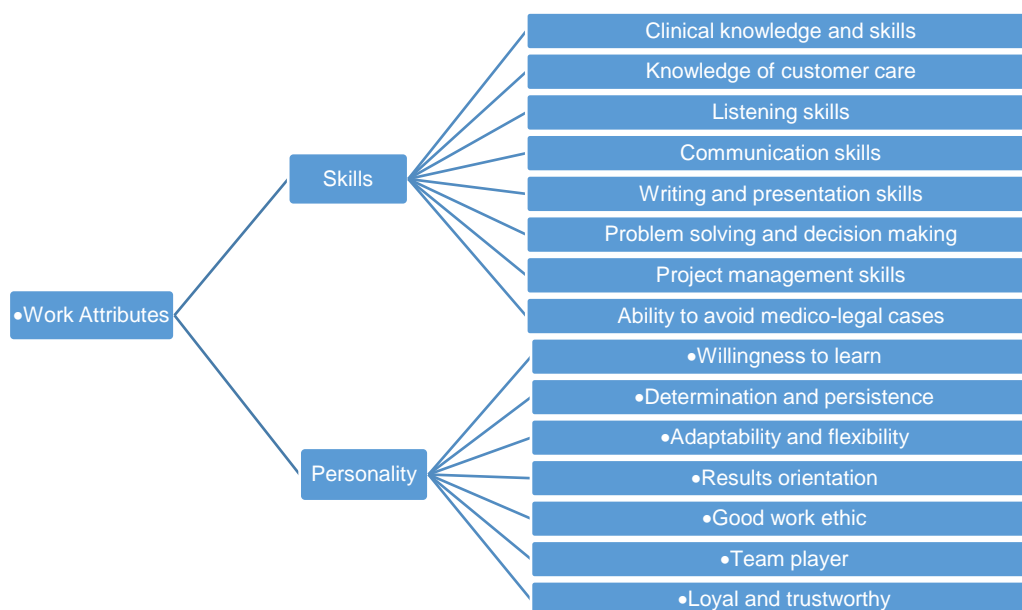


Participants felt that:

> Apart from clinical knowledge and skills we assess the personality traits whether a person will fit into the existing team. In clinical areas, teamwork is very important as it impacts directly on patients.

*…The ability to work under pressure is one of the determinants that is expected from the candidate who is to work with patients …*

*Interrelationships skills are of critical importance in clinical areas therefore prospective candidates must display this attribute to ensure easy adjustments…*

*(ii)* **What characteristics would signal that the prospective applicant would easily adapt to the working conditions?**

A number of factors that are regarded as signals on whether or not an applicant would be able to adapt were mentioned and included the following:

- Ability to work with different managers in different situations
- Ability to work under pressure
- Ability to multitask
- Showing openness to dialogue
- Portrayal of high morale
- Understanding the challenges associated with the job
- Understanding opportunities attached to the job
- Displaying abilities to grow and learn
- Getting along with new colleagues
- Demonstrating the ability to communicate effectively
- Feeling confident about value collaboration
- Probing about something that he/she is unsure
- Critical thinking to analyse different circumstances

Apart from these factors participants reflected that:

*Joining a new hospital requires a lot of adjustments such as getting along with new colleagues and also demonstrating the ability to communicate effectively with them. Feeling confident about value collaboration of many clinical services is an indicator of being capable of adjustment in the new environment within a short period of time… probing about something that he/she is unsure with gives a clue about his/her understanding of the new place.*

Every task is different from the other and that's what makes change interesting. Therefore, adaptability to any situation give individuals an enormous amount of experience.

*(iii)* **What factors would you consider as critical in the career development of specialised staff to ensure a lasting relationship between the hospital and prospective employees?**

The participants acknowledged that career development of specialised staff was important in fostering a lasting relationship with the hospital. They therefore highlighted a variety of factors, the majority of which were intrinsic to the applicants themselves, as critical.

**Figure 7.17: Intrinsic factors**
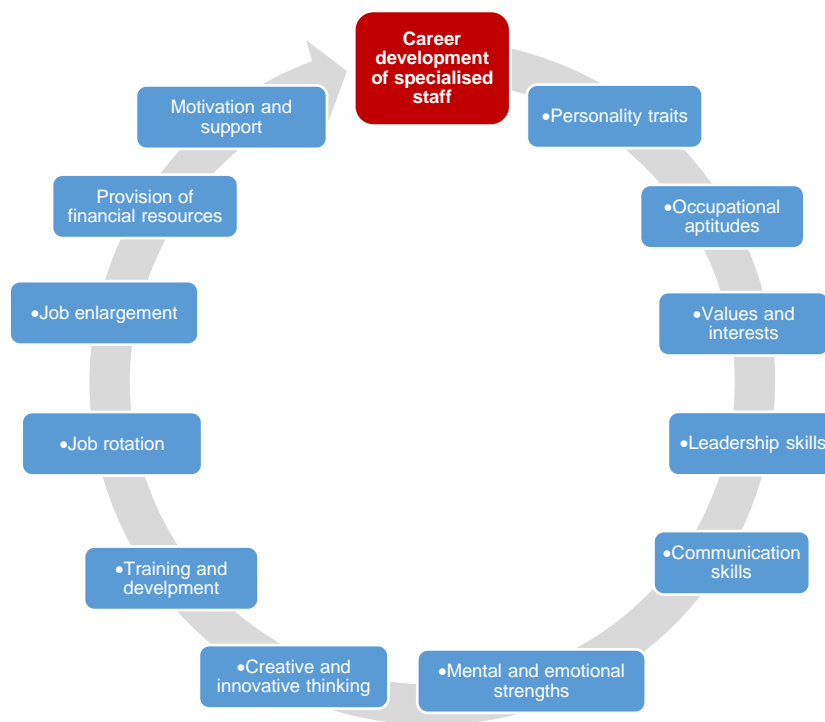


The following factors were identified as critical and therefore, they should receive immediate attention:

There is a strong relationship between training and development, and lasting relationships. Training and development offers both the existing and new recruits the opportunity to acquire new skills.

Creative and innovative thinking should at all times be encouraged to avoid brain drain. The adoption of such a strategic approach might improve the retention strategy.

Job rotation places employees on career track as it provides them with a variety of knowledge, skills and competencies. Furthermore, the provision of flexitime is likely to provide the employees with the opportunity to balance their work versus private life.

Skills and personality as key work attributes that a prospective candidate must demonstrate in a selection process. Inter-relationship skills and the ability to work under pressure were identified as of critical importance in clinical areas. A number of factors that will signal whether or not an applicant would be able to adapt were identified. Adaptability to any situation will give an individual an enormous amount of experience. Feeling confident about value collaboration of many clinical services is an indicator of being capable of adjustment in the new environment within a short period of time. The participants revealed that formal collaboration should be used to enhance professional advancement and growth as it provides opportunities for the acquisition of new clinical skills. Although career development is viewed as important in fostering a lasting relationship with the hospital, the respondents highlighted critical intrinsic factors which are pertinent to them.

### 7.4.1.3 Retention

The two concepts highlighted above of recruitment and selection are the principal source for employee retention (Chapter 3.8). The main aim of retention is to put a halt to the loss of skilled employees.

**(i)     In your own view, what are the perceptions of specialised staff that affect their retention thereof?**

Among the points raised was that a *"lack of clear direction from management"* contributed to ineffective retention of specialised staff. Hospitals were said to be "*less adept at marketing themselves to prospective employees than they are marketing their clinical services*" and this could be seen as part of the broader signs that *"the retention strategy for healthcare professionals is mostly neglected*". Several other opinions were given in response to the above question, including the following:

- Management failure to take care of employee needs led to high rate of attrition
- Although the introduction of OSD provided choices for career pathing, it had brought stagnation in their careers
- Supervisors are entrusted with more responsibilities while they receive similar salaries as their junior counterparts, caused by salary grades overlapping
- There is a perception that the hospital culture is not appealing to their relative values
- High workloads due to high nurse to patient ratios
- Employees feeling trapped in their work
- Having little decision-making
- Poor development of competencies of nurses to deal with complex cases
- Public hospitals associated with poor working conditions
- Uncompetitive remuneration
- Poor staff appraisal methods
- Non-acceptance by colleagues
- Confinement to performing routine work
- Limited opportunities for career growth and development

Prioritising staff development must be considered as "*development of one's career has been linked with loyalty but many nurses with specialty training are feeling trapped in their work as they have little scope for decision-making*". Staff retention is dependent on staff development. Over and above, participants felt that management has placed moratorium on the payment of performance bonuses because they are sensitive to their financial needs. Participants stated: "*Monetary and non-monetary incentives serve as contributory factors to retention as they motivate the employees to stay with the hospital*". Performing routine work is perceived as not offering opportunities to address health-related challenges. Nurses would like to pursue interesting tasks that will give them a sense of increased competence and satisfaction as they are afforded an opportunity to showcase their level of creative and innovative thinking.

**(ii)    What factors do you think contribute to the high turnover for specialised staff that ultimately, affects both recruitment and retention?**

A variety of points that cut across resource, process, leadership and personal factors were identified as contributing to the high turnover of specialised staff:

**Systems and processes**

- Grievances remaining unresolved
- Fair labour relations policies not applied
- Exclusion from discussions on operational changes
- Exclusion from drawing of staffing plans
- Insufficient understanding of hospital policies and processes
- Changes of shifts and work schedules
- High workload volumes
- Inadequate tools to perform specialty nursing duties

**Workplace relations**

- Employee conflict
- Harassment and bullying
- Inadequate supervisor-supervisee communications

**Training and development**

- Ineffective orientation and induction of new employees
- Inadequate ongoing training and development

**Personal motivation**

- Overall job dissatisfaction
- Feeling unappreciated
- Disillusionment due to low morale
- Feeling that job security is threatened
- Not feeling good about services rendered to patients
- Difficulty living with regular clinical mishaps

The majority of the respondents highlighted that it is important to keep employees informed about changes that are taking place in the hospital such as the moratorium in the filling of posts and infrastructure development as these factors contribute to their dissatisfaction which ultimately results in low morale, depression and stresses. These factors lead to high turnover if there are not properly managed. They find it difficult to tolerate regular mishaps which take place on a frequent basis. Even though these mishaps are reported, some of them have not been addressed for years. Many grievances remain unresolved by the human resources department. This problem has created a hostile relationship among employees and between employees and HR department.

The retention strategy for healthcare professionals is mostly neglected as it does not provide scope for decision-making, and affects their loyalty to the hospital.

## 7.5 SUMMARY

The chapter focused on the presentation of the research findings and analysis gleaned from the quantitative and qualitative methods of research. The one-way analysis of variance (ANOVA) method was used to test the significance of differences in perceptions of the recruitment, selection and retention factors based on the respondents' biographical profiles. Where the ANOVA indicated statistically significant differences in respondents' perceptions, the Tukey HSD test was performed to identify those differences among public healthcare specialist groups. Linear regression analysis was conducted to examine the relative impact on retention of the various recruitment and selection factors assessed in the study. Descriptive statistics were run to produce and present basic features of the study sample in the form of frequencies, percentages and some measures of central tendency. Cronbach's Alpha coefficients were run separately for the HODs and MedProfs. Qualitative data was garnered from semi-structured interviews and was collected via iPAD Air2. The researcher ultimately, transcribed the data onto the USB.

As far as the empirical data presented in this study, it became logical for the researcher to examine the findings and results against the implementation of human resource framework within the context of pre-selection process, selection process and retention of public healthcare specialists. The chapter used specific headings to analyse quantitative and qualitative data and data was presented in the form of graphical representations. The thematic analysis process was used to interpret the data in order to identify the connection between the variables associated with the research aims. Data collected was organised according to themes and concepts (coding process). Stemming from this analysis, conclusions and recommendations were made, which are addressed in the next chapter.

# CHAPTER 8

# CONCLUSION AND RECOMMENDATIONS

## 8.1 INTRODUCTION

Chapter Seven presented an analysis and discussion of the qualitative and quantitative data of this study. This chapter explore the findings of the empirical data based on the implementation of the current recruitment and retention methods used by the Ngwelezane, the Queen Nandi and the Stanger Regional Hospitals. The empirical data highlighted a theoretical exposition of the HRM variables and elements associated with the recruitment, selection and retention. The findings are derived from the literature review within the context of HRM that included theoretical statements, conceptual, statutory and regulatory frameworks and comparative study with three OECD countries. From qualitative and quantitative data presented in the preceding chapter, certain trends and themes emerged which assisted the study in drawing conclusions. Based on the conclusions, certain recommendations were made regarding the implementation of recruitment, selection and retention of public healthcare specialists in the above-mentioned hospitals. The cumulative effect of these recommendations presented a need for an alternative strategy to be developed to enhance the overall improvement in the attraction and retention of this category of staff. Such effects led to the development of a proposed model and checklist aimed at attracting and retaining these hard-to-find employees. In this case, recommendations placed emphasis on the consolidation of HRM variables and elements including empowering line managers on human resource frameworks. Figure 8.1 displays the summary of the relationship among recruitment, selection and retention.

**Figure 8.1: Summary of the relationship among recruitment, selection and retention**
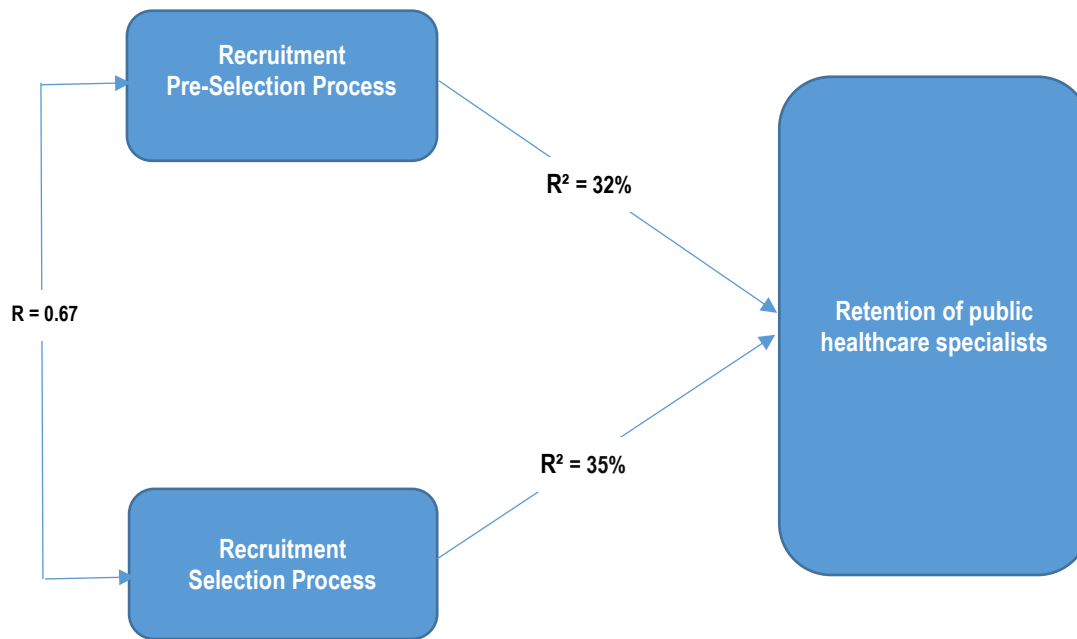


There was a significant positive relationship between how public healthcare specialists perceived the existing recruitment pre-selection processes and their perceptions of the recruitment selection process. This means that what or how the specialists felt about pre-selection process was related to what they thought or felt about the subsequent selection process. There was a significant positive linear relationship between perceptions of the pre-selection process and employee retention. This means that respondents who tended to view the pre-selection process positively tended to rate retention positively, while those who tended to view the pre-selection process negatively tended to rate retention negatively. Thirty two (32%) of changes in respondents' perceptions of retention could be explained by changes in their perceptions of the recruitment pre-selection process. There was a significant positive linear relationship between perceptions of the selection process and personnel retention. It means that respondents who tended to view the selection process positively tended to rate retention positively, while those who tended to view the selection process negatively, tended to rate retention negatively. Altogether, up to 35% of changes in respondents' perceptions of retention could be explained by changes in their perceptions of the recruitment selection process.

This section discusses several conclusions and recommendations based on the findings of the study which are key requirements in addressing the challenges facing the recruitment and selection processes, as well as the retention of public healthcare specialists.

