

**Employee retention strategies in the context of  
organisational change at a selected private healthcare  
provider in Durban, Kwa-Zulu Natal**

by

**ASTHERA KISTEN**

Submitted in fulfilment of the requirements for a

**Master's Degree in Management Sciences: Human  
Resources Management**

in the

Department of Human Resources Management

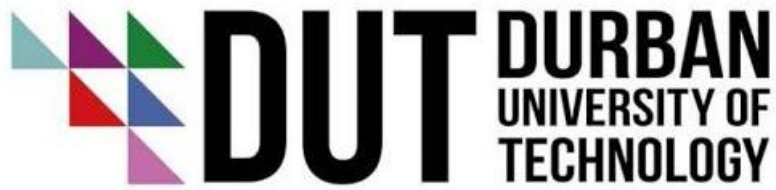
Faculty of Management Sciences

at the

**DURBAN UNIVERSITY OF TECHNOLOGY**

**SUPERVISOR: DR MELANIE ELIZABETH LOURENS**

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**SUPERVISOR:  
DR MELANIE ELIZABETH LOURENS  
PHD (DUT, 2016)**

**DATE**

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## **ABSTRACT**

The aim of the study was to investigate employee retention strategies in the context of organisational change at a selected private healthcare provider in Durban, Kwa-Zulu Natal. The main problem revolved around poor employee retention, coupled with the many organisational changes taking place in the organisation over the last five years. This has to some degree affected service delivery at the healthcare provider.

The study adopted a quantitative research design and pre-coded structured closed-ended questionnaires were administered to the target population. There are 500 employees at the private healthcare provider and the sample size for the research was 260. A survey method was utilised. The response rate of completed surveys received was 96% using the personal method of data collection. The responses were captured and the data was analysed utilising the Statistical Package for the Social Sciences (SPSS) version 26.0 for Windows. Numerous hypotheses were formulated and tested using Pearson's Chi-square and Spearman's rank order co-efficient. The key findings indicated that organisational changes had an impact on employee retention, which contributed to the effectiveness of service delivery at the private healthcare provider. The findings also indicated that employee retention strategies contribute to improved service delivery at the private healthcare provider. The recommendations suggest that the management of the private healthcare provider should strive to improve employee retention through effective communication; training and development; career development; providing incentives, rewards and recognition; embracing feedback from employees; and implementing employee suggestions where possible. The TURNITIN program was utilised to test the entire dissertation for plagiarism. The study concluded with recommendations for future research.

## DECLARATION

I, Asthera Kisten, hereby declare that this dissertation, submitted for the Degree of Masters in Management Sciences, specialising in Human Resources Management with the Faculty of Management Sciences at the Durban University of Technology, is my own investigation and research and that it has not been submitted in part or in full for any other degree or to any other institution of higher education. I further declare that all sources were cited, referenced and acknowledged as indicated in the bibliography.

Signed: \_\_\_\_\_

Date: 28 November 2021

**Asthera Kisten**

Student Number: 20101823

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To my parents, who unlocked the door to my future by providing me with the opportunity to further my education after completing school, I will be eternally grateful. I am who I am today because of you.

## LIST OF ACRONYMS

ADKAR	-	Awareness, desire, knowledge, ability and reinforcement
CAP	-	Change acceleration process
DoH	-	Department of Health
HR	-	Human Resources
HRM	-	Human Resources Management
IT	-	Information Technology
KM	-	Knowledge Management
KMO	-	Kaiser-Meyer-Olkin
KZN	-	Kwa-Zulu Natal
NHS	-	National Health Services
OSD	-	Occupation-specific Dispensation
PESTLE	-	Political, Economic, Social, Technological, Legal and Ethics
SPSS	-	Statistical Package for the Social Sciences
SSM	-	Soft Systems Methodology
UK	-	United Kingdom
USA	-	United States of America
WHO	-	World Health Organisation

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## CHAPTER ONE

### INTRODUCTION TO THE STUDY

#### 1.1 INTRODUCTION

Employees are the most important resources of an organisation and employee retention is an enormous challenge which many organisations are facing today (Singh, 2019:425). Goh, Ang and Della (2018:205) articulates that successful employee retention is essential to an organisation's stability, however, organisational changes have an effect on this. According to Augustsson, Churruca and Braithwaite (2019:1), organisational changes are crucial to any organisation in order to survive and succeed in the present vastly emulous and continuously evolving business environment. Therefore, according to Jonsson, Lindegard, Björk, Nilsson (2020:41), it is imperative that organisations should formulate appropriate employee retention strategies in a holistic manner to reduce turnover rates. Aman-Ullah, Aziz and Ibrahim (2020:40) makes reference to the healthcare sector being severely affected employee turnover. In research conducted by Bourgeault, Runnels, Atanackovic, Spitzer and Walton-Roberts (2021:9) it highlights the increased attention in employee turnover and the shortage of employees in the healthcare sector.

The healthcare sector is becoming a highly competitive sector with a variety of new healthcare provider groups entering the market, resulting in difficulty with the retention of healthcare employees (Labonté, Sanders, Mathole, Crush, Chikanda, Dambisya, Runnels, Packer, MacKenzie, Murphy and Bourgeault, 2015:2). Kelly, Mrengqwa and Geffen (2019:2) emphasise that the healthcare sector requires highly competent employees who are skilled in their professions, since they deal with peoples' lives and well-being. Bourgeault, *et al.* (2021:9) cites that employee retention is increasingly becoming a pertinent concern in the healthcare sector due to many healthcare professionals leaving South Africa to take up positions overseas that offer better salaries and work prospects. A direct consequence is that the South African healthcare system is left with skills shortages (Labonté, *et al.* 2015:2).

In the opinion of Khunou and Maselesele (2016:2), which is shared by Adeyelure, Kalema and Motlanthe (2019:116), the importance of human capital in the South African healthcare sector should be re-visited as a matter of urgency. Khunou and Maselesele (2016:2) state that a unique challenge in the South African healthcare sector has been the trend of employees exiting the field, resulting in a gap in terms of knowledge, skills, expertise and talent. In addition, Khunou and Maselesele (2016:3) explain that this trend has gained momentum in the past decade, resulting in a need for healthcare providers and organisations to manage this challenge at both operational and strategic levels. Therefore, this study aims to explore employee retention strategies in the context of organisational change at a private healthcare provider, which was established in 1996, in South Africa, and is currently listed on the Johannesburg Stock Exchange. The contribution of this study focuses on identifying, developing employee retention strategies to retain employees, whilst the organisation transitions.

## **1.2 BACKGROUND TO THE STUDY**

Jordan, Werner and Venter (2015:1) articulate that in South Africa, there are private and public healthcare sectors. Although both sectors aim to provide the best patient experience, the operations of the two sectors are different. Private healthcare has different objectives, is stricter and therefore requires a diverse management style. In addition, Van Rossum, Aij, Simons, Van der Eng and Ten Have (2016:476) mention that the healthcare sector is prone to continuous changes due to technology, medical information and healthcare systems, which places greater emphasis on effective management. Kelly, Mrengqwa and Geffen (2019:2) and Van Rossum, *et al.* (2016:476) concur with Jordan, *et al.* (2015:1) that continuous improvement and change results in quality healthcare. In line with changes, performance needs to be maintained and improved in a constant effort to improve patient care and satisfaction. Allen (2016:67) asserts that there are similar changes in healthcare sectors and their execution is very complex. If change is not managed in the best way possible, it impacts negatively on employee retention (Barton, 2021:31). Private healthcare companies are continuously implementing changes in order to improve efficiencies in patient care, experience and services delivered. If change management is not

embraced, the attraction and retention of patients will be negatively influenced, together with business performance and competitive advantage (Jordan, *et al.* 2015:2).