The chapter is organised as follows: section 8.2 provides the conclusions drawn from the findings of the study, and, thereafter, make recommendations. Section 8.3 explores various mind-maps with the aim of developing a model and checklist for recruitment, selection and retention. Section 8.4 shows the strength and limitations of the research, while section 8.5 present suggestions for further research. Section 8.6 describes the implications of the research. Section 8.7 summarises the chapter.

## 8.2 CONCLUSIONS AND RECOMMENDATIONS

This section deals with the conclusions and recommendations derived from the data which were scientifically triangulated from the qualitative and quantitative data. Recruitment strategy is discussed first as it key to all HRM processes.

### 8.2.1 Recruitment strategy

Recruitment strategy is an important variable of HRM as it is used to acquire labour.

### 8.2.1.1 Conclusion

Results for both the quantitative and qualitative data sets agreed that the current recruitment strategy was not as effective as desired. Among the major reasons that the respondents identified for this ineffectiveness, was the moratorium that was placed on the filling of posts. The qualitative questionnaire has placed the moratorium as the top reason that rendered the recruitment strategy ineffective. Respondents indicated that several other constraints and associated negative effects emanating from the moratorium had the effect of compromising patient care. These factors included:

- Vacant posts not advertised;
- Bureaucratic processes;
- Working with skeleton staff;
- Budgetary constraints;
- Staff are demotivated;
- Competition from private hospitals; and
- Insufficient notice to plan staffing needs.

The assumption that due to budgetary constraints, the existing staff should work with skeleton staff, was not a well thought-out management decision as it resulted in stress and burnout.

Regardless of being the central to health outcomes, respondents indicated that they were not consulted about the imposition of a moratorium policy in spite of DPSA (1999) suggesting that they must be consulted together with professional statutory bodies if the Department is drafting its own policies. There is a general consensus that had the decision been wisely communicated, they would have planned their staffing allocation and needs timeously. Some respondents indicated that they had observed the mismanagement of financial austerity that had resulted in the freezing of posts. It is not clearly understood as to how, for instance, public healthcare specialist posts are not protected during the period of austerity. Budgetary constraints will always remain a challenge for the KZNDoH, as evidenced in the deterioration of patient care. This was revealed by Eager (2015) in an article entitled 'Protecting critical posts at times of austerity' (Public Health Association of South Africa (PHASA)).

One respondent commented that the biggest threat to providing quality healthcare services to the said hospitals is not the shortage of public healthcare specialists, but rather securing the financial resources to recruit and retain them. Despite the 'moratorium', some respondents felt that management sees no urgency to fill at least, critical funded posts. The concepts 'staffing moratoria' or 'freezing of posts' have become buzzwords in recent times. Modjadji (2017) reported that "doctors are worried that there won't be registrars in the public service". Despite the availability of several circulars imposing 'staffing moratoria' or 'freezing of posts', the National Minister of Health, Dr Aaron Motsoaledi, denied the freezing of posts, claimed the article. Yet critical posts remain not filled leaving the existing employees overburdened and despairing. Dr Motsoaledi's denial has no substance as Chapter 3.6.2.1 indicated that various specialist posts remained not filled due to staffing moratoria.

It also transpired that the KZNDoH has opened its doors to 40 Libyan doctors to train as specialists at the expense of the local doctors who want to become specialists. This is a matter of concern as it has caused uncertainty and anxiety within specialty fraternities. The staffing moratoria is attributed to the KZNDoH overspending by more than R1,1 billion in the 2016/2017 financial year, reported the *Health-e News*. This overspending does not augur well for public healthcare specialists as they are the linchpins of health outcomes in the said hospitals. The uncertainty and anxiety arises from the fact that public healthcare specialists are unable to plan patient care delivery initiatives and projects. Sibonelo Msomi, Treasury spokesperson clarified Dr Motsoaledi's articulation in that staffing moratoria' or 'freezing of posts' is placed on the filling of vacant non-OSD posts only and not public healthcare specialist posts.

Bureaucratic processes which are cumbersome demand that a request for the advertisement of such posts must ultimately, be approved by the KZN Provincial Treasury, forgetting that these hospitals are competing with surrounding private hospitals such as Richards Bay, Melomed and Garden Clinic. The problem of funds in the KZNDoH cannot be over-emphasised as Ndaliso (2017) reported that the KZNDoH is facing R10.6 billion in lawsuits emanating from medical negligence claims. This situation is likely to have catastrophic consequences for patient outcomes in the Ngwelezane, Queen Nandi and Stanger Regional Hospitals. On the flip side, Maqhina (2016) reported that the KZN Department of Social Development has been blamed for the R97.6 million in under-expenditure in the past financial year *(Daily News*, 12 October). In this article, the Department was blamed for failing to fill senior management posts due to staffing moratoria. In its defence, the Department also blamed the cross-cutting measures imposed by the KZN Provincial Treasury. Certain opinions were offered on how to circumvent these challenges.

### 8.2.1.2 Recommendations

First and foremost, respondents felt that policy-makers have not agreed upon the definition of the concept 'critical' as it has been used as a blanket term in the staffing moratoria. This view suggests that effective consultation with relevant stakeholders who understand this concept from a health perspective is imperative. In this regard, relevant stakeholders includes public healthcare specialists. Du Toit (2000:269 cited in Pillay, 2012:327) hold the opinion that it is someone who is actively involved in the development of a policy, thus having interest in the policy outcomes. For these hospitals to fulfill their constitutional mandates of patient outcomes, they need to involve public healthcare specialists in the policy formulation that impacts directly on patient care. The majority of the respondents were of the view that had public healthcare specialists been involved in the formulation of staffing moratoria, they would have provided a better definition of the concept of critical posts. While acknowledging the unavoidance of controls on particularly, compensation of employees (CoE) expenditure, more flexibility in the filling of public healthcare specialist posts would have been provided, had policy-makers understood the concept well from a health perspective.

For instance, the respondents are of the view that critical posts are those posts that have direct negative consequences to the community if left vacant. Consistent with this view, Daygan Eager's article (2015) above suggests that according to the National Human Resources for Health Strategy (2011:3), all stakeholders should ensure that critical posts of, for instance, public healthcare specialists are, not frozen, particularly in the under-served rural hospitals, as part of hiring moratoria resulting from overspending (Chapter 8, Activity 8.1.3).

In the case of the staffing moratoria, relevant stakeholders are required to consider whether the decisions taken do not infringe the rights of the communities to access quality healthcare. There is a general consensus that quality healthcare must be provided within the available budget. Section 33 (6) of the Constitution read in conjunction with section (7) of the Promotion of Administration Justice (PAJA) prescribes that every individual has a right to administrative action that is lawful, reasonable and procedurally fair (see Chapter 4.4.4). This means that patients cannot be denied access to quality healthcare because of the staffing moratoria. Respondents suggested that non-administrative staff such as politicians should refrain from interfering with employment activities as this is an administrative function. The interference by the KZN Provincial Treasury with regard to the staffing moratoria signals lack of capacity within KZNDoH in as far as financial management issues are concerned. It is recommended that the appointment of senior public service officials responsible for financial management and HRM be based on competencies and skills as determined by the strategy policy (KZNDoH HRM Circular, No 43 of 2011). There is a likelihood that the appointment of officials who lack the competencies and skills is likely to circumvent the system, and thereby, the moratorium.

It transpired from this passage that strict adherence to the statutory and regulatory framework with regard to employment decisions and financial management is believed to have the potential to solve problems associated with staffing moratoria or freezing of posts as competition from private hospitals is viewed as one of the contributory factors that renders the current strategy ineffective. The MEC of Health, Dr Sibongiseni Dhlomo is under pressure to fill 93 specialist posts at hospitals in KZNDoH (Chapter 3.6.2.1).

### 8.2.2 Occupational Specific Dispensation (OSD)

The payment of OSD is supposed to attract staff with specialised training/education.

### 8.2.2.1 Conclusion

The triangulation of evidence from both the quantitative and qualitative questionnaires revealed that OSD had positive impact on the recruitment of public healthcare specialists, although some shortcomings were also highlighted. The OSD was introduced in South Africa to improve public hospital's ability to attract and retain public healthcare specialists through increased remuneration (PSCBC Resolution 1 of 2007) (DPSA, 2007:1; Matshekga, 2014). According to Chapter 4.4.6.1, remuneration forms part of the terms and conditions of the employment contract. Section 213 of the LRA (Chapter 4.4.5) reads:

...remuneration is any payment in money or in kind, or both in money and in kind, made or owing to any person in return for that person working for any other person, including the state.

The qualitative questionnaire highlighted that the payment of OSD is adequately competitive with the private sector as some of the public healthcare specialists have crossed over to public hospitals, and others were recruited from overseas. Remuneration must be noticeably fair or competitive to attract public healthcare specialists instead of being excessive (Coetzee, 2010). Coetzee (2010) agreed that remuneration is used to attract public healthcare specialists to the hospital. The two studies conducted in South Africa found that OSD had managed to attract and retain nurses with specialised qualifications at two hospitals in Gauteng (Motsosi and Rispel, 2012) and George and Rhodes (2012) found that OSD had certainly aligned the salaries of most healthcare professionals with the international market. These two studies were revealed by Theunissen (2015:3), who also highlighted that the OSD takes place within specific career grades and salary notches. Due to market-related salary packages offered by the OSD, some employees seized the opportunity to acquire specialty training using the HR framework. The HR framework enables potential and long serving health professionals to be sent to universities or colleges to acquire specialty training.

The payment of OSD is important, but some individuals do not see it as a solution to attracting and recruiting specialised nurses because it provides dual career pathing. This means that in the case of nursing, for instance, area managers are able to progress to levels where their salaries become equivalent to, or higher than that of the Operational Managers or Assistant Nurse Managers without performing either supervisory or management duties. DPSA (2007:1) allowed the overlapping of salary bands between grades to permit dual career paths. Public healthcare specialists are allowed to specialise in their clinical fields or progress to supervisory or management positions while earning an equivalent salary. Arguably, OSD is focusing on a career path for the future and it does not guarantee immediate salary adjustment in the form of increased salary. Dual career paths have caused difficulty in supervising junior staff who earn an equivalent salary or more than their supervisors. This difficulty has destroyed the interrelationships between physicians themselves and among nursing management. Although OSD has brought some excitement in certain specialties there are wounds that have not been healed as the implementation of OSD is viewed as unfair, discriminatory and lacking in transparency (Mcur & Mulaudzi, 2015:104). Based on these negative effects of OSD, including poor working conditions and environment, it can be concluded that OSD for public healthcare specialists was not as clear or straight-forward as it was perceived.

### 8.2.2.2 Recommendations

Consistent with Theunissen's (2015:15), the combination of negative effects of OSD, a high demand for public healthcare specialists in the private sector, namely, Richards Bay Hospital, Melomed Richards Bay Hospital and growing international opportunities for public healthcare specialists, have seriously influenced the ability of the said hospitals to attract and retain skilled and competent public healthcare specialists (Human Resource Development Strategy for the Public Service, 2002-2006 cited in Hoffman & Groeneveldt, 2009: NDoH, 2010). As part of the rewards strategy, it is recommended that OSD is aligned with other types of incentives. Public Health and Social Development Sectoral Bargaining Council (PHSDSDC), Resolutions 3 of 2009 and 1 of 2010 referred to as a rewards strategy makes provision for financial and other types of incentives. These incentives include promotions to higher level positions depending on the availability of posts, qualifications and experience. For the reward strategy to be successful, it is recommended that it must be aligned with the hospital's strategy and the HR strategy (Chapter 2).

Based on the HR theory, a well-developed reward strategy is likely to cause these hospitals to be perceived as the 'employer of choice' or 'preferred employer' (Bussin, 2010). The employer of choice compensates public healthcare specialists for their hard work. Despite detailed policy guidelines, it is unfortunate that OSD implementation was subjected to different interpretations especially with regards to the complex 'grandfather clause' (DPSA, 2007:4) which ultimately, resulted in overpayments and underpayments. As previously cited in section 8.2.1, the involvement of HoDs/HCUs and ANMs/OMs in policy implementation was viewed as important to avoid misinterpretation of OSD. Unfortunately, this misinterpretation led to perceptions of discrimination and unfairness. The following recommendations for policy implementation must be applied (Motsosi & Rispe, 2012:142):

- Effective communication must be restored to ensure that every individual affected by the policy is on board in terms of understanding and comprehending the policy;
- HoDs/HCUs and ANMs/OMs as front-line specialists in policy implementation must be consulted and involved;
- Executive management including HR Managers and HoDs/HCUs and ANMs/OMs as implementers of OSD must be subjected to extensive, standardised training to ensure uniform interpretation;
- Fairness and transparency in the implementation of the OSD must be maintained; and
- HR departments should constantly monitor and evaluate the implementation of OSD to detect any possible deviations.

Mothiba (2014:455) added that the implementation process of OSD can be improved through the provision of continuous meetings and workshops. Some respondents indicated that it is essential in terms of labour/employee relations policy (Chapter 4.4.6) to provide platforms for the affected public healthcare specialists to voice their grievances and dissatisfaction. Some suggested that there is a need to review OSD to improve job satisfaction (Khunuo & Davhana-Maselesele, 2016). The realisation of these recommendations will guarantee the attraction and retention of public healthcare specialists in the said hospitals. The OSD will remain part of a hospital's ongoing efforts to attract and retain public healthcare specialists to achieve health outcomes through specific policy interventions (DOH, 2006; DPSA, 2007:2 cited in Motsosi & Rispe, 2012:134).

### 8.2.3  Recruitment sources

Recruitment sources form an integral part of the recruitment process as fierce competition and compensation remain a threat in the recruitment of public healthcare specialists globally.

### 8.2.3.1 Conclusions

Respondents to the quantitative questionnaire pointed out that it is doubtful that attempts have been made by the said hospitals to establish relationships with university/college campuses to influence potential graduating students to join them. This claim is based on the fact that if there was such an initiative they would be the first to know as they are the ones who communicate with faculty specialties to identify the number of graduating students. Respondents stated that management refused to include them in decision-making in identifying appropriate recruitment sources for public healthcare specialists. Each time management is contacted about the possibility of securing prospective registrars from a particular university, the moratorium will be cited as an excuse.

In contradiction, chapter 3.6.2.1 indicated that the KZNDoH has opened doors for 40 Libyan doctors to train as specialists (registrars) at the expense of the local registrars. These findings are worrying, as they deny graduating local registrars an opportunity to hone their clinical skills through work experience. For the above strategy to be effective, it must be supported by recruitment agencies (Sills, 2014:11). Respondents to the quantitative questionnaire indicated that though it may sound like a good strategy, in practice recruitment agencies such as AHP (chapter 1.2.1.1) have difficulty in processing applications for foreign qualified public healthcare specialists. They indicated that this difficulty is caused by the delays in issuing work permits for foreign specialised staff by the Department of Home Affairs (DHA).

Respondents to the qualitative questionnaire demonstrated relatively less interest on this issue as it has no effect on the employment of specialised staff as they do not recruit nurses abroad. The point was made that issues of registration and work permits lay more with the HR department and the individual nurses themselves, with one of the participants declaring:

> *It is not my responsibility to oversee the registration process for nurses with the South African Nursing Council. Nurses are expected to initiate the process of registration immediately on completion of their qualifications so that they become eligible to apply for advertised posts.*

Nonetheless, the respondents had an appreciation of the procedures involved and hence made some pertinent comments, which included the following:

- *The South African Nursing Council is quick in registering nurses with specialty training;*
- *It takes longer to obtain a work permit if you are a foreign candidate; and*
- *Registration with SANC is a criterion for recruitment.*

Another important recruitment advertising medium is the FWMP that support institutions that are having difficulty with the filling of scarce skills posts including public healthcare specialists (Chapter 1.2.1.2). Respondents to the quantitative questionnaire partially agreed that the FWMP supports the hospital by supplying foreign specialised staff. Respondents claimed that some foreign public healthcare specialists present themselves as walk-ins. Therefore, walk-ins cannot be attributed to FWMP. Finally, Part V, Section C.C3 of the Public Service Regulation (PSR), (2001), makes provision for the advertisement of posts with a negotiable salary up to the fifth salary notch in respect of public healthcare specialists (KZNDoH HRM Circular No 2 of 2009). There is a belief that this regulation has the potential to attract especially foreign qualified public healthcare specialists with at least 3-5 years. Respondents to the quantitative questionnaire highlighted that they are not aware of this policy directive. The blame was apportioned to the HR department for taking a lackadaisical approach in disseminating this important clause. Had this clause been brought to their attention a long time ago, the problem of shortage of public healthcare specialists would have been circumvented. Respondents claimed that overseas public healthcare specialists want to re-locate and work in South Africa at a higher salary.

## 8.2.3.2 Recommendations

The value of choosing an appropriate recruitment source for public healthcare specialists must be made a strategic priority. The HR plan setting out HR priorities as well as HR policies must stipulate that choosing an appropriate recruitment source for public healthcare specialists is a shared responsibility between HR Managers and HoDs/HCUs and ANMs/OMs. The aim is to avoid confusion and misconceptions around choosing recruitment sources. There should be continuous meetings between these two stakeholders to identify the location of the potential candidates as they are hard-to-find. Hospital management must desist from taking unilateral decisions in choosing recruitment sources such as job boards and Sunday Times newspapers without involving of HoDs/HCUs and ANMs/OMs.

Section 8.2.3 suggested that HoDs/HCUs and ANMs/OMs often communicate with graduating students via social networking sites. It is therefore, recommended that this strategy be blended with university/college recruitment strategy as it has a potential to influence graduating students to join these hospitals. For this to happen, these students must be supplied with airtime to initiate online group/interactive chat sessions in order to exchange relevant information about the hospital (Chapter 3.6.2.1). Huff and Lee Roth (2012 cited in Kanyemba, 2014:17) reported that according to the study by Mobley (1988 cited in Belcher, Frisbee and Sandford, 2003), the dissemination of information to prospective graduating students through social networking sites such as Twitter, Facebook and LinkedIn has been instrumental in recruiting registrars from different faculty specialties. It is also recommended that irrespective of the recruitment source, posts advertisements must comply with the following placement strategies (Mariia, 2017:9):

- capture the job hunter's attention;
- hold the job hunter's attention; and
- design your advertisement to be the last one a job hunter wants to read.

This recommendation is in line with the suggestion of Foot and Hook (2008:158) (see Chapter 3.4.2). Rashmi (2010:26-28 cited in Mariia, 2017:9) added the logo, graphics and use of the right language. From the above, it can therefore, be concluded that the issue of choosing an appropriate recruitment source should become a shared responsibility between HR practitioners/specialists on the one hand, and on the other, HoDs/HCUs and ANMs/OMs. The assertion simply reflects that the internet is global and it can connect with any potential applicant in the whole world.

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### 8.2.4 Strategic approach

A well-planned recruitment programme is likely to attract a number and quality of prospective candidates that would satisfy the strategic objectives of the institution, at minimal cost (Chapter 3.4).

### 8.2.4.1 Conclusion

Certain findings that originated from the quantitative questionnaire indicated that respondents were less knowledgeable about the strategic approach to recruitment. The strategic approach included aspects such as job analysis, job descriptions, job specifications, job evaluation and HR planning. It was noted that these aspects are the cornerstone of a well-planned recruitment programme. However, many of the respondents indicated that they have not viewed these documents over the last six months. This is a concern: job analysis is used to perform multi-functions in the hospital including defining specific tasks and responsibilities to be performed by public healthcare specialists as OSD has created dual career paths. Within the boundaries of job analysis, job descriptions are used in the application of EPMDS (chapter 3.4.1.1). Respondents pointed out that their knowledge of the processes underpinning EPMDS is limited. This situation does not bode well for the strategic approach to attract public healthcare specialists if HoDs/HCUs and ANMs/OMs do not have a full understanding of the job to be performed. In this regard, there is the likelihood that an individual who is not a good fit may be appointed.

Nonetheless, this background lay the groundwork that enabled the respondents to examine their understanding of the HR framework in relation to the identified aspects. Respondents to the qualitative questionnaire indicated that they were not aware that HR frameworks must be viewed as the 'backbone' or 'cornerstone' of all HRM activities such as recruitment and selection. Many scholars and writers including Schuler and Jackson (1996:180; Sherman, Bohlander & Snell, 1998:90; Dessler, Cole & Sunderland, 1999:127 cited in Siddique, 2004:220) agree that the HR framework is a rich source of information to recruitment and selection. Continuing this line of thinking, respondents pointed out that a lack of knowledge of this piece of legislation hindered them in effectively contributing to the overall achievement of the recruitment process. According to Cameron (2008:204), it is difficult to compete in a competitive market for public healthcare specialists if line managers lack knowledge of the HR framework. For these hospitals to deliver their mandates, they need quality public healthcare specialists (Drucker, 2002) that have been determined by a HR plan. For purposes of clarity, HR planning is treated as a moderating variable that requires strategic consideration as it focuses more on  the forecasting of public healthcare specialists.

As suggested, HR planning is equally important as a strategic factor that influences the attraction and selection of public healthcare specialists. Findings from the quantitative questionnaire reflected that HR plans have not been developed or reviewed in the last 4 years. Stemming from these findings, the following stumbling blocks within HRM which are not technical were identified:

- Lack of coordination among line managers
  Management at different levels have echoed incongruous views, opinions, goals and objectives that obstruct the cooperation required by the plan.
- Poor collaboration
  HRM failed to implement proper processes to advance the collaboration between clinical and administrative departments.
- Progress not measured
  The instrument to measure progress toward the desired goals do not exist.
- Lack of buy-in
  The plan was not effectively marketed, resulting in lack of understanding of the intention of the plan. There is no personal attachment to the plan because of the feeling that effort exerted by public healthcare specialists may be inconsequential in receiving positive attention. HoDs/HCUs and ANMs/OMs are impassive towards the plan and also feeling uninspired due to the lack of a 'budget moratoria' to execute the plan.

When these obstacles are left festering, the HR plan will be meaningless if it cannot be used to ensure that the right public healthcare specialists with the right clinical skills at the right time in a timely and costly effective manner are recruited and retained (Argue, 2015:22).

**8.2.4.2 Recommendations**

It is recommended that the HRM department endeavours to make available a plethora of documents relating to the strategic recruitment approach to all public healthcare specialists. Although job analysis and job evaluation falls within the jurisdiction of the Organisational and Development Sub-Directorate, HRM department has a responsibility to facilitate distribution to enable a quick recruitment process. These documents should indicate, among other things, clear objectives, goals and channels of communication for public healthcare specialists. Consistency with HR framework, job descriptions and job specifications must be regularly updated and refined. For this to happen, it requires strong leadership and support from HRM. In continuing with this recommendation, these aspects of strategic approach to recruitment must be monitored and evaluated, presumably on a six-month basis to identify any deviations.

Another recommendation is employee development building aimed at capacitating, especially, public healthcare specialists including HoDs/HCUs and ANMs/OMs. Based on on their role as those in charge of clinical departments, they are required to assess the actual performance of their subordinates against the set criteria (KZNDoH Human Resource Management Circular, No 4 of 2015). Knowledge Management (KM) has been identified as a key aspect in addressing problems associated with the HR framework. It should be used as a vehicle to facilitate the recruitment process and retention of public healthcare specialists. It is recommended that a newsletter containing streamlined HR framework be introduced to sustain KM. This streamlining is aimed at removing complexities, difficulties and challenges that HoDs/HCUs and ANMs/OMs face when tackling issues of the recruitment process and retention.

This idea is consistent with the view echoed by Mphahlele (2010:37) who stated that KM provides effective solutions to problems (Riley, 2003) of recruitment and selection. Therefore, it becomes necessary that the HRM department in conjunction with the office of the Corporate Relations takes charge of this initiative. The editorial team should include individuals who have experience and expertise in the field of research. Before assuming this responsibility, it is recommended that the team be subjected to training to refine their skills. While the contribution of HR frameworks has not been scientifically and systematically investigated and tested in these hospitals, anecdotal evidence exists in different literature that suggest that a well-formulated training programme has the likelihood to attract the hard-to-find public healthcare specialists. From a HR planning perspective, it is recommended that the following strategies be adopted:

- Market the plan effectively

  Understanding and comprehending the aims and objectives of the HR plan depends on effective marketing of the plan. If public healthcare specialists have not realised and fully understood the purpose of the plan, they would not have realised the need to participate in the development and implementation of the HR plan.

- Increase employee commitment to the plan

  Efforts must be made to augment public healthcare specialists' commitment to the plan to avoid misconceptions and confusion relating to the HR plan. These individuals must be convinced that their efforts directed towards the development and implementation of the plan will in the end yield better results.

- Fostering inter-departmental cooperation.

    The mplementation of HR plans must be aligned with departmental relationships within the hospital settings. For this to happen, HR Managers must carve relationships between clinical and administrative departments.

A further recommendation is to combine a mixed strategy involving qualitative and quantitative methods for HR planning. According to Al Wahshi (2016:236), quantitative techniques refers to trend analysis, ratio analysis and regression analysis while qualitative techniques refers to the Delphi method, nominal group technique, and scenario analysis. It is not within the mandate of this study to describe and define each of these concepts. Based on the ability of these techniques, a mixed method approach to HR forecasting is essential as it can help these hospitals to identify the location of prospective public healthcare specialists. This recommendation is supported by Agrawal, Nanda, Rao and Rao (2013) who stated that these techniques have worked well in India.

### 8.2.5 Financial resources

From a budgetary perspective, HoDs/HCUs and ANMs/OMs are required to factor operational recruitment costs. The literature indicated that the advertising budget was decentralised with effect from 1/4/2002.

### 8.2.5.1 Conclusion

Some of the findings that emanated from the quantitative questionnaire included the following specific concerns:

(i)     Decentralisation of budget – The concepts associated with linkages of financial management and HRM were difficult to understand as respondents did not have either educational qualifications or experience in both these fields. The Public Service Commission (PSC) (2013:7) argued that this function was delegated by officials who themselves did not have the necessary technical knowledge and skills, experience and competencies to manage the recruitment process. The net results of this argument are that management adopted a defensive and unsound approach in respect of filling the posts due to their insecurities.

(ii)    Total costs – Being expected to calculate direct and indirect costs in respect of the filling of posts, was challenging. The total costs had to be submitted to the Cash Flow/Finance Committee for approval before the posts are advertised. Respondents highlighted that the actual total costs must be generated from PERSAL in line with the hospital's HRM plan.

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(iii)    Financial certificate – The dynamics associated with the certification of whether funds are available or not were rather confusing as this is a management decision including the Cash Flow/Finance Committee.

(iv)    Consultant expenses – Respondents claimed that it is rather unfair to expect them to be knowledgeable about the expenses incurred from the use of consultants. The previous findings highlighted that respondents did not have jurisdiction to participate in the appointment of consultants.

(v)    Shortlisting and interview expenses – The findings highlighted the inability of HoDs/HCUs and ANMs/OMs to calculate expenses associated with these two processes. Again, respondents felt that this is a HRM departmental responsibility .

(vi)    Employment expenses – Respondents were of the view that knowing costing and budgeting for compensation of employees (CoE) is of no significance importance to their scope of practice.

(vii)    Financial constraints  – In the previous findings, respondents declared the concept of financial constraints as a buzzword due to its attachment to any service delivery initiatives

The strategy policy KZNDoH HRM Circular (No 43 of 2011) does not provide the rubric guiding HoDs/HCUs and ANMs/OMs as to how the decentralisation of the budget should impact on their abilities to perform tasks associated with the filling of posts. Respondents cited that the logic and rationale behind decentralisation of budget was not fully explained. However, it was realised that certain specific tasks were not as clear as expected. They require continuous elaboration and clarification because they were confusing.

**8.2.5.2 Recommendations**

To remove such confusion, it is recommended that tasks associated with budgetary processes be rationalised and streamlined to enhance their understanding and effective involvement. For purposes of clarity, finance and HRM concepts that appear to be ambiguous must be interpreted in simple and plain language. It is evident from the previous findings that the performance of these tasks must be entrusted to qualified, experienced and highly motivated Finance and HR Managers. Generally, HoDs/HCUs and ANMs/OMs should not be involved in issues of financial management except in the strategy to recruit specialised staff. Their involvement in non-clinical duties might lead them to lose focus from their core business, which is patient care, and hence, to feeling stressed, burnt, over-burdened and over-worked. A clearer job description for all administrative managers must be outlined to avoid unnecessary duplication of tasks.

To conclude the part of recruitment, it is recommended that hospital management continue supporting the recruitment process through the provision of financial and human resources as the demand for specialised staff is high. This recommendation is based on the fact that the overall recruitment pre-selection process was computed with a mean of 2.89, an average that falls between the slightly poor to moderate range. In a similar vein, the aspect of recruitment strategy was rated with a mean of 1.90 on the HR framework attributes. Hence, a need to develop a model/checklist that will effectively assist these hospitals in their quest to attract and recruit public healthcare specialists, is clear.

### 8.2.6 Selection criteria

Friedman (2013) commented as follows: *Hiring quality candidates is a place where art meets science.* This article simply suggests that consistency and uniformity must prevail when developing selection criteria.

### 8.2.6.1 Conclusion

Respondents to the quantitative questionnaire indicated that blame must be apportioned to HR practitioners/specialists for the lack of consistency and uniformity in the determination of selection criteria. Respondents highlighted the following inadequacies:

- Lack of experience and capacity to provide adequate guidance and advice;
- Insufficient understanding of the policy strategy;
- Appointment of junior HR officers who always act as HR practitioners/specialists, thus feeling intimidated to advice senior officials;
- Failure to understand a distinction between essentials and desirables as criteria;
- Very few HR practitioners/specialists understood the policies and legislation governing employment practices, as many disputes arose from discrimination practices.

The above factors compromised the recruitment process as HR practitioners/specialists lack insight and knowledge on how to interpret the strategy policy. Members of the selection panel found themselves performing dual functions which are unrelated to their core business.

### 8.2.6.2 Recommendations

The HR Manager as the custodian of the policy strategy (KZNDoH HRM Circular, No. 43 of 2011) must make an effort to ensure that only qualified and trained HR practitioners/specialists are appointed to guide the selection committee. Preferably, HR practitioners/specialists must be in possession of a Diploma/Degree in Human Resource Management.

A diploma/degree in Public Administration/Management will also be recommended while an Honours/Masters degree would be an added advantage. Besides qualifications, they must be subjected to a rigorous interview to test their knowledge of HR practices and associated policies. This testing would lead to the provision of the highest guidance and advice by HR practitioners/specialists. HR Manager should ensure that their specific roles in the recruitment and selection process are clearly spelt out in the job descriptions.

A further recommendation is that the HR Managers must ensue that shortlisting and interview dates are clearly indicated in the work plan for HR practitioners/specialists. This strategy will ensure that no junior HR officer is appointed to guide the selection process. Ideally, the work plan would ensure that each process is guided by HR practitioners/specialists to obviate the challenges associated with the exclusion of qualified candidates due to misinterpretation of the strategy policy. It is further recommended that HR practitioners'/specialists' knowledge of employment policies and legislation is continuously evaluated, preferably on a six-month basis. This evaluation will help to solicit whether their knowledge is consistent with both local and international trends. Knowledge of local and international HRM practices and related policies is imperative as it helps to obviate unnecessary labour disputes. Such knowledge can be acquired through the attendance of workshops and congresses.

### 8.2.7 Interviewing skills and training

According to the strategy policy, the selection interview forms an integral part of the recruitment process. Interviewing skills remain an important instrument of the selection interview. Brown (1999:153) asserted that "interviewing skill is directly linked to the validity, quantity and quality of output". According to Brown (1999:153), institutions have not subjected most interviewers to training on selection interviews or giving them feedback on how they conduct interviews.

### 8.2.7.1 Conclusion

The above statement is in keeping with the responses of the respondents in both the qualitative and quantitative questionnaires who stated that they had not received any form of training in recruitment and selection. This is ironical taking into account the amount of financial resources that are invested in recruitment and selection. Notably, public healthcare specialists had received training in areas such as Employee Performance Management and Development Systems (EPMDS) and other aspects of financial management but none in recruitment and selection. Perhaps, Executive Management (EXCO) is of the opinion that interviewing skill is an inborn attribute that comes naturally.

This opinion is reinforced by the coincidence of having a selection committee appointing a good candidate for a particular specialty. On the flip side, untrained selection committees were found to have assessed candidates based on physical appearances and use of gestures. In line with this perception, Quinn (2014:63) suggests that an individual was offered a job during the interview. This individual had a relationship with a family member working for the institution. This decision constrained the debate for other candidates. The selection committee is cautioned to guard against prejudice and subjective opinions that might lead to discrimination against applicants, and consequently, negligent hiring' (Mondy, 2012).