Kelly, *et al.* (2019:2) state that there are many human resource-related issues in healthcare. Some of these problems are shortages of healthcare employees and a lack of commitment. Kelly, *et al.* (2019:2) further indicate that since there is a demand for trained healthcare employees internationally, these employees leave to go overseas to take up work in the United States of America (USA), Middle East and Europe. Khunou and Maselesele (2016:2) assert that South Africa is faced with a situation whereby private healthcare providers experience difficulty in retaining employees. Anitha and Begum (2016:18) and Fuchs (2016:8) are in agreement that employee retention and service delivery is a necessity for organisations. According to Barton (2021:31), employee retention is problematic in the healthcare sector and it is getting worse. Moreover, Labonté, Sanders, Mathole, Crush, Chikanda, Dambisya, Runnels, Packer, MacKenzie, Murphy and Bourgeault (2015:2) assert that there is difficulty in attracting employees and key positions are not getting filled.

Phillips, Evans, Tooley and Shirey (2018:240) accentuate that the absence of a succession plan and the non-development of employees from within, would create difficulty in promoting employees internally. Bourgeault, *et al.* (2021:9) concurs with Labonté, *et al.* (2015:2) that healthcare employees reported their intention to leave their country due to limited opportunities for training and development, as well as limited financial and non-financial incentives. Allen (2016:58) asserts that in healthcare organisations, changes are common, and the implementation of change is multi-faceted and difficult. Jordan, Werner and Venter (2015:2) articulate that change not implemented effectively can have a negative impact on employee retention and patient care, with financial implications for the organisation.

Dhanpat, Manakana, Mbacaza, Mokone and Mtongana (2019:58) concur with Jordan, *et al.* (2015:1) that in South Africa, healthcare employees are the pillar of primary healthcare service delivery. Therefore, it is crucial that employees are satisfied in their jobs as their job satisfaction impacts the quality of services they provide. The

healthcare industry in South Africa faces drastic shortages of healthcare employees, unfavourable working conditions, overwhelming workload and mediocre salaries (Dhanpat, *et al.* 2019:57). Dhanpat, *et al.*'s (2019:58) study further recommend the value of implementing a Human Resource Management (thereafter referred to as HRM) strategy to address employee shortages of and retention of employees.

According to Efendi, Kurniati, Bushy and Gunawan (2019:3), financial incentives are a generally utilised strategy to improve healthcare employees' motivation and retention. However, there is insufficient evidence of their influence in low- and middle-income countries. Stelson, Hille, Eseonu and Doolene (2017:43) refer to the triple aim principle, which is firstly a better patient experience; secondly, better health outcomes; and thirdly, reduced healthcare costs. The private hospital that the research is based on also encompasses this triple aim principle, which necessitates investigating employee retention amidst organisational change. This study is aimed at addressing the gap in research of employee retention strategies in the context of organisational change at a private healthcare provider in Durban, Kwa-Zulu Natal (hereinafter referred to as KZN).

### **1.3 DEFINITIONS OF KEY CONCEPTS**

Concept explanations are presented by offering the definitions of authors on employee retention and organisational change. It should be noted that the concept explanations below are simply to introduce the concepts at this stage since more detailed descriptions follow in the literature review.

#### **1.3.1 EMPLOYEE RETENTION**

According to Anitha and Begum (2016:17), employee retention is when employees stay in an organisation for a prolonged period due to the range of different practices and policies of the organisation.

### **1.3.2 ORGANISATIONAL CHANGE**

According to Augustsson, Churruca and Braithwaite (2019:1), change is inexorable and continuous. It occurs in people's daily personal lives, as well as in the corporate setting. At some stage, all people are subject to continual change of some sort. Organisational change can be introduced intentionally by managers in organisations; it can be obligatory by specific changes in policy, processes or procedures; or it can arise through external pressures. Change can affect all facets of the organisation.

Successful organisations are measured on their ability to adapt to change and successful change management is achieved through the involvement of people in the organisation (Mullins and Christy, 2016:537).

### **1.4 PROBLEM STATEMENT**

Efendi, *et al.* (2019:1) assert that there is an international concern over shortages of healthcare employees, related to high turnover rates. Around 90 382 healthcare employees from developing countries went to Saudi Arabia between 2008 and 2012, while 15 701 migrated to the United Kingdom and 14 895 to the USA (Castro-Palaganas, *et al.* 2017:4). Mutsuddi (2016:65) indicates that although research on employee retention was conducted in sectors like Retail, Information Technology and Finance, this type of research is yet to be conducted in the healthcare sector, indicating a gap in research in the healthcare sector regarding employee retention. Heidari, Seifi and Gharebagh (2017:1468) emphasise that healthcare sector organisations are likely to continue to experience employee shortages and high recruitment costs, therefore employee retention is critical. According to Efendi, *et al.* (2019:1), shortages of employees in the healthcare sector are an international problem. Labonté, *et al.* (2015:2) advise that developing countries are most affected. Bourgeault, *et al.* (2021:9) concurs with Shemdoe, Mbaruku, Dillip, Bradley, William, Wason and Hildon (2016:1) that employee shortages are a persistent problem in the healthcare sector in Sub-Saharan Africa. In the South African context, Mburu and George (2017:1) articulate that the employee shortages in the healthcare sector indicate that South Africa faces challenges in employee retention in the healthcare sector. Furthermore,

Anitha and Begum (2016:18) highlight that there is a gap in studies examining the retention of healthcare employees. Shemdoe, *et al.* (2016:2) investigated factors relating to the retention of healthcare professionals and established that healthcare employees are dissatisfied, hence the poor employee retention of healthcare sector employees.

Adegoke, Atiyaye, Abubakar, Auta, Aboda and Kano (2015:947), in studies conducted in Sub-Saharan Africa, indicated that training and development was the highest rated incentive for employees remaining in their current jobs. According to Border (2017:8), there is a need for employee retention problems to be addressed. Jordan, Werner and Venter (2015:2) stipulate that the private healthcare sector is a huge sector, providing employment for a large number of people, with substantial economic activity. Kumah, Ankomah and Antwi (2016:28) write that change management is also one of the major areas of concern in healthcare. Change needs to be managed effectively in order to gain a competitive advantage in the current healthcare environment. Hence, this private healthcare provider is faced with the challenge of implementing organisational changes and developing employee retention strategies to retain employees in order for the labour turnover to be managed.

## **1.5 AIM OF THE STUDY**

The aim of this study is to explore employee retention strategies in the context of organisational change at a private healthcare provider. Furthermore, the study intends to develop a roadmap for the identification, management and operationalisation of employee retention strategies at the private healthcare provider, focusing on organisational change.

## **1.6 OBJECTIVES OF THE STUDY**

The objectives of the study are as follows:

- To investigate the impact of employee retention strategies for a selected private healthcare provider;

- To identify if employee retention strategies influence employee retention positively at the selected private healthcare provider;
- To establish if organisational change impacts on employee retention at the private healthcare provider; and
- To propose strategies to the private healthcare provider to accelerate employee retention in order to meet the organisational changes imposed by the private healthcare provider.

## **1.7 RESEARCH QUESTIONS**

The research questions of the study are as follows:

- What are the employee retention strategies at the selected private healthcare provider?
- How are these employee retention strategies applied at the selected private healthcare provider?
- What are the organisational changes that have occurred recently, impacting on employee retention at the selected private healthcare provider?
- How should the selected private healthcare provider manage employee retention amidst organisational change in the South African context?

## **1.8 SCOPE OF THE STUDY**

Labonté, *et al.* (2015:2) described the healthcare industry as becoming a highly competitive sector, with a variety of new healthcare provider groups entering the market. The healthcare sector requires highly competent employees that are skilled in their professions since they deal with humanity and their wellbeing. Labour turnover is increasingly becoming a pertinent concern in the healthcare sector due to many healthcare professionals leaving South Africa to take up positions overseas, which offer better salaries and work prospects, thereby leaving the South African healthcare system with skills shortages.



There is a gap in existing literature in that employee retention strategies in the healthcare sector have not been investigated in the context of organisational change.

The purpose of the study is two-fold, namely: it will contribute academically to new knowledge and add value in the fields of employee retention strategies and organisational change in the context of the private healthcare sector of South Africa. In the current study, employee retention strategies are viewed as a multi-dimensional approach towards organisational change by integrating strategic and operational, formal and informal elements to contextualise these variables in the private healthcare sector.