### 8.2.7.2 Recommendations

As public healthcare specialists are increasingly getting involved in interviewing unlike in the past, it is recommended that they be provided with interviewing skills to be able to effectively select the best fit for the institution. These skills are acquired through formal training. Flowing on the assertion of Cesare (1996 cited in Brown, 1999:155), training forms an integral part of the interview development plan, otherwise, members of the selection committee who have not received training are likely to diminish the value of the instrument. A further recommendation is to eliminate bad practices of offering candidates jobs during the interview. This practice leads to tokenism. Based on the study conducted by Bezuidenhout, Bischoff, Buhlungu and Lewins (2008:17) which highlighted the number of cases that arose from the selection process that were referred to the Commission for Conciliation, Mediation and Arbitration (CCMA).

Chapter 5.3.2 stated that the selection committee be subjected to training pre-course learning or a refresher course. It transpired that lack of training especially on statutory and regulatory framework guiding the employment decisions during the selection process is the cause for such disputes. Noe et al. (2010:232) support the notion that suggested that both HoDs/HCUs and ANMs/Oms and HR practitioners/specialists are untrained for this task or perhaps they have been inadequately equipped with knowledge to deal with selection issues. Therefore this section reinforces the recommendation of a training pre-course learning or a refresher course that includes EXCO members as well.

### 8.2.8 Retention

The main aim of retention is to put a halt to the loss of skilled employees.

### 8.2.8.1 Conclusion

The triangulation of evidence from both the quantitative and qualitative questionnaires revealed that the biggest factor that contributed to ineffective retention of public healthcare specialists was a lack of direction from management followed by poor communication overall.

Eisenhauer (2015) endorsed this finding, and added constant change that is not well communicated. Respondents highlighted that they felt devalued and that the hospital's priorities were not patient-focused. According to Whittaker et al. (2013:100), these findings are consistent with evidence from nursing workforce research (O'Donohue, Donohue & Grimmer, 2007; Maben 2008) and medicine (Christmas and Millward 2011). Respondents indicated that several other negative responses emanating from perceptions had effects on high rate of attrition. These responses included having little decision-making power and confinement to performing routine work. According to the findings, the majority of the factors were intrinsic to the respondents themselves. Respondents also believed that tensions that existed in clinical areas were largely attributed to the working conditions and environment that these hospitals were in a position to change. In addition, respondents felt that their scope of practice had narrowed, due to heavy workloads resulting from high nurse to patient ratios. Hence, this eroded their professional autonomy. They stated that they would prefer to practice within their professional ideology.

This situation has created an impression that their role as specialists is not understood by hospital management. Heavy workloads combined with lack of time to manage demands for the wards (Sadler 2010) contributed to the high rate of attrition. Moreover, respondents indicated that organisational changes that were introduced also led to high turnover. Those changes cut across resource, process, leadership and personal impact (chapter 7.8.1.3 (ii)). Respondents believed that it is important to keep employees informed about changes that are taking place in the hospital such as infrastructure development as these factors contribute to their dissatisfaction which ultimately, results in low morale, depression and stress. It is known that these factors lead to high turnover if they are not properly managed.

### 8.2.8.2 Recommendations

When the hospital provides suitable conditions and environment for work and in return public healthcare specialists provide a professional service that makes a difference in patient care – that is tantamount to psychological contract (Whittaker et al., 2013:102). It is recommended that employee dissatisfaction be managed through psychological contract as it appears to yield trade-offs. These trade-offs included:

- Accepting difficult work under the auspices of a supportive hospital management;
- Fostering good team relationships; and
- Providing feedback on whether they are making a difference in the health outcomes.

Another recommendation is that public healthcare specialists be allowed to practise within their professional ideology to preserve their scope of practice. This recommendation is in line with the ideas of ideology-infused psychological contracts which according to Thompson and Bunderson (2003; Hyde, Harris, Boaden and Cortvriend, 2009), is affirmed in other research into professional practice. Meaningful communication in the hospital setting is key to public healthcare specialists. It is intended to open a dialogue geared towards attaining a common goal. As modern workforce likes to actively participate in the hospital's activities, it recommended that communication on all sides and in every direction be clearly outlined. This recommendation will yield several benefits including keeping public healthcare specialists informed about changes taking place within the hospital setting. With clear communication strategies in place, some dissatisfaction identified above is likely to disappear. Communication is the secret to the success of the hospital. The next section discusses the intervention suggested by the study.

## 8.3 TOWARDS DEVELOPMENT OF A MODEL AND CHECKLIST FOR RECRUITMENT, SELECTION AND RETENTION

Based on chapter 3's presentation of models for recruitment, selection and retention as well as the results presented in chapter 7, there is a need for an appropriate intervention in order to address the problems and challenges associated with recruitment, selection and retention. The intervention takes the form of a model which must be conceptualised from an HRM perspective.

### 8.3.1 MODEL

Models are designed to provide a "solution" to a research problem (Babbie & Mouton, 2001; Van der Waldt, 2013:12 cited in Thebe & Van der Waldt, 2014:15). Based on the assertion by Van der Waldt (2013:12), models can be described as approaches, cases or scenarios; as simulations, conceptual frameworks and as graphical presentations or visual aids. In this regard, a model was developed as a graphical presentation taking into account all the processes for a successful HR activity (recruitment, selection and retention). In the context of recruitment, selection and retention of public healthcare specialists, the model is presented as a mind-map. It takes into account that recruitment and selection were conceived as independent variables while retention was treated as the dependent variable (Chapter 7.1). Figure 8.2 below illustrates the application of a systematic approach that must be followed to source public healthcare specialists.

**Figure 8.2: Recruitment steps**

Step 1

Identify the need to recruit

Step 2

Obtain approval

Step 3

Consult the recruitment policy and procedure

Step 6

Consider the sources of recruitment (searching)

Step 5

Determine the key performance areas of the job/recruitment

Step 4

Update job description, job specification and profile

Step 7

Develop the recruitment advertisement/strategy development

Step 8

Choose the appropriate recruitment method

Step 9

Place the advertisement in the most appropriate and suitable communication medium/implement a decision

Figure 8.2 depicts a recruitment systematic process that commences with the identification of the need to recruit up to the step of implementing a decision.

**Figure 8.3: Steps in the selection process**
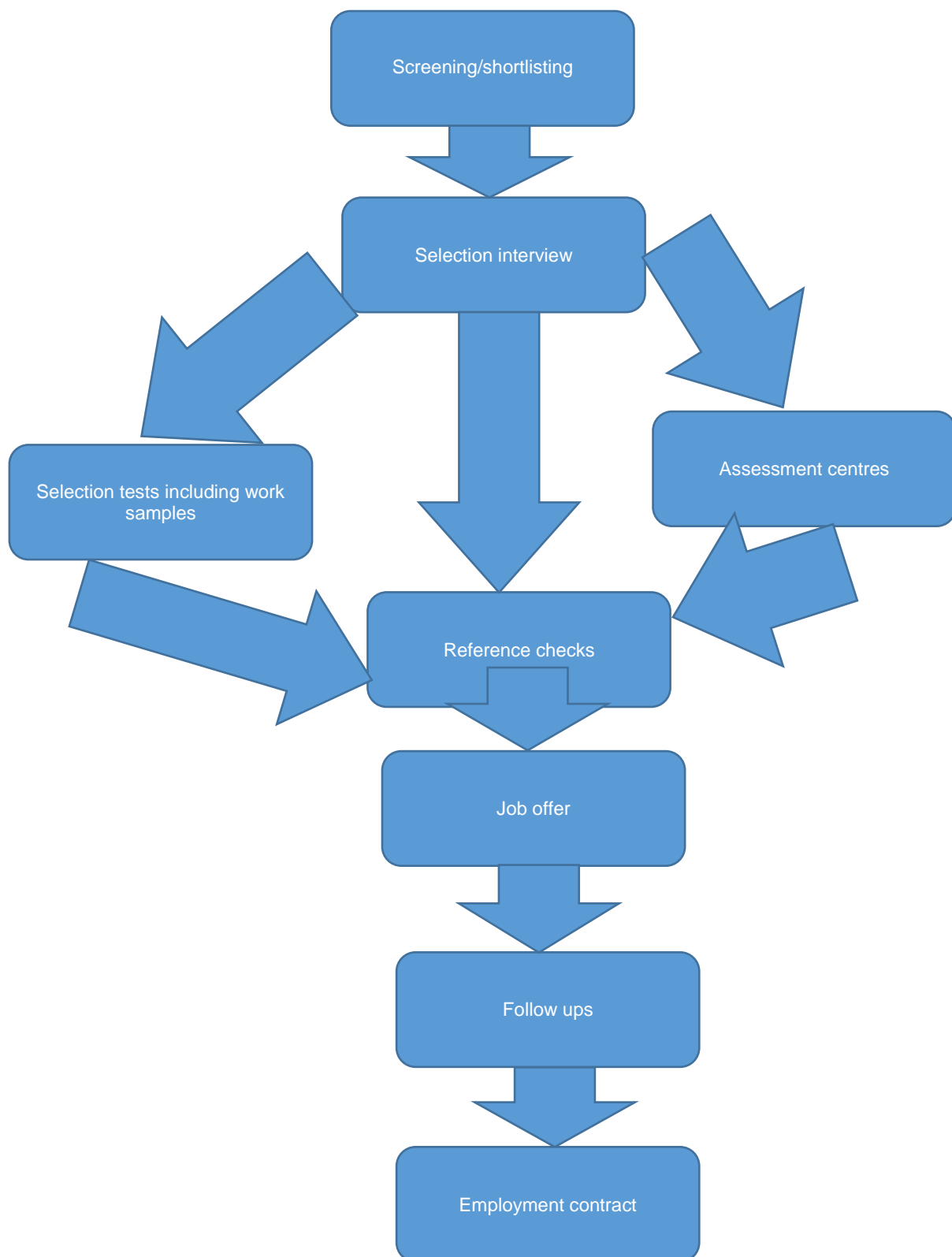


**Source: Adapted from Nde (2012:12)**

Consistent with recruitment, Figure 8.3 depicts the steps in the selection process starting with screening/shortlisting including interviews up to the decision to make an offer and the signing of the employment contract.

**Figure 8.4: Study model**
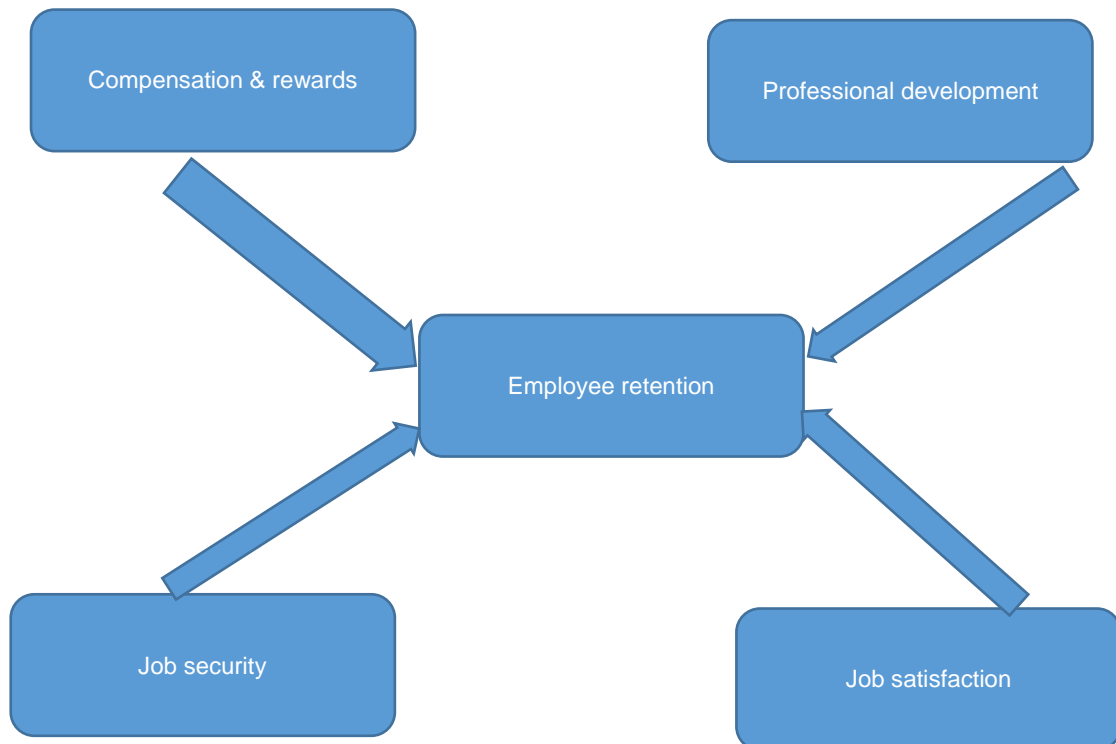
**Figure 8.5: Steps in the recruitment, selection and retention**
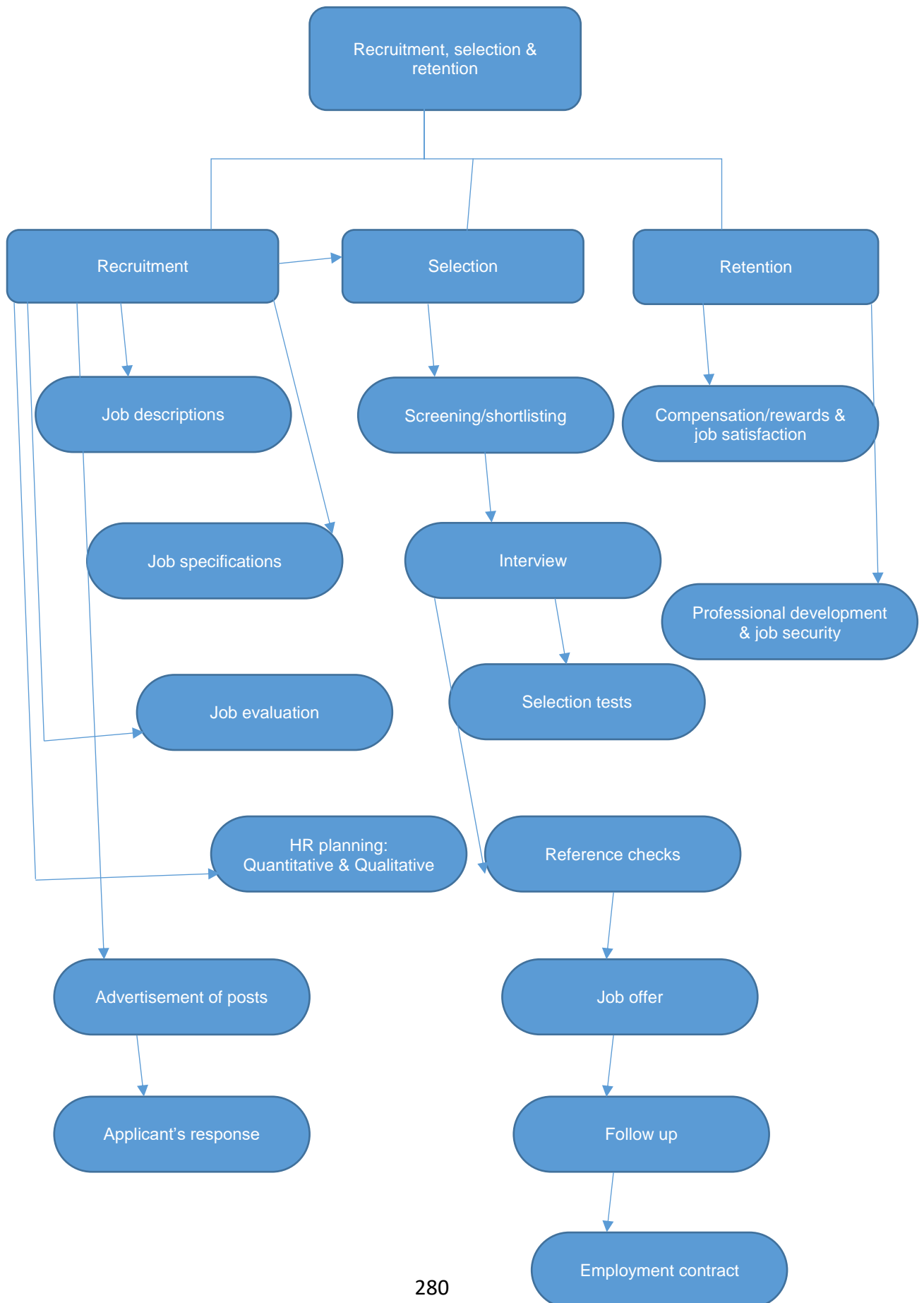
Deriving from the literature review (Chapter 3) and Figure 8.5 above, the model consists of the recruitment and selection steps, on the one hand, and on the other, the retention.