## **1.9 LITERATURE REVIEW OF THE STUDY – A BRIEF OVERVIEW**

### **1.9.1 EMPLOYEE RETENTION**

A study by Mutsuddi (2016:65) pronounces that employees who are engaged in their work are committed to the company they work for, which leads to employee retention, increased productivity and low labour turnover. Goh, Ang and Della (2018:205) assert that good employee retention results in better-quality patient care as line managers influence their skilled workforce to reach set goals. This in turn can improve employee retention and job satisfaction, resulting in increased productivity; the delivery of continuous, superior healthcare; and better patient satisfaction (Goh, Ang, and Della 2018:205). In contrast to this statement, Khunou and Maselesele (2016:1) indicates that high labour turnover is related to reduced productivity and employee burnout as employees have to work overtime due to employees shortages.

In the international context, Russell, McGrail and Humphreys (2017:5) indicate that in Australia, the health workforce retention rate is on average 20 months. The weakness in this study is that despite the many health workforce retention initiatives, it is probable that health services will continue to experience employee shortages (Russell, McGrail and Humphreys 2017:5). Therefore, it remains imperative that the healthcare sector enhances the retention of their workforce and minimises avoidable employee turnover (Lai, Taylor, Haigh and Thompson 2018:2)

Shemdoe, *et al.* (2016:1) advise that employee shortages are a persistent problem in the healthcare sector in Sub-Saharan Africa and that there are numerous factors influencing employees working in the health sector and their choices of whether to stay in a position or leave. In the opinions of Shemdoe, *et al.* (2016:2), an organisation's costs increase due to them failing to retain employees. Heidari, Bahar and Gharebagh (2017:1468) postulate that organisations incur many costs to replace employees in the healthcare environment. Lai, *et al.* (2018:2) state that poor employee retention impacts negatively on the current employees' job satisfaction due to them having to incur increased workloads. Leung, Wu, Kwong and Ching (2019: 2) posit that employees working in public healthcare institutions in Hong Kong face challenges of a lack of resources, poor work scheduling, poor staffing and poor working conditions, which is what drives these employees to seek employment in the private sector, or emigrate. Mayende and Musenze (2018:1) emphasise the difficulty to recruit and retain skilled healthcare sector employees. According to Adegoke, *et al.* (2015:947), the World Health Organisation's (WHO) assessment revealed a shortage of four million healthcare employees worldwide.

In the South African context, Mburu and George (2017:1) articulate that the shortages of employees in the healthcare sector indicate that South Africa faces challenges in retaining healthcare employees. Dhanpat, *et al.* (2019:58) comment that organisations need to espouse employee retention strategies that will ensure career development. Mutsuddi's (2016:77) research recommends that employee benefit programs and quality of work life need to be given due consideration to make the work-life less stressful, more rewarding and more engaging. Tawana, Barkhuizen and Du Plessis (2019:2) enunciates that career planning and skills development programs could be utilised as initiatives to develop and recognise the potential of talented employees, which will assist with the challenges faced by the healthcare sector to attract and retain talent.

Additionally, Dhanpat, *et al.* (2019:57) discuss the importance of implementing employee retention strategies targeted at improving employee retention, and focus should also be on recruiting young new recruits. As cited by Labonté, *et al.* (2015:4),

the South African government announced the occupation-specific dispensation (OSD), which is a financial incentive strategy to motivate, retain and attract healthcare employees in the public health sector due to employee shortages and high labour turnover. This OSD to some degree minimised the migration of healthcare workers (Labonté, *et al.* 2015:5). Tawana, Barkhuizen and Du Plessis (2019:3) articulated that monetary advantage (skills allowances) and training and development opportunities have a positive relationship on employee retention and will decrease turnover.

In research by Castro-Palaganas, Spitzer, Kabamalan, Sanchez, Caricativo, Runnels, Labonté, Murphy and Bourgeault (2017:2) and Labonté, *et al.*(2015:1), who shares the same views as Wojczewski, Poppe, Hoffmann, Peersman, Nkomazana, Pent, and Kutalek (2015:1) , expresses their concerns that healthcare employees migrate from developing (low- to middle-income) countries to developed (high-income) countries' higher salaries. Around 90 382 healthcare sector employees from developing countries went to Saudi Arabia between 2008 and 2012, while 15 701 migrated to the United Kingdom and 14 895 to the USA (Castro-Palaganas, *et al.* 2017:4).

Tawana, Barkhuizen and Du Plessis (2019:1) pronounced that South Africa is faced with employee retention issues, resulting in skills shortages and difficulty in retaining employees. Wojczewski, *et al.* (2015:7) indicated that the United Kingdom and Australia drew skilled healthcare employees from South Africa, leaving the country with skills shortages in the healthcare sector. Dhanpat, *et al.* (2019:58) concur with Labonté, *et al.* (2015:2) that there is a lack of research with regard to employee retention in the South African healthcare sector.

### **1.9.2 ORGANISATIONAL CHANGE**

Allen (2016:59) advises that there are similar changes in healthcare organisations and their execution is very complicated. Van Rossum, *et al.* (2016:475) indicate that if change is not implemented correctly, it will impact on labour turnover, patient care and company profits. To prevent these issues, Allen (2016:59) refers to Kurt Lewin's (1947) 3-stage change process that may be carried out when implementing change and evaluating and sustaining change. Allen (2016:66) describes the different stages of

Lewin's (1947) change process, indicating that during the first stage, time and attention must be provided in order to carry out an analysis that is thorough, and preliminary instruction which will help in creating a ground for the implementation stage. Allen (2016:66) further indicates that during the second stage, a detailed list of implementation strategies must be used to make sure that the change process is successful and during the last stage, the evaluation of the change is to be measured to ensure success, and procedures should then be carried out to ensure that it is sustained over a long period of time. Al-Haddad and Kotnour (2015:234) decree that to ensure that change is carried out successfully, healthcare organisations must follow a well-planned change procedure in order for the process to be effective.

Höög, Lysholm, Garvare, Weinehall and Nyström (2016:146) cite that healthcare organisations are finding it challenging to deliver exceptional services in times of scarce resources and increasing demands. Jordan, Werner and Venter (2015:2) articulate that although healthcare organisations have high hopes on change initiatives, the successful implementation of change is challenging. Al-Haddad and Kotnour (2015:234) concur with Jordan, Werner and Venter (2015:2) that changes in healthcare are implemented due to shortages of employees, clinical governance, the need to increase patient satisfaction and to become sustainable and successful. Al-Haddad and Kotnour (2015:249) refer to six change methods in their study, namely Kurt Lewin's change method (1947), Judson's method (1991), Jick and Kanter (1992), Kotter's method (1996), Luecke's method (2003) and the Insurrection method (2000). Al-Haddad and Kotnour's (2015:254) study compares these change methods and integrates these methods into their research. Vaishnavi, Suresh and Dutta (2019:1291) emphasise that organisational changes generate numerous challenges for healthcare organisations.

Prabhu (2016:11) states that competition is the norm in today's world and organisations need to be constantly proactive with applying change; employing people that are proactive in creating change; and retaining employees with a proactive demeanour. Vaishnavi, Suresh and Dutta (2019:1290) advise that managerial communication is seen to be the most important factor to get employees' support with organisational change, thus leading to employee retention. Prabhu (2016:19)

proclaims that managerial communication, job satisfaction and affective commitment to change are important factors that impact employees being retained in the organisation. There is acknowledgement by Stelson, *et al.* (2017:43) that continuous improvement in healthcare organisations are there to improve the business, benefit the patients and get buy-in from employees.

Bachynsky (2020:55) concurs with Stelson, *et al.* (2017:44) that the triple aim principle equals better patient experience, equals better health outcomes and equals to reduced healthcare costs. Bachynsky (2020:55) further mentions that this triple aim should be changed to a quadruple aim, adding the objective of improving the work life of healthcare employees. Stelson, *et al.* (2017:52) indicate that the success of organisational change is dependent on the extent to which employees understand the changes and are committed to them.

Organisational change has not been researched together with its impact on employee retention in the South African context. Therefore, there is need for this research to be conducted in the healthcare sector in South Africa.

## **1.10 RESEARCH METHODOLOGY AND DESIGN**

This section reports on how the research will be conducted and the data collection method and analysis. It focuses on the research design, target population, sampling method, measuring instrument (questionnaire) and data analysis.

### **1.10.1 RESEARCH DESIGN**

According to Creswell (2018:201), quantitative methods comprise the means of collecting, analysing, interpreting data and writing the results of a study. A sample and population are identified, specifying the type of design; collecting and analysing data; presenting the results and interpreting it; and writing the research reliable with the study. For the purpose of this study, a quantitative research approach will be conducted using the cross-sectional research method. The research type will be

descriptive. This method is appropriate to the study because it will evaluate objective data using complex structures and methods for a large sample size.

### **1.10.2 TARGET POPULATION**

Sekaran and Bougie (2010:267) stipulate that sampling begins with expounding the target population. The target population requires well-defined essentials, time and limitations. The target population comprises employees at the private healthcare provider, which is N=500.

### **1.10.3 SAMPLING METHOD**

Stratton (2019:229) concurs with Creswell (2018:204) that non-probability convenience sampling is a method where respondents are chosen for the sample based on their convenience and availability. For this study, the non-probability convenience sampling technique will be used for the quantitative research design. Sekaran and Bougie's (2013:268) computed table for establishing the sample size from a given population is used in this study to select the sample for the quantitative research design. For this study, a target population, N=500 and a sample size of n=260 is recommended by Sekaran and Bougie (2013:268). Simple random sampling is the greatest way for acquiring information efficiently and quickly.

### **1.10.4 SELECTION OF THE SAMPLE**

A quantitative research approach will be utilised for this study, with cross-sectional and descriptive research. In this study, the simple random sampling technique as a probability sampling method will be used. A pre-coded structured questionnaire will be administered to the selected sample. Simple random sampling without replacement will be used to select the requisite sample. The completed questionnaires will be personally collected by the researcher. The data will be captured to form a data set and thereafter statistically tested using the more robust tools of parametric tests with the aid of the Statistical Package for the Social Sciences (SPSS) version 26 for Windows.

### **1.10.5 DATA COLLECTION METHOD**

A questionnaire will be utilised to collect the quantitative data (Annexure B). The researcher will hand-deliver the questionnaires with a covering letter (Annexure A) to the participants using the personal method of data collection.

### **1.10.6 MEASURING INSTRUMENT**

For this study, a closed-ended structured quantitative questionnaire (Annexure B) will be utilised as a data-gathering instrument to obtain the quantitative data. According to Ebert, Huibers, Christensen and Christensen (2018:2), questionnaires allow researchers to gather research information that has a greater consistency of measurement and therefore greater reliability. They also lead to answers that can be easily quantified and analysed. The questionnaire has been developed using the guidelines provided by Creswell (2018:202), which has closed-ended, unambiguous questions in a sequence of themes. According to Abraowicz and Corchuelo (2019:27), a 5 point Likert scale is used to allow the respondents to indicate the extent to which they agree or disagree with a sequence of statements about a given main theme.

### **1.10.7 PILOT TESTING**

Spurlock (2018:457) stipulates that pilot testing will ensure that the measuring instrument is not ambiguous or biased, and a pilot test will increase the reliability, validity and practicability of the questionnaire. For the benefit of this study, pilot testing will be conducted with 10 pilot respondents, who will not form part of the sample respondents. The responses from these pilot respondents will be captured to form a dataset. This will then be subjected to the Cronbach's Coefficient Alpha Test to determine the reliability of the questionnaire.

### **1.10.8 VALIDITY AND RELIABILITY**

#### **1.10.8.1 VALIDITY**

According to Kumar (2019: 270-271), validity refers to the degree to which the results of a study have meaning for the factor that the researcher intends. It is the degree of the differences that have been found for the dependent variable directly related to the independent variable.

#### **1.10.8.2 RELIABILITY**

Kumar (2019:273) defines reliability as the consistency of the measurement instrument. A reliable measuring instrument will produce the same results when a variable is measured under the same or similar circumstances.

#### **1.10.9 DATA ANALYSIS**

The data will be captured to form a data set and thereafter statistically tested using the more robust tools of parametric tests with the aid of the SPSS version 26.0 for Windows.

#### **1.10.10 ANONYMITY AND CONFIDENTIALITY**

Magnani, D'Angelo, Ferretti and Marzolla (2018:1) define anonymity and confidentiality as engaging with respondents to obtain information whilst protecting participants' rights to privacy. Anonymity is important and therefore there will be no names on the questionnaires. Responses will be kept confidential.

#### **1.10.11 ETHICAL CONSIDERATIONS**

According to Creswell (2018:132), social research depends on respondents for their information, so researchers must take into consideration the effects of the research on the respondent and act in a way to uphold their dignity and being sensitive to their rights. This is ethical behaviour. In this study, participants will be advised that their



participation is voluntary and they have a right to withdraw from the process should they wish. They will also be advised that their information will be confidential.

## **1.11 STRUCTURE OF DISSERTATION CHAPTERS**

The dissertation is divided into five chapters. Chapter One provided an introduction to the study. It addresses the problem statement, key objectives, significance of the study, a brief study of the related literature and the methodological approach to the study.

Chapter Two focuses on the literature review. It encompasses an overview of employee retention and organisational change pertaining to the healthcare sector.

Chapter Three discusses the research methodology and design employed in the study. It includes a discussion on the sample selection and the collection of the data.

Chapter Four presents a discussion on the results of the study. It presents an analysis of the data using SPSS version 26.0 for Windows

Chapter Five provides the conclusions and recommendations arising from the results of the study.

## **1.12 CHAPTER SUMMARY**

In this chapter, the problem to be investigated was devised with a brief overview of the study. The aims and research objectives of this study were defined. The scope of the study, the research questions, the research methodology and design were discussed. The next chapter, which is the literature review, provides comprehensive clarification of the two variables, namely employee retention and organisational change.

## CHAPTER TWO

### LITERATURE REVIEW

#### 2.1 INTRODUCTION

The research problem addresses two focal variables, that is, employee retention strategies and organisational change management at a private healthcare provider in Durban, KZN. In this chapter, the literature review provides a comprehensive explanation on the impact, theories and impetus measuring scales of these variables. According to Vaishnavi, Suresh and Dutta (2019:1290), organisations globally are contending with concerns such as rapid technological change, strategic competence and emerging trends, indicating that change management is happening at a global level. Timmings, Khan, Moore, Marquez, Pyka and Straus (2016:2) therefore assert that change is crucial and organisations need to implement changes in order to ensure their sustainability, growth and success.

With the fourth industrial revolution, there is pressure on organisations to adapt to changes more timeously than ever before (Barton, 2021:31). Vaishnavi, Suresh and Dutta (2019:1291) further indicate that organisations must innovate or perish, and their ability to learn, adapt and change becomes a key survival skill. According to Shah, Irani and Sharif (2017:366), employee engagement is the key requirement for organisations to adopt change management processes that will be effective. Timmings, *et al.* (2016:2) postulate that employees' views, attitudes and perceptions about organisational change are critical aspects in the organisation's successful implementation of change and the retention of employees after the implementation of organisational change.

Private healthcare providers at an international level are moving away from a top-down approach in change management, as expounded by Frawley, Meehan and De Brún (2018:980), as they are adopting a collaborative approach which is viewed positively. In the South African context, Allen (2016:59) purports that the approach to change management is different in that it is a top-down approach, which is view

negatively and Allen (2016:59) therefore suggests that in the healthcare industry, inefficiently handled organisational change has a detrimental impact on employee turnover, resulting in poor employee retention.