**Recruitment steps**

Step 1: Identify the need to recruit/determine whether vacancy exists/job opening

Step 2: Obtain approval

Step 3: Consult the recruitment policy and procedure

Step 4: Update the job description, specification and profile

Step 5: Determine the key performance areas of the job/recruitment

Step 6: Consider the sources of recruitment (searching)

Step 7: Develop the recruitment advertisement/strategy development

Step 8: Choose the appropriate recruitment method

Step 9: Place the advertisement in the most appropriate and suitable communication medium/implement a decision

**Selection steps**

Step 1: Initial screening

Step 2: Conduct selection interview

Step 3: Perform selection tests, if necessary

Step 4: Reference checking

Step 5: Making job offer

Step 6: Follow ups

Step 7: Sign employment contract

The literature review and the empirical findings highlighted that the implementation of the HR activity (recruitment, selection and retention) should be a shared responsibility between senior management, line managers, HR practitioners/specialists and HR managers, guided by the statutory and regulatory framework. The next section explain the checklist designed to address key aspects of the recruitment and selection (independent variables).

**8.3.2 CHECKLIST**

Checklists provide HR practitioners/specialists with guidelines to ensure that the key aspects of recruitment and selection are addressed. Employment steps, in such a form, are described below.

Job title…………………………   Post Number……………………..

Completed by:………………….   Date:…………………………...

**1. IDENTIFY VACANT POSTS**

☐ Has authority been granted to fill the post(s)?

☐ Has the hospital's strategic plan been considered?

☐ Has skills a audit of current public healthcare specialists been reviewed to determine competency gaps?

☐ Has job analysis been conducted and completed to ensure the correct classification?

**2. POSTS DESCRIPTION**

☐ Has job description been developed, updated and refined to include clear essentials and desirables, objectives, goals and channels of communication?

☐ Has job description clearly specified the minimum qualifications for the job?

☐ Has it been ensured that the advertisement is broad enough to cover specific areas? (Online/Print advertisements; Social Media: Twitter, Facebook, LinkedIn; Medical and Nursing Journals)?

☐ Is the aim/purpose of the posts written in such a manner that it will attract diverse public healthcare specialists?

**3. RECRUITMENT PLAN**

☐ Is the post funded "moratorium"?

☐ Has the applicant's material been collected?

☐ Has receipts of the applications been acknowledged?

**4. SELECTION COMMITTEE**

☐ Has the selection committee been appointed according to the KZNDoH HRM Circular No 43 of 2011? Minimum of 3 and maximum of 5 members?

☐ Does the selection committee include gender representation and historical disadvantaged groups?

- [ ] Has consideration been taken to add members from other departments in the selection committee?
- [ ] Have HR practitioners/specialists for the post(s) been allocated to guide the panel?
- [ ] Have the committee members been appointed in writing?
- [ ] Have the panel members been informed of their responsibilities for ensuring affirmative action and equal employment opportunity?
- [ ] Have committee members been subjected to at least one completed training pre-course learning or a refresher course in the recruitment and selection?
- [ ] Have selection committee members been made fully aware of job-related selection criteria of the job?
- [ ] Have the selection committee members been made fully aware of discriminatory factors that are tantamount to excluding qualified candidates?
- [ ] Has an instrument to constantly evaluate and rank candidates according to job-related criteria and standards been developed?
- [ ] Has the venue and refreshments for the interview been arranged?

### 5. Implementation of the recruitment plan for the post
- [ ] Has it ensured that the post has been advertised as widely as possible to search public healthcare specialists (local, regional, national and international)?
- [ ] Have all the necessary steps been taken to reach historical disadvantaged groups to know and apply for this job?

### 6. REVIEW OF THE APPLICATION AND DEVELOP SCREENING
- [ ] Did the selection committee review the applications after the closing date of the advertisement?
- [ ] Has the selection committee constantly and uniformly reviewed applications according to the set job-related criteria?
- [ ] Have all the documents pertaining to the screening process been maintained including of the results?
- [ ] Have the selection committee members reviewed all applications and materials including unsigned applications and those received after the closing date?

### 6. SELECTION INTERVIEW
- [ ] Has the selection interview been used to portray and market the hospital positively by providing accurate information?
- [ ] Were the interview questions consistently applied to all interview?
- [ ] Were the questions asked related to the job?

☐ Have all the materials including notes used in the interview been collected?

☐ Has the formal interview process been enhanced with other recruiting activities such as university/college recruitment or headhunting? (If necessary).

## 7. SELECTING BEST SUITABLE CANDIDATE

☐ Were selection committee members deliberations consistent with Part VII/D.5 of the Public Service Regulation, 2001, as amended?

☐ Has the selection committee provided the hospital CEO or person delegated to approve the appointment with the strengths and weaknesses of each acceptable candidate?

☐ Was the decision taken by the selection committee based on the applicant's ability to perform the job?

☐ Has the HR practitioner/specialist inform/advise selection committee about any issues that constitute elements of bias, discrimination and unfair treatment of any applicants?

☐ Has a set of core questions been formulated and used consistently by all panel members?

☐ Has a decision been taken on which applicants' references needs to be made?

☐ Has applicant's permission been sought on references from persons not named by the candidate?

☐ Was only job-related information solicited from the references?

☐ Did the selection committee consider the information obtained from the references in conjunction with other information obtained through other selection instruments?

☐ If the information received from the references is negative, has the applicant been afforded an opportunity to rebut the information?

☐ Alternatively, have the negative information received from references been independently been verified?

☐ Have you recorded all the answers from the references and thereafter, opening a file for all notes?

## 8. CONCLUDING RECRUITMENT

☐ Was there a match of duties and responsibilities of the post between those described and reflected in the job description and interview process?

☐ Were the interview questions in line with the selection criteria?

☐ Would you regard the recruitment and selection process: screening, interviewing and final selection process as having achieved its desired goal?

☐ Were all these processes applied constantly and uniformly throughout the recruitment and selection?

Has the selection committee made a recommendation for the best suitable candidate?

☐ Has HR department made a submission for approval of the best candidate?

☐ Has an offer of employment been approved and extended to the candidate?

☐ Has the candidate accepted an offer of employment?

☐ Have all the necessary appointment documents been uploaded onto PERSAL (Personnel Salary System)?

☐ Have all unsuitable applicants notified of the results?

☐ Have all the material used in the interview been kept safe?

Retention in this discussion is treated as the dependent variable. Factors such as job security, job satisfaction, compensation and rewards, training and professional development keep public healthcare specialists committed in the hospitals.

## 8.3.3 THE VALUE OF MIND-MAPS AS THE MODEL FOR RECRUITMENT, SELECTION AND RETENTION

This study highlighted mind-maps that were used to design a model intended for the effective recruitment and selection of public healthcare specialists in Ngwelezane, Stanger and Queen Nandi Regional Hospitals. The model constitutes various steps as well the checklist to be used for operationalisation purposes. It provides hospital management especially, HR Managers, with an opportunity to monitor and evaluate all the processes linked to recruitment and selection. It enables HoDs/HCUs and ANMs/OMs to provide feedback on the usefulness of the model. Any constructive feedback will be used to modify the steps deemed to be an obstacle. In such a case, reliable evidence will have to be provided. It is suggested that the model be used as the foundation for policy development and/or modifications in order to standardise recruitment and selection processes, practices and procedures.

This study is mindful of the fact that the implementation of the model may lead to problems such as lack of commitment from EXCO, especially HR Managers, shortage of staff, lack of capacity, inadequate budget and moratorium. Regardless, attempts must be made to "sell" the model to all stakeholders including workplace forums comprising of union representatives and EXCO. The study is also conscious of line managers' perceptions towards the model. HR Managers must be appointed as "Champions" to facilitate the implementation of the model.

**8.4 STRENGTH AND LIMITATIONS OF THE STUDY**

The use of a survey questionnaire (quantitative) and semi-structured interviews (qualitative) was useful to understand and comprehend problems and difficulties associated with recruitment, selection and retention in a competitive global market. The outcome of the study was also influenced by these constructs. Nonetheless, there is a limitation of this study. A limitation to this study is the number of participants who participated in the qualitative research. The researcher had targeted ten (10) participants instead of five (5) and the latter stated work commitments as a reason for not participating in the qualitative research. This problem could be attributed to the culture of most South Africans who still disregard the importance and value of research issues. In this regard, the researcher acknowledges that had number of participants been more, the findings would have been more diverse. According to Agbodo-Otinpong (2015:80), this is not 'fatal' to the contributions of this research as research numbers are less of a concern as it seeks to explore issues in-depth because of the interprevist nature of the study. To overcome such a limitation the researcher is of the opinion that a culture of research must be cultivated in the public service.

**8.5 RECOMMENDATION FOR FURTHER RESEARCH**

For this study only 3 public hospitals out of 72 managed by KZNDOH were examined. It is suggested that a research that will include more hospitals be conducted in future for more detailed and comprehensive findings. Due to the demands of the environment, many public healthcare specialists leave the public hospitals to join the private sector. More research is recommended as the outcomes from a study that includes private hospitals would lead to the dependable and reliable research. It is recommended that research be conducted often to better understand the current trends of recruitment, selection and retention. As the world is constantly changing, the factors affecting this HR activity are also evolving.

There seems to be confusion and frustration around the filling of HoD and HCU posts. This confusion emanates from unclear separation of powers between politicians and administration as politicians have an upper hand in influencing such appointments. This is a matter that needs further investigation. The Public Service Act, 1994 and the Public Service Regulation of 2001, will serve as a cornerstone for further research. This type of research will help to put matters of this nature into correct perspective, aligning the appointments of Senior Management Service (HoDs and HCUs) with statutory and regulatory framework. As the HoDs and HCUs are subjected to psychometric tests before they are appointed, it is suggested that research be conducted into the validity and reliability of selection predictors. This research will complement and strengthen the model of recruitment and selection.

Although this research is descriptive in nature, it is expected that the proposed model be subjected to further testing and evaluation.

## 8.6 IMPLICATIONS OF RESEARCH

Some implications of this study were observed, as the recruitment, selection and retention in public hospitals is the cause of nuisances for government decision-makers and policy-makers. Based on the findings of this study and related literature reviewed, defining prediction values of the recruitment and selection process in accordance with public healthcare specialists' self-efficacy and personal characteristics remains a challenge. This definition must be regularised to disseminate recruitment, selection process and retention, procedures, criterion and policies in public institutions for the better understanding of public healthcare specialists. This study has contributed towards policy formulation for creating awareness about recruitment, selection process and retention of public healthcare specialists. It has also contributed in the existing theoretical exposition and scholarly academic methodology wherein the contexts can be used to develop a corresponding model that can inform the recruitment, selection and retention of public healthcare specialists in an international arena. Results of this study showed significant correlations between independent variables and dependent variable for awareness about the criterion's persistence.

## 8.7 SUMMARY

This chapter provided conclusions that were drawn from the findings of the study. In this chapter, various recommendations were made. It explored various mind-maps with an aim of developing of a model and checklists for recruitment, selection and retention. The chapter presented the strengths and limitations of the research. In conclusion, it also highlighted recommendations for further research as well as implications of research. There is a clear need for the proposed model to address the problems of recruitment, selection and retention of public healthcare specialists at the Ngwelezane, the Stanger and the Queen Nandi Regional Hospitals.

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## 2. JOURNAL ARTICLES

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UNIVERSITY OF
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INYUVESI
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29 January 2015

**Mr Bongani Joseph Mtshali 210554850**
**School of Management, IT & Governance**
**Westville Campus**

**Protocol reference number: HSS/1492/014D**
**Project title: Human Resource Management: Recruitment, Selection and Retention of Public Healthcare Specialists in Selected Hospitals in KwaZulu-Natal**

Dear Mr Mtshali

**Expedited Approval**

In response to your application dated 14 November 2014, the Humanities & Social Sciences Research Ethics Committee has considered the above-mentioned application and the protocol have been granted **FULL APPROVAL**.

**Any alteration/s to the approved research protocol i.e. Questionnaire/Interview Schedule, Informed Consent Form, Title of the Project, Location of the Study, Research Approach and Methods must be reviewed and approved through the amendment/modification prior to its implementation. In case you have further queries, please quote the above reference number.**

**Please note: Research data should be securely stored in the discipline/department for a period of 5 years.**

**The ethical clearance certificate is only valid for a period of 3 years from the date of issue. Thereafter Recertification must be applied for on an annual basis.**

i take this opportunity of wishing you everything of the best with your study.

Yours faithfully

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

Dr Shenuka Singh (Chair)

cc Supervisor: Dr Maurice Oscar Dassah
cc Academic Leader Research: Professor B McArthur
cc School Administrator: Ms Angela Pearce

health
Department:
Health
**PROVINCE OF KWAZULU-NATAL**

OFFICE OF THE MEDICAL MANAGER/ ACTING CEO

Lower Umfolozi War Memorial Regional Hospital/Queen Nandi Regional Hospital

Private Bag X20005

29 Union Street

**EMPANGENI**

3880

http://www.kznhealth.gov.za

_____

Enquiries: Dr I. Popa

Tel:      035-9077008

Fax:     0866292075

Email-address: Ileana.popa@kznhealth.gov.za

Mr Bongani Joseph Mtshali

**RE: PERMISSION TO CONDUCT RESEARCH AT LOWER UMFOLOZI WAR MEMORIAL REGIONAL HOSPITAL**

The CEO is pleased to inform you that you are permitted to conduct your research as per your request/ application.

Please note:

1.  This letter does not in any way represent Ethics Approval that should be obtained from a credited Ethics Committee.

2.  Should you wish to publish your findings, kindly ensure that you apply for approval from the Provincial Health Research Ethics Committee in KZN Department of Health to Dr Lutge (Elizabeth.lutge@kznhealth.gov.za)

3.  The Hospital will not provide any resources for this study.

4.  You are requested to provide feedback on your findings to the CEO/Medical Manager's office.

Thanking you in advance.

Sincerely yours

Dr I Popa
Medical Manager/ Acting CEO
LUWMRH

health
Department:
Health
**PROVINCE OF KWAZULU-NATAL**

OFFICE OF THE SENIOR MANAGER: MEDICAL SERVICES

Name of Institution/District/Component

Postal Adress: Private Bag X10609, **STANGER**- 4450

Tel: 032-4376015 Fax: 0867567812

Email.gustavo.lopez@kznhealth.gov.za

http://www.kznhealth.gov.za

_____

**Enquiries**: DR.G.Lopez

**EXT**: 6015

**DATE**: 26/01/2015

**Mr. Bongani Mtshali**

**RE: PERMISSION TO CONDUCT RESEARCH AT STANGER HOSPITAL**

Dear Mr. Mtshali;

I have pleasure in informing you that permission has been granted to you by Stanger Hospital to conduct research on "RECRUITMENT AND RETENTION OF PUBLIC HEALTHCARE SPECIALISTS IN THE DEPARTMENT OF HEALTH, KWAZULU-NATAL."

Please note the following:

1. Please ensure that you adhere to all policies, procedures, protocols and guidelines of the Department of Health with regards to this research.
2. This research will only commence once this office has received confirmation from the Provincial Health Research Committee in the KZN Department of Health.
3. Please ensure this office is informed before you commence your research.
4. Stanger Hospital will not provide any resources for this research.
5. You will be expected to provide feedback on your findings to Stanger Hospital.