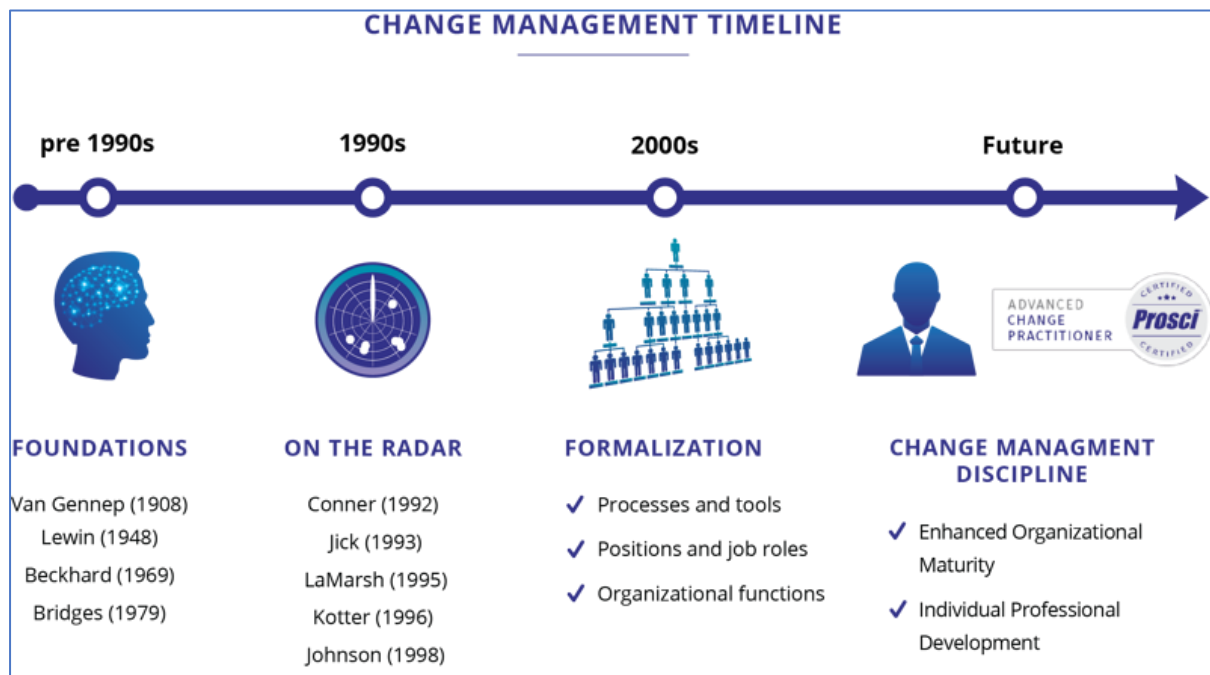
The lack of empirical study in the field makes it difficult to comprehend how change management affect employee retention in the healthcare sector. This study therefore explores change management and employee retention.

The previous chapter provided an introduction and background to this study and highlighted the problem statement and the study's significance. This chapter provides the presentation of the literature reviewed for this study where the researcher used journal articles and textbooks in gathering data. The concepts of change management and employee retention are discussed as well as the different models underpinning this study.

## **2.2 HISTORICAL OVERVIEW OF CHANGE MANAGEMENT**

The origins of what is today called change management, can be traced back to before the 1990s (Doppelt, 2010:33). From core understandings to conceptual underpinnings and finally to a recognised discipline, Levine (2016) articulates that change management has emerged, evolved and matured. According to Prosci (2018), the evolution and growth of the change management discipline can be divided into four major eras, as described in figure 2.1.

**FIGURE 2.1: CHANGE MANAGEMENT TIMELINE**



**Source:** Prosci (2018). Adapted.

As illustrated in Figure 2.1, prior to the 1990s, academics began to realise how humans and human systems adapt to change, during the 1990s the concept of change management entered the radar then (Prosci, 2018). Pre-1990s, change management gurus like Van Gennepe (1908), Lewin (1948), Beckhard (1969), Bridges (1979) and McKinsey (1980) set the foundation of change management theories. Efe (2018:189) affirms that Kurt Lewin (1948) introduced a theory of three positions of change, namely unfreezing, changing and re-freezing. As postulated by Bridges (2020), the Bridges Transition Model assists organisations and individuals in better understanding and managing the personal and human aspects of transition. This model classifies the three stages an individual experiences during change, which are: ending what currently is, the neutral zone and the new beginning. According to Liu (2020:295), the McKinsey 7S change model was created by Robert Waterman and Tom Peters of the McKinsey Consulting Group in the early 1980s. Zapukhliak, Zaiachuk, Polyanska and Kinash (2019:2279) emphasise that this model is an effective tool for assessing and analysing changes in an organisation's internal condition. It is built on seven fundamental aspects that define the performance of an organisation and should be interdependent and coordinated to produce synergistic results.

According to Williams and Braddock (2019:7) and Prosci (2018), the 1990s marked the start of the second era of change management on the radar of business, where the likes of change management gurus like Kotter (1996), Kübler-Ross (1969) and General Electric's Change Acceleration Process (1992) came along with their theories of change management. The 2000s saw the introduction of change theories like the ADKAR model (2003) and the Nudge Theory in 2008 (Massoudi and Hamdi, 2019:22; Mrkva, Posner, Reeck and Johnson, 2021:67). Further to this, the term 'change management' was formalised in the 2000s and Prosci (2018) explains that change management as a discipline gained more structure and precision. According to Imran, Rehman, Aslam and Bilal (2016:1097), today's business environment is changing at a faster rate than ever before, and organisations are increasingly meeting the need for strategic-level changes as a result of the additional demands of changing markets, dynamic technology and global competitiveness. This would lead to the future of increased organisational maturity and individual professional development emerging as outcomes of change management (Prosci, 2018). In this study, the change theories of Lewin (1948), Bridges (1979), McKinsey (1980), Kotter (1996), Kübler-Ross (1969), General Electric's Change Acceleration Process (1992), the ADKAR model (2003) and the Nudge Theory (2008) will be discussed under approaches to change and the theoretical overview.

## **2.3 CURRENT OVERVIEW OF CHANGE MANAGEMENT IN A GLOBAL CONTEXT**

Organisations are continuously changing as a result of the global business environment. However, the global organisational change initiatives' success rate is less than 30%, as postulated by Al-Haddad and Kotnour (2015:254). Every organisation, irrespective of the industry, be it services, healthcare or the manufacturing sector, depends on organisational change to survive (Aslam, Ilyas, Imran and Rahman 2016:580). Augustsson, Churruca and Braithwaite (2019:1) articulate that there has to be change, it is necessary, it is unavoidable and it is what grows individuals and organisations. Due to people and organisations being habitual in nature, change may not always be simple. However, tenacious change will ensure

survival in the marketplace and it will enable organisations to gain a competitive advantage over other organisations (Aslam, *et al.* 2016:581).

According to Erlingsdottir, Ersson, Borell and Rydenfält (2018:69,) change management encompasses many areas, namely the organisation, projects and most importantly, people. To expand on the people aspect or human capital, Imran, *et al.* (2016:1098) explain that change management should be coupled with various parts of the organisation, such as structures, processes, technology, resources and the culture. However, excluding the human factor from these various points raised by Imran, *et al.* (2016:1098) is problematic for an organisation. Therefore Sartori, Costantini, Ceschi and Tommasi (2018:1) assert that training, development and innovation should also accompany the implementation of change in the organisation.

In the UK, research by Erlingsdottir, *et al.* (2018:70) highlights that employees are habitually viewed as change recipients rather than change drivers. Therefore, Erlingsdottir, *et al.* (2018:70) suggest that viewing employees as change drivers and embracing ideas and suggestions from employees, coupled with management support, will lead to the successful implementation of organisational changes. As articulated by Xerri, Nelson, Brunetto and Reid (2015:644) in a study conducted in Australian engineering sector organisations, they further corroborate the human factor, that an effective relationship between managers and employees plus management support is an essential element for achieving successful organisational change and ensuring business sustainability. Russell, Zhao, Guthridge, Ramjan, Jones, Humphreys and Wakerman (2017:1) identify that the changes in the healthcare sector in Australia, relative to the people element, require employees to be trained and developed to ensure career development. According to Lai, *et al.* (2018:15), for similar studies conducted in the Australian healthcare sector, they have identified that trust and management support due to organisational changes may reduce employee turnover.

Aslam, *et al.* (2016:581) assert that in developing countries, 70% of planned change initiatives are unsuccessful due to employees' negative attitudes, unfairness in policies, resource allocation and a lack of trust in management. In a developing

country like Pakistan, the government made a decision to privatise a few government or public sector organisations, which led to employees in these organisations protesting against this change initiative, and resulted in poor employee retention (Aslam, *et al.* 2016:582). Aslam, *et al.* (2016:581) further noted that when there is a delay in planned organisational changes being implemented, it is a result of absenteeism, strikes, protests and unproductiveness. Imran, *et al.* (2016:1097) state that the banking sector in Pakistan adopted the knowledge management (KM) strategy, which has proven to have a successful impact on the implementation of organisational changes through change readiness and organisational learning. It appears that KM is a key strategy that some organisations are embracing to manage their organisational changes, and it has been recognised to impact directly on successfully implementing change in the manufacturing sector and banking sector (Imran, *et al.* 2016:1109). When Toyota, the automobile company, implemented change management, they were successful in all three areas of improving customer service, reducing costs and improving quality because their main focus was culture change and showing respect for all stakeholders, be it internal or external (Stelson, *et al.* 2017:44). It is evident that organisational culture adds complexity to the implementation of organisational change, as postulated by Xerri, *et al.* (2015:645). According to Adil (2016:236), the manufacturing sector in Pakistan indicated that their approach to successful change management is effective communication to employees and management support, which are important aspects for creating an organisational culture that is productive and that will support the effective implementation of organisational changes.

In Sub-Saharan Africa, studies conducted by Shiela and Rugami (2018:187) in the manufacturing sector in Kenya revealed that organisational changes implemented in this sector were guided by the change management models, namely Kurt Lewin's model, the ADKAR model and the Kotter Model. These changes proved to be successful, together with embracing employee feedback. Change needs to be sustained to ensure maximum value and in order to be successful. In the education sector in Kenya and Nigeria, Kingi and Kalai (2018:294) and Efe (2018:189) purport that organisational change was driven in this sector by using Kurt Lewin's model. Moreover, in studies conducted in Nigeria, Odor (2018:58) advocates that

organisations should use the Kotter model in an organisational approach to change in order to remain competitive in a dynamic business environment.

Stelson, *et al.* (2017:44) state that the challenges with implementing change management arise from poor managerial support, conflicting goals and silos within the organisation. Augustsson, Churruca and Braithwaite (2019:2) articulate a need for more flexible, involved and hands-on approaches to change. In order to use the hands-on approach, Teixeira, Gregory and Austin (2017:202) believe that it is important to empower people in an organisation to implement the vision for change. This can be done by effective communication, which is key for the successful implementation of organisational changes, as asserted by Erlingsdottir, *et al.* (2018:78). With communication comes the building of trust with employees and involving employees in decision-making as important aspects of the successful implementation of organisational change (Aslam, *et.al.* 2016:580). When change management is required in an organisation, there are various approaches that an organisation's management could adopt in implementing that change (Braun, Hayes, DeMuth and Taran, 2017:702). The different approaches to dealing with change management will be discussed together with the change management theories or models to assist organisations in a particular approach.

## **2.4 APPROACHES TO CHANGE MANAGEMENT**

The corporate world is currently changing drastically and, as asserted by Imran, *et al.* (2016:1097), due to evolving times, organisations are identifying their need to change in order to be successful. While it might be critical to implement organisational changes, it is imperative to follow an appropriate method to implement changes in order to achieve the desired outcomes (Al-Haddad and Kotnour 2015:252). In order to achieve the desired outcomes for change management and for the implementation to be successful, individuals must understand the need for change (Augustsson, Churruca, Braithwaite 2019:2).

According to Allen (2016:58), change management should take place in 3 stages, namely preparing for change, implementing the change and evaluating and sustaining



the change. Mulholland (2017) states that a change model is required for changes to be implemented successfully by organisations. Allen (2016:58) further explains that in the first stage, prior to initiating any change actions, time and attention should be invested in conducting thorough analyses and preliminary work to ascertain the foundation for the implementation phase. In the second stage, a comprehensible set of various implementation strategies are utilised to ensure that change management is effective. In the final stage, an assessment of the accomplishment of the change is assumed and measures are put in place to ensure that it is maintained over a period of time. According to Braun, *et al.* (2017:702), traditional change management approaches, which rely on linear models and top-down control, have proven ineffective in dealing with the complexity and speed of today's unprecedented change. The agenda of including the approaches to change management in this study is that the researcher has grouped the change management theories into individual change management theories, team/ group change management theories and organisational change management theories.

The approaches to dealing with change are also going to inform the types of change management theories that the organisation can access to develop a best practice model for themselves under their circumstances. There are three areas of change management where changes are initiated and, according to Cameron and Green (2020:5), these areas are at an individual level; when there are teams/ groups; and as of an organisation. According to Hockenberry (2019:19), there are a number of change management models that assists with the different approaches to change.

Table 2.1 indicates the different approaches to change and the change management models theories that will be discussed.

**TABLE 2.1: APPROACHES TO CHANGE MANAGEMENT**

<b>Individual approach change management theories</b>	<b>Team approach change management theories</b>	<b>Organisation approach change management theories</b>
Kurt Lewin's change management model	Nudge Theory	Kotter's 8 step change management model
Kübler-Ross' change curve	Bridges' transition model	The McKinsey 7-S model
ADKAR change management model		General Electric's change acceleration process

**Source:** Self-generated (2021). Adapted.

Table 2.1 indicates the different approaches to change and the change management theories that are categorised within that approach to change. To further elaborate on these, the researcher discusses these below.

#### **2.4.1 Individual approaches to Change Management**

Karambelkar and Bhattacharya (2017:5) advise that with regard to individuals accepting change in the corporate environment, it is critical that the right people are recruited and the on-boarding process is done efficiently. There are a few change management models that assist with an individual approach to change management, namely Kurt Lewin's (1948) Change Theory, the ADKAR model and the Kübler-Ross change curve (Al-Haddad and Kotnour, 2015:236; Tusiime, 2019:45 and Burnier, 2017:49). Al-Shiela and Rugami (2018:193) and Haddad and Kotnour (2015:236) believe that Kurt Lewin's (1948) change theory inspired studies on individuals' acceptance of organisational changes. Shiela and Rugami (2018:193) concur with Bedoya (2018:165) that the ADKAR model focuses on employees accepting change and it starts and ends with employees being the centre of the change; whilst Connelly (2018) advises that the Kübler-Ross change curve is used to relate to individuals' responses to the different kinds of change. Allen (2016:58) advised that only by

ensuring a methodical change management process can change be implemented effectively in organisations.

#### **2.4.2 Team approach to Change Management**

The Nudge Theory is one of the team approaches to change management, which is a tactical way to frame changes in a more effective manner (Mulholland 2017). According to Valatin, Moseley and Dandy (2016:27), Nudge's change model has the possibility to overcome barriers that employees may have due to the fear of organisational changes. Mrkva, *et al.* (2021:67) concur with Valatin, Moseley and Dandy (2016:33) that Nudge's theory may be the best approach for employees adapting to changes due to their differences in motivation, attitudes and their behaviour.

Another team-based approach to change management is the Bridges Transition Model, developed by William Bridges, which assists teams to understand and more effectively manage the human side of change (Bridges 2020). The model recognises the three stages that teams experience during change: ending what currently is, the neutral zone and the new beginning (Xiang, *et al.* (2018:287). According to Favreau (2020), people handle change at a divergent pace, which is reflected through the Bridges model. In studies conducted in an American healthcare sector, the Bridges model was utilised to implement changes (Wise and Dreussi-Smith 2018:201). Xiang, *et al.* (2018:287) assert that the Bridges model is also utilised in the healthcare sector for not only employees, but also in addressing challenges with patients that are not satisfied by hospitals and community-based health organisations.

#### **2.4.3 Organisational approach to Change Management**

It is significant to maximise the fit between individual, team and organisational needs (Cameron and Green 2020:137). According to Cameron and Green (2020:137), in order for individuals and groups to adapt to change, they must be psychologically aware of the need for the change in the organisation. As asserted by Shiela and Rugami (2018:195), organisations require an integrated approach to drive change

management and therefore, Odor (2018:61) further explains that an organisational approach to change management is driven by managers through systematic change methods, like the Kotter change method (1996). Timmings, *et al.* (2016:2) assert that an organisation's readiness to change is dependent on their employees' psychologically and behavioural preparedness to implement the change. Zapukhliak, *et al.* (2019:2279) identify the McKinsey 7-S change model as an organisational approach to change management in terms of readiness to change, whilst Galli (2018:129) identifies the General Electric Acceleration Process as the same.