Thanking you;

Senior Manager: Medical Services

Stanger Hospital

health
Department:
Health
**PROVINCE OF KWAZULU-NATAL**

OFFICE OF THE CHiEF EXECUTIVE OFFICER

NGWELEZANA HOSPITAL

Thanduyise Road, Ngwelezana Township

Private Bag X20021

**EMPANGENI**, 3880

http://www.kznhealth.gov.za

_____

Enquiries: Dr TT Khanyile

Tel: 035 9017105

Fax. 035 7941883

Date: 13 January 2015

Email: Thandeka.khanyile@kznnealth.gov.za

Dear Mr. Bongani Joseph Mtshali

**RE: PERMiSSION TO CONDUCT RESEARCH AT NGWELEZANA HOSPITAL**

The CEO is pleased to inform you that you are permitted to conduct your research as per your request I application Please note the following:

1. This letter does not in any way represent Ethics Approval that should be obtained from an credited Ethics Committee.
2. Should you wish to publish your findings, kindly ensure that you apply for approval from the provincial Health Research Ethics Committee in KZN Department of health to Dr Lutge Elizabeth.lutge@kznhealth.gov.za
3. The Hospital will not provide any resources for this study.
4. You are requested to provide feedback on your findings to the CEO / Medical Manager's office

Sincerely

Dr TT Khanyiie
Chief Executive Officer

health
Department:
Health
PROVINCE OF KWAZULU-NATAL

Health Research & Knowledge Management sub-component health

10- 103 Natalia Building, 330 Langalibalele Street

Department of Health

Private Bag x9051

**PIETERMARITZBURG, 3200**

Tel.: 033 – 3953189

Fax.: 033 - 394 3782

Email.: hrkm@kznhealth.gov.za

 www.kznhealth.gov.za

Reference: HRKM 018/15

Enquiries:  Mr X. Xaba

Tel: 033 - 395 2805

Dear Mr BJ Mtshali

### Subject: Approval of a Research Proposal

The research proposal titled ' **Human Resource Management: Recruitment, Selection and Retention of Public Healthcare Specialists in Selected Hospitals in KwaZulu-Natal**' was reviewed by the KwaZulu-Natal Department of Health. The proposal is hereby approved for research to be undertaken at Ngwelezana, Lower Umfolozi War Memorial, and Stanger Hospital.

1. You are requested to take note of the following:
    a.  Make the necessary arrangement with the identified facility before commencing with your research project.
    b. Provide an interim progress report and final report (electronic and hard copies) when your research is complete.
2. Your final report must be posted to **HEALTH RESEARCH AND KNOWLEDGE MANAGEMENT, 10-102, PRIVATE BAG X9051, PIETERMARITZBURG, 3200** and email an electronic copy to hrkm@kznhealth.gov.za

 For any additional information please contact Mr X, Xaba on 033-395 2805,

Yours Sincerely

Dr E Lutge

Chairperson, Health Research Committee

Date:_____06/ 02/15_____

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**SCHOOL OF MANAGEMENT, INFORMATION TECHNOLOGY & GOVERNANCE**

**DOCTORATE IN ADMINISTRATION**

**Covering letter to the Main Study Questionnaire:**

Heads of Clinical Departments/Units, Assistant Nurse Managers and Operational Managers.

<u>**RECRUITMENT, SELECTION AND RETENTION OF PUBLIC HEALTHCARE SPECIALIST'S SURVEY**</u>

Name of Hospital: Ngwelezane Hospital/LURWMH/Stanger Hospita**l (Delete whichever is applicable)**

Dear Participant

Attached is a questionnaire designed to establish factors and perceptions affecting recruitment, selection and retention for public healthcare specialists (medical specialists, registered professional nurses with specialty training and registered nurse midwives) at the Ngwelezane Regional Hospital, the Lower Umfolozi War Memorial Regional Hospital/Queen Nandi Regional Hospital and the Stanger Hospital. It is aimed at cross section of professionals in the specialty departments.

The main aim of the study is to obtain your views on what would influence your attraction and stay in the employ of either of these hospitals. The findings of the study will be used to develop a model and checklist to assist these facility sites to be more effective in the recruitment, selection and retention of public healthcare specialists. The results will be used purely for academic purposes as I am doing PhD in Public Administration with the University of KwaZulu-Natal, Westville Campus. The final report will be made available on the website for the University, and a copy will be made available to the management of KwaZulu-Natal, Department of Health. The latter will have a prerogative to reconsider its Human Resource Management policy and practices. It should be borne in mind that the ideas contained in this questionnaire derives from the literature and should not be misinterpreted as ideas that are already part of Departmental plans.

This is an anonymous questionnaire and therefore, you will not be personally identified in the reporting of the results. The questionnaire is categorised into five sections and to complete it could take about 15 to 20 minutes. It will be appreciated if you could complete it and return it to the person who handed it over to you by no later than 15 December 2014. If you have any queries, please, do not hesitate to contact the researcher on 082 704 6452, 082 455 1449, or e-mail: sqomu1.mtshali@gmail.com. You may also contact my thesis supervisor Dr M.O. Dassah at dassah@ukzn.ac.za or 031-260 7673 or my new supervisor, Prof Yogi Penceliah at penceliahy@ukzn.ac.za during office hours.

Thanking you in advance for your participation

Bongani

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YAKWAZULU-NATALI

**SCHOOL OF MANAGEMENT, INFORMATION TECHNOLOGY & GOVERNANCE**

**DOCTORATE IN ADMINISTRATION**

Dear Respondent,

**DAdmin Research Project**
**Researcher**: Bongani Joseph Mtshali (082 704 6452)
**Supervisor**: Prof Yogi Penceliah (031 260 7645)
**Research Office**: Ms. P Ximba (031 260 3587)

I, Bongani Joseph Mtshali a DAdmin student, at the School of Management, IT & Governance, of the University of Kwazulu Natal. You are invited to participate in a research project entitled "**Human Resource Management: Recruitment, Selection and Retention of Public Healthcare Specialists in Selected Hospitals in KwaZulu-Natal**". The aim of this study is to obtain your views on what would influence your attraction and stay in the employ of Ngwelezane Hospital/Lower Umfolozi War Memorial Regional Hospital/Stanger Hospital (**Delete whichever is not applicable**).

Through your participation, I hope to understand the factors and perceptions affecting recruitment, selection and retention of public healthcare specialists in these facility sites. The results of the survey are intended to contribute to the development of a model and checklist to assist these facility sites to be more effective in the recruitment, selection and retention of public healthcare specialists. Your participation in this project is voluntary. You may refuse to participate or withdraw from the project at any time with no negative consequence. There will be no monetary gain from participating in this survey. Confidentiality and anonymity of records identifying you as a participant will be maintained by the School of Management, IT & Governance, UKZN.

If you have any questions or concerns about completing the questionnaire or about participating in this study, you may contact me or my supervisor at the numbers listed above.

The survey should take you about 15 to 20 minutes to complete. I hope you will take the time to complete this survey.

Sincerely

Investigator's signature_____ Date_____

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YAKWAZULU-NATALI

**SCHOOL OF MANAGEMENT, INFORMATION TECHNOLOGY & GOVERNANCE**

**DOCTORATE IN ADMINISTRATION**

**Informed consent**

I………………………………………………………………………… (Full names of participant) hereby confirm that I understand the contents of this document and the nature of the research project, and I consent to participating in the research project.

I understand that I am at liberty to withdraw from the project at any time, should I so desire.

…………………………………                                  ………………………..

**SIGNATURE OF PARTICIPANT**                                  **DATE**

UNIVERSITY OF
KWAZULU-NATAL ™
INYUVESI
YAKWAZULU-NATALI

**SCHOOL OF MANAGEMENT, INFORMATION TECHNOLOGY & GOVERNANCE**

**DOCTORATE IN ADMINISTRATION**

**Main study questionnaire**

**DIRECTIVES**

1. Your participation is completely confidential and anonymity is guaranteed

2. Your honesty in answering the questions is of utmost important

3. It should be borne in mind that there is no right or wrong answer.

4. Please, tick an appropriate box.

5. The main aim is to solicit your view and opinions with regard to the recruitment and retention of public healthcare specialists.

6. The questionnaire is categorised into Sections 1, 2, 3 and 4.

7. For statistical purposes, you are rquested to answer all questions.

8. The results of the questionnaire will be processed via computer software.

**SCHOOL OF MANAGEMENT, INFORMATION TECHNOLOGY & GOVERNANCE**

**DOCTORATE IN ADMINISTRATION**

**CODE SHEET**

Questionnaire No……………..

QNA: **Name of the Hospital**

[1] Ngwelezane Regional Hospital

[2] Lower Umfolozi War Memorial Regional Hospital/Queen Nandi Regional Hospital

[3] Stanger Regional Hospital

**Section 1: Biographical Information**

Q.1     Age

| 16-20 | 21-30 | 31-40 | 41-50 | 51-60 | 61 and above |
|-------|-------|-------|-------|-------|--------------|
| 1     | 2     | 3     | 4     | 5     | 6            |

Q.2     Gender

| Male | Female |
|------|--------|
| 1    | 2      |

Q.3     Race

| African | Indian | Coloured | White |
|---------|--------|----------|-------|
| 1       | 2      | 3        | 4     |

Q.4     Position

| Category | Indicate salary level or rank | Tick |
|----------|-------------------------------|------|
| Medical Specialist |                     | 1    |

| Registered Professional Nurse with specialty training | | 2 |
|---|---|---|
| Registered Nurse Midwives | | 3 |

Q.5 Field of specialty e.g. Surgery, Anaesthesia, etc

| 6.1 | Obstetrics & Gynaecology (O & G) | 1 |
|---|---|---|
| 6.2 | Ear, Nose & Throat (ENT) | 2 |
| 6.3 | Critical Care/Surgery | 3 |
| 6.4 | Trauma/Emergency Medical Unit | 4 |
| 6.5 | Operating Theatre (OT) | 5 |
| 6.6 | Orthopeadic | 6 |
| 6.7 | Peadiatric | 7 |
| 6.8 | Radiology | 8 |
| 6.9 | Urology | 9 |
| 6.10 | Dermatology | 10 |
| 6.11 | Psychiatric | 11 |
| 6.12 | Ophthalmology | 12 |
| 6.13 | Nephrology | 13 |
| 6.14 | Primary Health Care (PHC) | 14 |
| 6.15 | Internal Medicine | 15 |

Q.6 How long have you been in the area of specialty? (**Delete whichever is not applicable**)

| 0-5 years | Ngwelezane Hospital/ LURWMH/Stanger Hospital | 1 |
|---|---|---|
| 6-10 years | Ngwelezane Hospital/ LURWMH/Stanger Hospital | 2 |
| 11-15 years | Ngwelezane Hospital/LURWMH/Stanger Hospital | 3 |
| 16-20 years | Ngwelezane Hospital/LURWMH/Stanger Hospital | 4 |
| More than 20 years | Ngwelezane Hospital/LURWMH/Stanger Hospital | 5 |

Q.7(i) Number of specialised staff

| 0-5 | 1 |
|---|---|
| 6-10 | 2 |
| 11-15 | 3 |
| 16-20 | 4 |

7.1(ii) Bedstate

| 0-5 | 1 |
|---|---|
| 6-10 | 2 |
| 11-15 | 3 |
| 16-20 | 4 |

7.2  Number of specialised staff required to meet the needs of the unit

| 0-5 | 1 |
|------|---|
| 6-10 | 2 |
| 11-15 | 3 |
| 16-20 | 4 |

7.3    Number of sessional/part-time in the unit

| 0-5 | 1 |
|------|---|
| 6-10 | 2 |

7.4    Do posts exist in the pool establishment?

| Yes | 1 |
|-----|---|
| No | 2 |

7.5    If no, how long have they been created in your unit?

| Less than a year | 1 |
|------------------|---|
| More than 1 year but less than 5 years | 2 |
| More than 5 years | 3 |

7.6    How long do specialised personnel stay in your unit, on average?

| 0 to 6 months | 1 |
|---------------|---|
| More than 7 months but less than a year | 2 |
| More than 1 year but less than 5 years | 3 |
| More than 5 years | 4 |

7.7    Has the number of specialists fluctuated during the last five years?

| Increased | 1 |
|-----------|---|
| Decreased | 2 |
| Remained static | 3 |

7.8    What could be the reasons for this fluctuation, if any?

| Inadequate funding | 1 |
|--------------------|---|
| Poor management decisions | 2 |
| Poor working conditions and/or lack of equipment | 3 |
| Family relocation | 4 |
| Others | 5 |

**SURVEY QUESTIONNAIRE:**

Heads of Clinical Departments/Units, Nurse Managers and Operational Managers with specialty training

## Section 2

### Recruitment (Pre-Selection Process)

Please tick one column to indicate your choice, where 1 represent very poor, 2 poor, 3 moderate, 4 good and 5 very good.

| No | Statement | 1 | 2 | 3 | 4 | 5 | Comments |
|---|---|---|---|---|---|---|---|
| 2.1 | Are job description(s) drawn up before a post(s) is advertised in your unit? | | | | | | |
| 2.2 | As a minimum, does it contain the following information about the post(s)? | | | | | | |
| (i) | Job analysis/profile | | | | | | |
| (ii) | Minimum/essential and maximum/desirable qualifications | | | | | | |
| (iii) | Inherent requirements i.e. knowledge, skills, training and competencies. | | | | | | |
| 2.3 | To what level does the experience gained before registration with Council considered? | | | | | | |
| 2.4 | Do the current delegations of authority to approve the advertising of posts in your facility enhance effective recruitment of specialised staff? | | | | | | |
| 2.5 | To what extent are you informed that the post(s) have been created on PERSAL before advertising? | | | | | | |
| 2.6 | Are you aware that advertising budget has been decentralised to the facility with effect from 1/4/2002? | | | | | | |

| 2.7 | Are the following hidden costs associated with the filling of post(s) taken into account before advertising the post? | | | | | | |
|---|---|---|---|---|---|---|---|
| (i) | Expenses arising out of the use of Consultants who sit on Selection Committees for posts at salary level 9 and higher | | | | | | |
| (ii) | Expenses arising out of the shortlisting and interview process e.g. teas, lunches, travelling and accommodation expenses for candidates attending interviews, postal costs and telephone costs. | | | | | | |
| (iii) | Expenses associated with the employment of the successful candidate e.g. salary and related expenditure, relocation expenses & accommodation costs | | | | | | |
| 2.8 | Are the total costs associated with the filling of the post(s) submitted to the Cash Flow/Finance Committee or Responsibility Manager for certification that funds are available to cover those expenses? | | | | | | |
| 2.9 | To what extent do you consider demographic and customer profiles when you advertise post(s)? | | | | | | |
| 2.10 | To what extent do you participate in the decision-making on which suitable publication need to be used to reach as many prospective candidates as possible in respect of specialised staff? | | | | | | |
| 2.11 | To what extent does each of the following factors influence the determination of a recruitment source for specialised staff? | | | | | | |
| (i) | Labour market | | | | | | |

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| (ii) | Financial constraints | | | | | | |
| (iii) | Demand for staff | | | | | | |
| 2.12 | To what level do you attach the following documents when submitting the request for advertisement of post(s)? | | | | | | |
| (i) | Authority to unfreeze the post(s) | | | | | | |
| (ii) | Job description(s) of the post(s) | | | | | | |
| (iii) | Job evaluation results for all posts of level 9 and above (or newly-defined posts) | | | | | | |
| (iv) | PERSAL printout showing details of the post | | | | | | |
| (v) | Nominations of persons to serve on the Selection Committee | | | | | | |
| (vi) | A certificate to the effect that funds are available | | | | | | |
| 2.13 | To what extent does each of the following factors impede the recruitment of specialised staff? | | | | | | |
| (i) | Cumbersome processes of registration with Council resulting in delays of issuing registration licences | | | | | | |
| (ii) | Delays in issuing work permits for foreign specialised staff by Department of Home Affairs | | | | | | |
| (iii) | Competition with local private hospitals and clinics | | | | | | |
| (iv) | Occupation Specific Dispensation (OSD) is not offering a market-related salary | | | | | | |
| (v) | "Appropriate experience" | | | | | | |

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| | | | | | | | |
|---|---|---|---|---|---|---|---|
| 2.14 | To what extent would the following perceptions affect the attraction of specialised staff? | | | | | | |
| (i) | Geographical area of the facility | | | | | | |
| (ii) | Inadequate referral system | | | | | | |
| (iii) | Patients workload and abnormal working hours | | | | | | |
| (iv) | Lack of opportunities for specialisation | | | | | | |
| (v) | Lack of support from management | | | | | | |
| (vi) | Conflict and friction between physicians themselves and among nursing management | | | | | | |
| (vii) | Working environment | | | | | | |
| (viii) | Working conditions | | | | | | |
| 2.15 | How would you rate the current method of recruitment for specialised staff that includes the following? | | | | | | |
| (i) | Newspapers advertisement | | | | | | |
| (ii) | Africa Health Placement | | | | | | |
| (iii) | Medical journals | | | | | | |
| (iv) | Word of mouth | | | | | | |
| (v) | Walk-ins | | | | | | |
| (vi) | University/Campus recruiting | | | | | | |
| (vi) | Recruiting agencies | | | | | | |
| (vii) | Foreign Workforce Management Programme offered by National Department of Health | | | | | | |
| (viii) | Intranet | | | | | | |
| 2.16 | To what extent does the clause of a negotiated salary notch when | | | | | | |