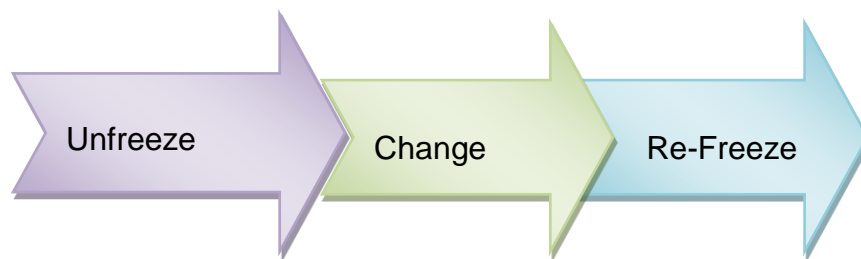
## **2.5 THEORETICAL OVERVIEW OF CHANGE MANAGEMENT FRAMEWORKS**

Sartori, *et al.* (2018:3) articulate that change has become the standard for organisations to maintain their performance and existence in today's rapidly changing global business climate. Change management is complex and it involves developing from a current state by implementing changes to reach a desired state, as defined by Teixeira, Gregory and Zubin (2017:198). According to Bedoya (2018:164), it is essential to adopt models to plan and supervise organisational change processes. Organisational change frameworks or models challenge the interaction between organisational inputs, practices and outputs, with the eccentricities of human behaviour, a core erratic in the success of organisational change taking into consideration the different approaches to change management (Rosenbaum, More and Steane 2018:288). There are a variety of change management models aimed at enacting and guiding the change management processes that will be discussed, namely Kurt Lewin's change management model, Kübler-Ross' change curve, the ADKAR change management model, Nudge Theory, Bridges' transition model, Kotter's 8-step change management model and the McKinsey 7-S model.

Al-Haddad and Kotnour (2015:248) identified Kurt Lewin's change management theory, which consists of three stages, namely unfreezing, changing and refreezing. The unfreezing stage deals with a process of behavioural thaw, which Hidayat, Hariyati and Muhaeriwati (2020:474) identify as a systematic process that an employee undergoes to unlearn their old behaviours opposing change; the change, which is the

transition that takes place; then the refreezing stage, which is the re-crystallization of behaviours.

**FIGURE 2.2: KURT LEWIN'S CHANGE MANAGEMENT MODEL**



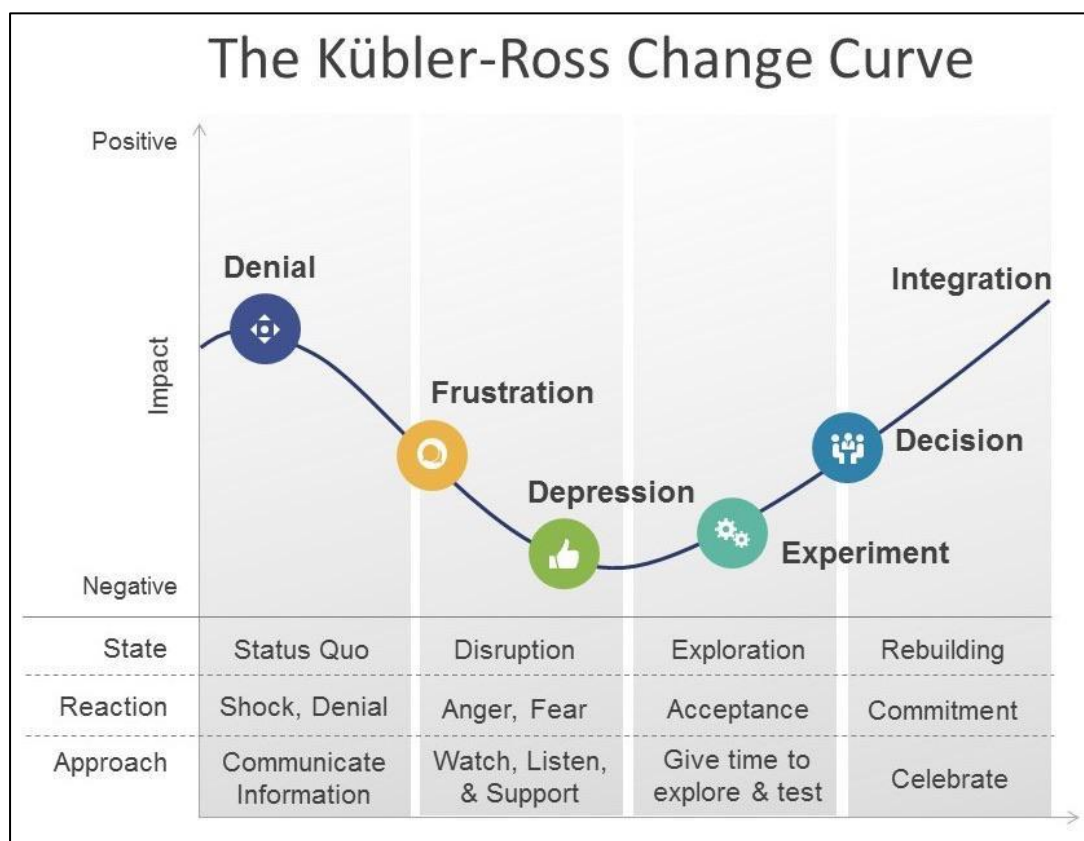
**Source:** Hidayat, Hariyati, and Muhaeriwati (2020:474). Adapted.

Figure 2.2 illustrates the Kurt Lewin model, which Hidayat, Hariyati and Muhaeriwati (2020:471) explain can be utilised as an individual approach to change management, as people in the organisation are the centre of the change and people will need to adapt to the changes. Rosenbaum, More and Steane (2018:290) describe the Kurt Lewin model (1947) as examining change as a process of migration from the current phase to the end phase, and strengthened by field analysis, research and team dynamics that support planned change. According to Bedoya (2018:168), the advantages of the Kurt Lewin model are that it is simple and user-friendly, thus making large organisations keen to use this model and it is easy to analyse change. However, Shiela and Rugami (2018:193) indicate that the disadvantages of the Kurt Lewin model is that the limitation to this model is that it does not detail how to deal with the people element of the change. People resisting change can impact the organisation and if change management is poorly planned, then the unfreezing stage could be costly and time-consuming.

Where Lewin's change theory was used and was advantageous was in the education sector, as confirmed by Kingi and Kalai (2018:294); the manufacturing sector, as confirmed by Al-Haddad and Kotnour (2015:248). Shiela and Rugami (2018:193) and Hidayat, Hariyati and Muhaeriwati (2020:477) advise that the Lewin Change Management process was utilised in the healthcare sector and it proved to be successful in the management of individuals.

The next change theory is the Kübler-Ross Change Curve which deals with the individual approach to change, in that this is the best approach to dealing with the reaction to change.

**FIGURE 2.3: THE KÜBLER-ROSS CHANGE CURVE**



**Source:** Saboe, (2018). Adapted.

This model illustrated in Figure 2.3 is the Kübler-Ross analysis of the 5 stages of grief, acknowledging that individuals react emotionally to change in a comparable way to the emotional response to grief (Rosenbaum, More and Steane 2018:290). According to Williams and Braddock (2019:7), there are 5 stages that individuals go through when affected by change: denial, anger, bargaining, depression and acceptance. Maniscalco, Ziello, Panetta, Guarcello, Improta and Florio (2019:048) offer a breakdown of this model in stages, namely shock and denial, as the first reaction to change is commonly a shock; then comes anger and depression due to the change; and lastly, acceptance and integration, which is where individuals accept that the change is unavoidable and they start to accept and integrate into the change.

Burnier (2017:49) asserts that individuals have an emotional response when they are affected by a change, which is similar to grief as characterised by the Kübler-Ross change curve. Stroebe, Schut and Boerner (2017:457) further indicate that Kübler-Ross referred to these as normal reactions to difficult news and called them coping or defence mechanisms. The advantage of the Kübler-Ross change model as described by Mulholland (2017) is that this model excels at managing the emotional reaction of employees, whilst Williams and Braddock (2019:7) advise that the disadvantage of this model is that the team or group of people may move between different steps at any time, making it challenging to manage. Maniscalco, *et al.* (2019:048) used this model in the Healthcare sector and deemed it to be helpful.