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| | | | | | | | |
|---|---|---|---|---|---|---|---|
| | advertising posts enhance attraction of specialised staff? | | | | | | |
| 2.17 | Do you think the adoption of new technological advanced method of recruitment inclusive of the following can attract and supply adequate specialised staff? | | | | | | |
| (i) | Radio and Television | | | | | | |
| (ii) | Internet recruitment (e-recruitment such as job postings on the hospital homepages and CV uploads to central databases) | | | | | | |
| (iii) | Twitter and cellphones | | | | | | |
| 2.18 | Has the current system been effective to attract specialised personnel in your unit? | | | | | | |
| 2.19 | Does the facility commence the process of advertising the post when the current incumbent has indicated his/her intention to vacate it? | | | | | | |
| 2.20 | What would you suggest to improve the current system of recruitment for specialised staff? | | | | | | |
| 2.21 | What is your perception about these pre-selection processes? | | | | | | |
| (i) | Creation of specialised posts | | | | | | |
| (ii) | Advertisement | | | | | | |
| (iii) | Shortlisting (application/ resume review) | | | | | | |
| (iv) | Psychometric testing (if applicable) | | | | | | |
| 2.22 | What negative factors do you think contributes to poor outcome of these pre-selection processes? | | | | | | |

| No | Statements | 1 | 2 | 3 | 4 | 5 | Comments |
|---|---|---|---|---|---|---|---|
| 2.23 | Do you know of any other positive factors that will assist towards successful pre-selection processes? | | | | | | |

## Section 3

## Recruitment (Selection)

Please tick one column to indicate your choice, where 1 represent very poor, 2 poor, 3 moderate, 4 good and 5 very good.

| No | Statements | 1 | 2 | 3 | 4 | 5 | Comments |
|---|---|---|---|---|---|---|---|
| 3.1 | To what extent are you involved in the composition of a selection committee for specialised staff in your unit? | | | | | | |
| 3.2 | How far do you apply your discretion in appointing a person from outside the Public Service to serve in the Selection Committee for a post below Level 9 for your unit? | | | | | | |
| 3.3 | To what extent do you consider representation of historically disadvantaged persons as well as gender in your Selection Committee? | | | | | | |
| 3.4 | Does the Chief Executive Officer validate the Selection Committee at least 3 days before short-listing? | | | | | | |
| 3.5 | To what extent do you ensure that the criteria for short-listing is formulated and approved by all the Selection Committee members? | | | | | | |
| 3.6 | To what extent does the Selection Committee consider applicant(s) who have failed to proper complete Z83 (application blank) form e.g. either not signed or dated? | | | | | | |
| 3.7 | Does the Selection Committee consider applicants who omitted to | | | | | | |

| | | | | | | | |
|------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---|---|---|---|---|---|
| | attach professional and/or registration certificates? | | | | | | |
| 3.8 | Does the Selection Committee consider application(s) that have been submitted even if the post(s) have not been advertised? | | | | | | |
| 3.9 | Does the Selection Committee consider those application(s) that have been received after the closing, date, but before the selection process have been completed? | | | | | | |
| 3.10 | Does the Human Resource Practitioner avail him/herself at the short-listing and interview process for professional advice and guidance? | | | | | | |
| 3.11 | Do all Selection Committee members declare to the Chairperson (before the interview commence) any relationship he/she has with any candidates that could be perceived as having a potential to influence his/her assessment of the candidate? | | | | | | |
| 3.12 | If that is established, do you they recuse themselves from the interview process? | | | | | | |
| 3.13 | Does the Selection Committee adopt a structured format for the interview? | | | | | | |
| 3.14 | Are the interview questions set in the presence of all members of the selection committee, and on the same day of the interview to preserve confidentiality? | | | | | | |
| 3.15 | Do the questions cover the whole spectrum of the key performance areas, job description and competencies of the post? | | | | | | |
| 3.16 | To what extent do the Selection Committee mark a reply to each | | | | | | |

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| | question asked of a candidate according to the point system? | | | | | | |
| 3.17 | Do you conduct telephonic interviews for overseas candidates? | | | | | | |
| 3.18 | To what extent do the following attributes contribute to the suitability of the applicant? | | | | | | |
| (i) | Knowledge, experience, skills, competencies and level of training | | | | | | |
| (ii) | Physical appearance | | | | | | |
| (iii) | Use of gestures | | | | | | |
| 3.19 | Does the Selection Committee make recommendations based on the following? | | | | | | |
| (i) | The needs of the facility for developing human resources | | | | | | |
| (ii) | The affirmative action programme | | | | | | |
| (iii) | The facility employment equity plan | | | | | | |
| (iv) | Information based on valid methods, criteria or instruments for selection that are free from any bias or discrimination | | | | | | |
| 3.20 | Does the Selection Committee record the reasons for its decision with reference to the criteria set? | | | | | | |
| 3.21 | To what extent does the facility conduct the following in determining the suitability of the candidate? | | | | | | |
| (i) | Medical examination | | | | | | |
| (ii) | Reference checks | | | | | | |
| 3.22 | On completion of the selection process, how long does the facility keep the applications and CV for unsuccessful applicants in case specialised post(s) become available in the near future? | | | | | | |

| No | Statements/questions | | | | | | Comments |
|------|----------------------|---|---|---|---|---|----------|
| 3.23 | Is the date of appointment effective from the date of assumption of duty? | | | | | | |
| 3.24 | Does the facility appoint candidates on 12 calendar months probation? | | | | | | |
| 3.25 | What is your assessment of each of the following techniques currently used by the facility to select a suitable candidate? | | | | | | |
| (i) | Application forms | | | | | | |
| (ii) | Reference checks | | | | | | |
| (iii) | Interviews | | | | | | |
| 3.26 | What is your perception about selection processes at your hospital? | | | | | | |
| (i) | Constitution of a Selection Committee | | | | | | |
| (ii) | Relevancy of questions | | | | | | |
| (iii) | Number of questions | | | | | | |
| (iv) | Point scoring | | | | | | |
| (v) | Representativity | | | | | | |
| (vi) | Gender | | | | | | |
| 3.27 | What other factors do you think will contribute positively towards a successful selection processes? | | | | | | |
| 3.28 | What other factors do you think are negatively affecting the selection processes? | | | | | | |

**Section 4**

**Retention**

Please tick one column to indicate your choice, where 1 represent very poor, 2 poor, 3 moderate, 4 good and 5 very good.

| No | Statements/questions | 1 | 2 | 3 | 4 | 5 | Comments |
|----|----------------------|---|---|---|---|---|----------|
|    |                      |   |   |   |   |   |          |

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| | | | | | | | |
|---|---|---|---|---|---|---|---|
| 4.1 | To what extent would the following factors affect the retention of specialised categories in your unit? | | | | | | |
| (i) | Salary packages and benefits | | | | | | |
| (ii) | Working conditions | | | | | | |
| (iii) | Working environment | | | | | | |
| (iv) | Decision-making processes within the facility | | | | | | |
| (v) | Delegation of authority/tasks | | | | | | |
| (vi) | Supervision | | | | | | |
| (vii) | Attitudes, bias and favouritism | | | | | | |
| (viii) | Other (Specify) | | | | | | |
| 4.2 | To what extent would in your own opinion, the following benefits keep specialised staff in your unit? | | | | | | |
| (i) | Flexi-working hours | | | | | | |
| (ii) | Market-related salary | | | | | | |
| (iii) | Institutional transport | | | | | | |
| (iv) | Supervisory support | | | | | | |
| (v) | Recognition | | | | | | |
| (vi) | Career development opportunities | | | | | | |
| (vii) | Challenging work | | | | | | |
| 4.3 | To what extent would in your own opinion, the following institutional cultural factors appeal to specialised staff in order to enhance their retention thereof? | | | | | | |
| (i) | Conducive environment | | | | | | |
| (ii) | Promotion of language culture | | | | | | |
| (iii) | Recognition of cultural diversity | | | | | | |

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| (iv) | Recognition of performance and rewards | | | | | | |
| (v) | Other (Specify) | | | | | | |
| 4.4 | To what extent areas of skills development viewed as significant to retaining specialised staff in your unit? | | | | | | |
| (i) | Clinical (Specify) | | | | | | |
| (ii) | Technical (Specify) | | | | | | |
| (iii) | Mentoring and coaching | | | | | | |
| (iv) | Management and administration | | | | | | |
| (v) | EBOLA | | | | | | |
| (vi) | HIV/AIDS | | | | | | |
| (vii) | Other (Specify) | | | | | | |
| 4.5 | To what extent would recreational facilities enhance good working relationships between specialised staff and Managers/Heads of Departments/Units with an ultimate objective to retaining them? | | | | | | |
| (i) | Play sport together | | | | | | |
| (ii) | Drink together | | | | | | |
| (iii) | Social gathering with families | | | | | | |
| (iv) | Other (Specify) | | | | | | |
| 4.6 | How would you rate the reasons that made you joined the facility as compared to the reasons that make you want to stay? | | | | | | |
| 4.7 | Considering the expectations, you had when you joined the facility, do you still think that they have been adequate? | | | | | | |
| 4.8 | What is the average stay of specialised staff in your unit? | | | | | | |

| | | | | | | |
|---|---|---|---|---|---|---|
| | • Over 6 months but less than 1 year<br><br>• Over 1 year but less than 3 years<br><br>• Over 3 years but less than 10 years<br><br>• Over 10 years | | | | | |
| 4.9 | How often does the facility conduct exit interviews with specialised staff?<br><br>• None<br><br>• When an employee leaves<br><br>• Group interviews when contract expires<br><br>• Bi-annually | | | | | |
| 4.10 | What are the retention factors that you would suggest for consideration in order to retain specialised staff? | | | | | |
| 4.11 | Do you know of any retention strategy in your hospital? | | | | | |
| 4.12 | What is your perception about the retention strategies in your hospital? | | | | | |

The time taken to complete this survey questionnaire is highly appreciated. It will be appreciated if you could take this survey back to the person who handed it over to you.

Please, check first whether all the sections and questions have been answered.

Thank you very much.

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**SCHOOL OF MANAGEMENT, INFORMATION TECHNOLOGY & GOVERNANCE**

**DOCTORATE IN ADMINISTRATION**

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**TITLE OF DOCTORAL RESEARCH PROPOSAL**

**Human Resource Management: Recruitment, Selection and Retention of Public Healthcare Specialists in Selected Hospitals in KwaZulu-Natal**

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**SEMI-STRUCTURED INTERVIEW QUESTIONS**

| THEMES | QUESTIONS |
|---|---|
| Recruitment | What is your opinion regarding the current recruitment strategy being applied by the hospital to recruit specialised personnel in your unit? |
| | How do you feel about the employment legislations pertaining to registrations with Council for foreign qualified specialised staff as well as the granting of work permit? |
| | What effect does OSD have on the recruitment of specialised staff? |
| Selection | How would you identify the work attributes from a prospective applicant *vis-à-vis* job description and job specification? |
| | What characteristis would signal that the prospective applicant would easily adapt to the working conditions? |
| Retention | What factors would you consider as critical in the career development of specialised staff to ensure a lasting relationship between the hospital and prospective employees? |
| | In your own view, what are the perceptions of specialised staff that affect their retention thereof? |
| | What factors do you think contribute to the high turnover for specialised staff that ultimately, affects both recruitment and retention? |

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**SCHOOL OF MANAGEMENT, INFORMATION TECHNOLOGY & GOVERNANCE**

**DOCTORATE IN ADMINISTRATION**

**Covering letter to the Main Study Questionnaire:**

Medical specialists, professional nurses and registered nurse midwives with specialty training

**RECRUITMENT, SELECTION AND RETENTION OF PUBLIC HEALTHCARE SPECIALIST'S SURVEY**

Name of Hospital: Ngwelezane Hospital/LURWMH/Stanger Hospita**l (Delete whichever is applicable)**

Dear Participant

Attached is a questionnaire designed to establish factors and perceptions affecting recruitment, selection and retention for public healthcare specialists (medical specialists, registered professional nurses with specialty training and registered nurse midwives) at the Ngwelezane Regional Hospital, the Lower Umfolozi War Memorial Regional Hospital/Queen Nandi Regional Hospital and the Stanger Hospital. It is aimed at cross section of professionals in the specialty departments.

The main aim of the study is to obtain your views on what would influence your attraction and stay in the employ of either of these hospitals. The findings of the study will be used to develop a model and checklist to assist these facility sites to be more effective in the recruitment, selection and retention of public healthcare specialists. The results will be used purely for academic purposes as I am doing PhD in Public Administration with the University of KwaZulu-Natal, Westville Campus. The final report will be made available on the website for the University, and a copy will be made available to the management of KwaZulu-Natal, Department of Health. The latter will have a prerogative to reconsider its Human Resource Management policy and practices. It should be borne in mind that the ideas contained in this questionnaire derives from the literature and should not be misinterpreted as ideas that are already part of Departmental plans.

This is an anonymous questionnaire and therefore, you will not be personally identified in the reporting of the results. The questionnaire is categorised into five sections and to complete it could take about 15 to 20 minutes. It will be appreciated if you could complete it and return it to the person who handed it over to you by no later than 15 December 2014. If you have any queries, please, do not hesitate to contact the researcher on 082 704 6452, 082 455 1449, or e-mail: sqomu1.mtshali@gmail.com. You may also contact my thesis supervisor Dr M.O. Dassah at dassah@ukzn.ac.za or 031-260 7673 or my new supervisor, Prof Yogi Penceliah at penceliahy@ukzn.ac.za during office hours.

Thanking you in advance for your participation

Bongani

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**SCHOOL OF MANAGEMENT, INFORMATION TECHNOLOGY & GOVERNANCE**

**DOCTORATE IN ADMINISTRATION**

Dear Respondent,

**DAdmin Research Project**

**Researcher**: Bongani Joseph Mtshali (082 704 6452)

**Supervisor**: Dr Maurice Dassah/Prof Yogi Penceliah (031 260 7673)

**Research Office**: Ms. P Ximba (031 260 3587)

I, Bongani Joseph Mtshali a DAdmin student, at the School of Management, IT & Governance, of the University of Kwazulu Natal. You are invited to participate in a research project entitled "**Human Resource Management: Recruitment, Selection and Retention of Public Healthcare Specialists in Selected Hospitals in KwaZulu-Natal**". The aim of this study is to obtain your views on what would influence your attraction and stay in the employ of Ngwelezane Hospital/Lower Umfolozi War Memorial Regional Hospital/Stanger Hospital (**Delete whichever is not applicable**).

Through your participation, I hope to understand the factors and perceptions affecting recruitment, selection and retention of public healthcare specialists in these facility sites. The results of the survey are intended to contribute to the development of a model and checklist to assist these facility sites to be more effective in the recruitment, selection and retention of public healthcare specialists. Your participation in this project is voluntary. You may refuse to participate or withdraw from the project at any time with no negative consequence. There will be no monetary gain from participating in this survey. Confidentiality and anonymity of records identifying you as a participant will be maintained by the School of Management, IT & Governance, UKZN.

If you have any questions or concerns about completing the questionnaire or about participating in this study, you may contact me or my supervisor at the numbers listed above.

The survey should take you about 15 to 20 minutes to complete. I hope you will take the time to complete this survey.

Sincerely

Investigator's signature_____ Date_____

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**DOCTORATE IN ADMINISTRATION**

**Informed consent**

I…………………………………………………………………… (Full names of participant) hereby confirm that I understand the contents of this document and the nature of the research project, and I consent to participating in the research project.

I understand that I am at liberty to withdraw from the project at any time, should I so desire.

…………………………………                    ………………………..

**SIGNATURE OF PARTICIPANT**                    **DATE**

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**SCHOOL OF MANAGEMENT, INFORMATION TECHNOLOGY & GOVERNANCE**

**DOCTORATE IN ADMINISTRATION**

**Main study questionnaire**

**DIRECTIVES**

1. Your participation is completely confidential and anonymity is guaranteed

2. Your honesty in answering the questions is of utmost important

3. It should be borne in mind that there is no right or wrong answer.

4. Please, tick an appropriate box.

5. The main aim is to solicit your view and opinions with regard to the recruitment and retention of public healthcare specialists.

6. The questionnaire is categorised into Sections 1, 2, 3 and 4.

7. For statistical purposes, you are rquested to answer all questions.

8. The results of the questionnaire will be processed via computer software.

**UNIVERSITY OF KWAZULU-NATAL**
**INYUVESI YAKWAZULU-NATALI**

**SCHOOL OF MANAGEMENT, INFORMATION TECHNOLOGY & GOVERNANCE**

**DOCTORATE IN ADMINISTRATION**

**CODE SHEET**

Questionnaire No……………..

QNA: **Name of the Hospital**

[1] Ngwelezane Regional Hospital

[2] Lower Umfolozi War Memorial Regional Hospital/Queen Nandi Regional Hospital

[3] Stanger Regional Hospital

**Section 1: Biographical Information**

Q.1      Age

| 16-20 | 21-30 | 31-40 | 41-50 | 51-60 | 61 and above |
| --- | --- | --- | --- | --- | --- |
| 1 | 2 | 3 | 4 | 5 | 6 |

Q.2      Gender

| Male | Female |
| --- | --- |
| 1 | 2 |

Q.3      Race

| African | Indian | Coloured | White |
| --- | --- | --- | --- |
| 1 | 2 | 3 | 4 |

Q.4      Position

| Category | Indicate salary level or rank | Tick |
| --- | --- | --- |
| Medical Specialist | | 1 |

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| | | | 2 |
|---|---|---|---|
| Registered Professional Nurse with specialty training | | | 2 |
| Registered Nurse Midwives | | | 3 |

Q.5     Field of specialty e.g. Surgery, Anaesthesia, etc

| 6.1 | Obstetrics & Gynaecology (O & G) | 1 |
|---|---|---|
| 6.2 | Ear, Nose & Throat (ENT) | 2 |
| 6.3 | Critical Care/Surgery | 3 |
| 6.4 | Trauma/Emergency Medical Unit | 4 |
| 6.5 | Operating Theatre (OT) | 5 |
| 6.6 | Orthopeadic | 6 |
| 6.7 | Peadiatric | 7 |
| 6.8 | Radiology | 8 |
| 6.9 | Urology | 9 |
| 6.10 | Dermatology | 10 |
| 6.11 | Psychiatric | 11 |
| 6.12 | Ophthalmology | 12 |
| 6.13 | Nephrology | 13 |
| 6.14 | Primary Health Care (PHC) | 14 |
| 6.15 | Internal Medicine | 15 |

Q.6     How long have you been in the area of specialty? (**Delete whichever is not applicable**)

| 0-5 years | Ngwelezane Hospital/ LURWMH/Stanger Hospital | 1 |
|---|---|---|
| 6-10 years | Ngwelezane Hospital/ LURWMH/Stanger Hospital | 2 |
| 11-15 years | Ngwelezane Hospital/LURWMH/Stanger Hospital | 3 |
| 16-20 years | Ngwelezane Hospital/LURWMH/Stanger Hospital | 4 |
| More than 20 years | Ngwelezane Hospital/LURWMH/Stanger Hospital | 5 |

**Section 2**

**Recruitment (Pre-Selection Process)**

Please tick one column to indicate your choice and 1 represent very poor, 2 represent poor, 3 represent moderate, 4 represent good and 5 represent very good.

| No | Statement | 1 | 2 | 3 | 4 | 5 | Comments |
|---|---|---|---|---|---|---|---|
| 2.1 | Are job description(s) drawn up before a post(s) is advertised in your unit? | | | | | | |
| 2.2 | As a minimum, does it contain the following information about the post(s)? | | | | | | |

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| (i) | Job analysis/profile | | | | | | |
|-----|----------------------|---|---|---|---|---|---|
| (ii) | Minimum/essential and maximum/desirable qualifications | | | | | | |
| (iii) | Inherent requirements i.e. knowledge, skills, training & competencies. | | | | | | |
| 2.3 | Do the current delegations of authority to approve the advertising of posts in your facility enhance effective recruitment of specialised staff in your unit? | | | | | | |
| 2.4 | To what extent are you informed that the post(s) have been created on PERSAL before advertising? | | | | | | |
| 2.5 | Are you aware that advertising budget has been decentralised to the facility with effect from 1/4/2002? | | | | | | |
| 2.6 | Are the following hidden costs associated with the filling of post(s) taken into account before advertising the post in your unit? | | | | | | |
| (i) | Expenses arising out of the use of Consultants who sit on Selection Committees for posts at salary level 9 and higher | | | | | | |
| (ii) | Expenses arising out of the shortlisting and interview process e.g. teas, lunches, travelling and accommodation expenses for candidates attending interviews, postal costs and telephone costs. | | | | | | |
| (iii) | Expenses associated with the employment of the successful candidate eg. Salary and related expenditure, relocation expenses & accommodation costs | | | | | | |
| 2.7 | Are total costs associated with the filling of the post(s) submitted to the Cash Flow Committee Manager for | | | | | | |

| | | | | | | |
|---|---|---|---|---|---|---|
| | certification that funds are available to cover those expenses? | | | | | |
| 2.8 | Do demographic and customer profiles considered in your unit when posts are advertised? | | | | | |
| 2.9 | To what extent do you participate in the strategy to recruit specialised staff in your unit? | | | | | |
| 2.10 | Does Africa Health Placements (AHP) address the severe shortage of specialised staff in your unit? | | | | | |
| 2.11 | Does the National Department of Health through Foreign Workforc Management Programme support the facility by supplying foreign specialised staff for your unit? | | | | | |
| 2.12 | Has the advertisement of specialised staff with a provision for a negotiable salary up to the fifth notch attracted scarce skills in your unit? | | | | | |
| 2.13 | If your manager has advertised the scarce skills category post(s) without success, do you participate in the head hunting process for the suitable candidate? | | | | | |
| 2.14 | To what extent does your unit employ the services of the recruiting agencies to provide specialised staff in your unit? | | | | | |
| 2.15 | Are bursaries granted by the facility in an attempt to attract specialised staff to join your unit? | | | | | |
| 2.16 | Does the facility market itself effectively to prospective employees at tertiary institutions? | | | | | |
| 2.17 | To what extent does each of the following factors impede the recruitment of specialised staff? | | | | | |

| | | | | | | |
|---|---|---|---|---|---|---|
| (i) | Cumbersome processes of registration with Council resulting in delays of issuing registration licences | | | | | |
| (ii) | Delays in issuing work permits for foreign specialised staff by Department of Home Affairs | | | | | |
| (iii) | Competition with local private hospitals and clinics | | | | | |
| (iv) | Occupation Specific Dispensation (OSD) is not offering a market-related salary | | | | | |
| (v) | "Appropriate experience" | | | | | |
| 2.18 | Do you think the following has an effect on the attraction of specialised staff? | | | | | |
| (i) | Geographical area of the facility | | | | | |
| (ii) | Inadequate referral system | | | | | |
| (iii) | Patients workload & abnormal working hours | | | | | |
| (iv) | Lack of opportunities for specialisation | | | | | |
| (v) | Lack of support from management | | | | | |
| (vi) | Conflict and friction between physicians themselves and among nursing management | | | | | |
| (vii) | Working environment | | | | | |
| (viii) | Working conditions | | | | | |
| 2.19 | How would you rate the current method of recruitment for specialised staff inclusive of the following? | | | | | |
| (i) | Newspapers advertisement | | | | | |
| (ii) | Africa Health Placement | | | | | |
| (iii) | Medical journals | | | | | |
| (iv) | Word of mouth | | | | | |

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| | | | 1 | 2 | 3 | 4 | 5 | |
|---|---|---|---|---|---|---|---|---|
| (v) | Walk-ins | | | | | | | |
| (vi) | University/Campus recruiting | | | | | | | |
| (vi) | Foreign Workforce Management Programme offered by National Department of Health | | | | | | | |
| 2.20 | Do you think the adoption of new technological advanced method of recruitment inclusive of the following can attract and supply adequate specialised staff? | | | | | | | |
| (i) | Radio & Television | | | | | | | |
| (ii) | Internet recruitment (e-recruitment such as job postings on the hospital homepages and CV uploads to central databases) | | | | | | | |
| (iii) | Twitter and cellphones | | | | | | | |
| 2.21 | Does the facility commence the process of advertising the post when the current incumbent has indicated his/her intention to vacate it? | | | | | | | |
| 2.22 | What would you suggest to improve the current system of recruitment for specialised staff? | | | | | | | |

### Section 3

### Recruitment (Selection)

Please tick one column to indicate your choice and 1 represent very poor, 2 represent poor, 3 represent moderate, 4 represent good and 5 represent very good.

| No | Statements | 1 | 2 | 3 | 4 | 5 | Comments |
|---|---|---|---|---|---|---|---|
| 3.1 | To what extent are you involved in the selection committee for specialised staff in your unit? | | | | | | |
| 3.2 | Is representation of historically disadvantaged persons and gender | | | | | | |

| | | | | | | | |
|------|-------------------------------------------------------------------------------------------------------------------------------------------------|---|---|---|---|---|---|
| | equality in the composition of a Selection Committee for specialised staff in your unit considered? | | | | | | |
| 3.3 | Does the Chief Executive Officer validate the Selection Committee at least 3 days before short-listing? | | | | | | |
| 3.4 | To what extent does the Selection Committee ensure that the criteria for short-listing is formulated and approved by all members? | | | | | | |
| 3.5 | To what extent does the Selection Committee consider applicant(s) who have failed to proper complete Z83 (application blank) form e.g. either not signed or dated? | | | | | | |
| 3.6 | Does the Selection Committee consider applicants who omitted to attach professional and/or registration certificates? | | | | | | |
| 3.7 | Does the Selection Committee consider application(s) that have been submitted even if the post(s) have not been advertised? | | | | | | |
| 3.8 | Does the Selection Committee consider those application(s) that have been received after the closing, date, but before the selection process have been completed? | | | | | | |
| 3.9 | Does the Human Resource Practitioner avail him/herself at the short-listing and interview process for professional advice and guidance? | | | | | | |
| 3.10 | Do all Selection Committee members declare to the Chairperson (before the interview commence) any relationship he/she has with any candidates that could be perceived as having a | | | | | | |

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| | potential to influence his/her assessment of the candidate? | | | | | | |
| 3.11 | If that is established, do you they recuse themselves from the interview process? | | | | | | |
| 3.12 | Does the Selection Committee adopt a structured format for the interview? | | | | | | |
| 3.13 | Are the interview questions set in the presence of all members of the selection committee, and on the same day of the interview to preserve confidentiality? | | | | | | |
| 3.14 | Do the questions cover the whole spectrum of the key performance areas, job description and competencies of the post? | | | | | | |
| 3.15 | To what extent do the Selection Committee mark a reply to each question asked of a candidate according to the point system? | | | | | | |
| 3.16 | Does the Selection Committee conduct telephonic interviews for overseas candidates? | | | | | | |
| 3.17 | To what extent do the following attributes contribute to the suitability of the applicant? | | | | | | |
| (i) | Knowledge, experience, skills, competencies & level of training | | | | | | |
| (ii) | Physical appearance | | | | | | |
| (iii) | Use of gestures | | | | | | |
| 3.18 | Does the Selection Committee make recommendations based on the following? | | | | | | |
| (i) | The needs of the facility for developing human resources | | | | | | |

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| (ii) | The affirmative action programme | | | | | | |
| (iii) | The facility employment equity plan | | | | | | |
| (iv) | Information based on valid methods, criteria or instruments for selection that are free from any bias or discrimination | | | | | | |
| 3.19 | Does the Selection Committee record the reasons for its decision with reference to the criteria set? | | | | | | |
| 3.20 | To what extent does the facility conduct the following in determining the suitability of the candidate? | | | | | | |
| (i) | Medical examination | | | | | | |
| (ii) | Reference checks | | | | | | |
| 3.21 | On completion of the selection process, how long does the facility keep the applications and CV for unsuccessful applicants in case specialised post(s) become available in the near future? | | | | | | |
| 3.22 | Is the date of appointment effective from the date of assumption of duty? | | | | | | |
| 3.23 | Does the facility appoint candidates on 12 calendar months probation? | | | | | | |
| 3.24 | What is your assessment of each of the following techniques currently used by the facility to select a suitable candidate? | | | | | | |
| (i) | Application forms | | | | | | |
| (ii) | Reference checks | | | | | | |
| (iii) | Interviews | | | | | | |

## Section 4

## Retention

Please tick one column to indicate your choice and 1 represent very poor, 2 represent poor, 3 represent moderate, 4 represent good and 5 represent very good.

| No | Statements/questions | 1 | 2 | 3 | 4 | 5 | Comments |
|---|---|---|---|---|---|---|---|
| 4.1 | To what extent would the following factors affect the retention of specialised categories in your unit? | | | | | | |
| (i) | Salary packages & benefits | | | | | | |
| (ii) | Working conditions | | | | | | |
| (iii) | Working environment | | | | | | |
| (iv) | Decision-making processes within the facility | | | | | | |
| (v) | Delegation of authority/tasks | | | | | | |
| (vi) | Supervision | | | | | | |
| (vii) | Attitudes, biasness & favouritism | | | | | | |
| (viii) | Other (Specify) | | | | | | |
| 4.2 | To what extent would in your own opinion, the following benefits keep specialised staff in your unit? | | | | | | |
| (i) | Flexi-working hours | | | | | | |
| (ii) | Market-related salary | | | | | | |
| (iii) | Institutional transport | | | | | | |
| (iv) | Supervisory support | | | | | | |
| (v) | Recognition | | | | | | |
| (vi) | Career development opportunities | | | | | | |
| (vii) | Challenging work | | | | | | |
| 4.3 | To what extent would in your own opinion, the following institutional cultural factors appeal to specialised | | | | | | |

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| | staff in order to enhance their retention thereof? | | | | | | |
| (i) | Conducive environment | | | | | | |
| (ii) | Promotion of language culture | | | | | | |
| (iii) | Recognition of cultural diversity | | | | | | |
| (iv) | Recognition of performance and rewards | | | | | | |
| (v) | Other (Specify) | | | | | | |
| 4.4 | To what extent areas of skills development viewed as significant to retaining specialised staff in your unit? | | | | | | |
| (i) | Clinical (Specify) | | | | | | |
| (ii) | Technical (Specify) | | | | | | |
| (iii) | Mentoring & coaching | | | | | | |
| (iv) | Management & administration | | | | | | |
| (v) | EBOLA | | | | | | |
| (vi) | HIV/AIDS | | | | | | |
| (vii) | Other (Specify) | | | | | | |
| 4.5 | To what extent would recreational facilities enhance good working relationships between specialised staff and Managers/Heads of Departments/Units with an ultimate objective to retaining them? | | | | | | |
| (i) | Play sport together | | | | | | |
| (ii) | Drink together | | | | | | |
| (iii) | Social gathering with families | | | | | | |
| (iv) | Other (Specify) | | | | | | |
| 4.6 | How would you rate the reasons that made you joined the facility as | | | | | | |

| | | | | | | |
|---|---|---|---|---|---|---|
| | compared to the reasons that make you want to stay? | | | | | |
| 4.7 | Considering the expectations, you had when you joined the facility, do you still think that they have been adequate? | | | | | |
| 4.8 | What is the average stay of specialised staff in your unit?<br><br>• Over 6 months but less than 1 year<br>• Over 1 year but less than 3 years<br>• Over 3 years and more | | | | | |
| 4.9 | How often does the facility conduct exit interviews with specialised staff?<br><br>• None<br>• When an employee leaves<br>• Bi-annually<br>• Annually | | | | | |
| 4.10 | What are the retention factors that you would suggest for consideration in order to retain specialised staff in your unit? | | | | | |

The time taken to complete this survey questionnaire is highly appreciated. It will be appreciated if you could take this survey back to the person who handed it over to you.

Please, check first whether all the sections and questions have been answered.

Many thanks

# THE WRITING STUDIO
## *Writing and Editing Practice*

**TO WHOM IT MAY CONCERN**

28 MAY 2018

This thesis, entitled **Human Resource Management: Recruitment, Selection and Retention of Public Healthcare Specialists in Selected Hospitals in KwaZulu-Natal,** has been edited to ensure technically accurate and contextually appropriate use of language for research at this level of study.

**Yours sincerely**

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