Another individual approach to change is the ADKAR model and according to Karambelkar and Bhattacharya (2017:5), this ADKAR change management model focuses on individuals adapting to change, in contrast to the change itself.

#### **FIGURE 2.4: THE ADKAR CHANGE MODEL STAGES**



**Source:** Tusiime, (2019:47). Adapted.

Figure 2.4 illustrates the ADKAR model. According to Tusiime (2019:47), this model addresses the human aspect of change management in 5 phases, namely awareness, desire, knowledge, ability and reinforcement. This outcomes-orientated change management tool plots a variety of enablers of change to a list of management activities, so when structured and implemented, the organisation reacts to those enablers (Rosenbaum, More and Steane 2018:291). If one wants to effectively implement change, there must be an awareness created for the need for the change, then the desire to support and participate in the change is important, as asserted by Shiela and Rugami (2018:192). Thereafter, Karambelkar and Bhattacharya (2017:5) indicate that the knowledge of how the change will be implemented is by sharing details and information about the changes to be implemented. Jaaron, Hijazi and

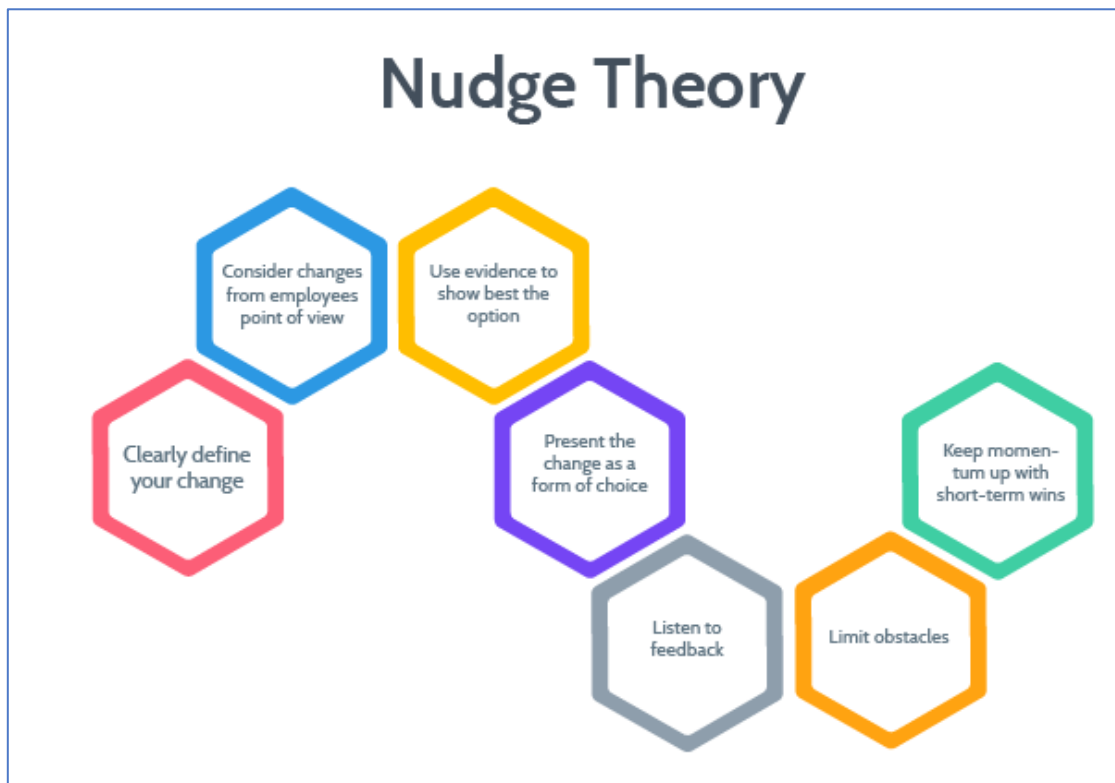
Musleh (2021:5) articulate that next in the process comes the ability to implement change. Thus, it is important at this stage that individuals are given enough supervision and mentoring to implement changes correctly. The last step in this model is the reinforcement to sustain the change, which according to Ali, Mahmood, Zafar and Nazim (2021:489) is that individuals must be made aware that they are delivering the desired outcomes.

Bedoya (2018:165) advises that the advantage of the ADKAR model is that it focuses on employees accepting change and it starts and ends with employees being the centre of the change. Whilst they describe the disadvantages of the ADKAR model as mainly focusing on employees, it is predominantly suited for project environments or teams, as opposed to large organisations (Massoudi and Hamdi, 2019:22). The implementation of the ADKAR model in the engineering, banking, education and manufacturing sectors proved to be successful according to studies conducted by Jaaron, Hijazi and Musleh (2021:5); Tusiime (2019:57); Ali, *et al.* (2021:489); and Shiela and Rugami (2018:192).

The next two models are team-based approaches to change management.



**FIGURE 2.5: NUDGE THEORY**



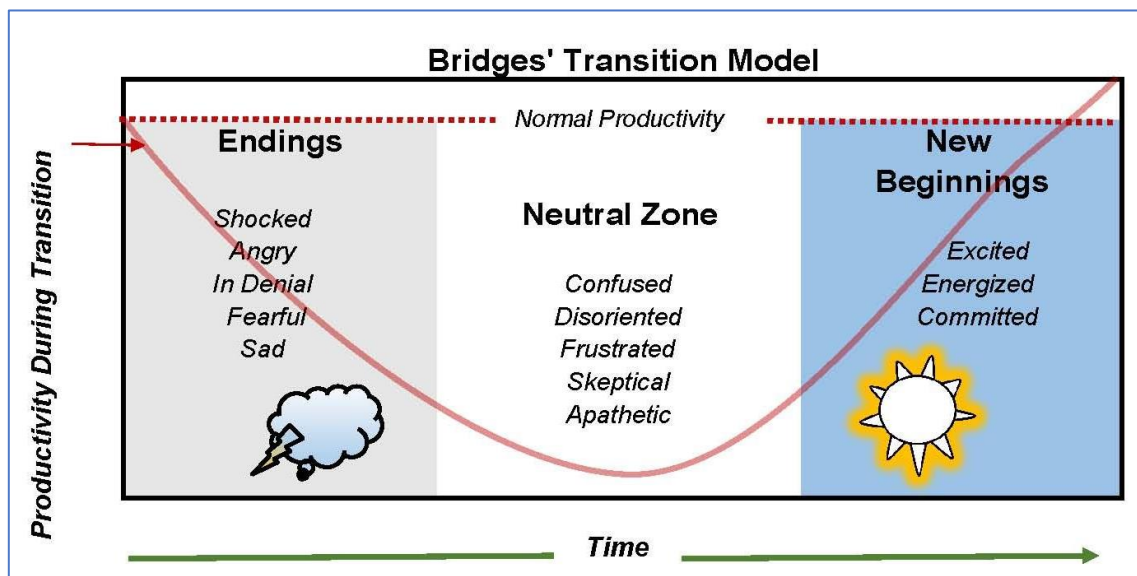
**Source:** Mulholland, (2017). Adapted.

According to Mulholland (2017) in Figure 2.5, the Nudge theory is a team-based approach to change management, which clearly defines change with the support of employees in the organisation. Reach (2016:460) describes Nudge as organizing options without force. Mulholland (2017) further states that the management of an organisation must consider the input of employees; present facts or evidence to obtain their buy-in; present the changes as a choice; listen to employee feedback through feedback sessions; limit obstacles during change process; and keep up the momentum with short-term wins. Reach (2016:460) articulates that Nudge Theory organises the environment to drive teams to perform and is advantageous because this model gets buy-in from the team members in the organisation, which creates a trust relationship between employees and the employer. The disadvantage of the Nudge Theory according to Mulholland (2017) is that it is best used as a supplementary model as it cannot maintain change, and the outcome of the change could be uncertain. First-world countries like the United Kingdom (hereafter referred to as UK) and the United States of America (hereafter referred to as USA) have used the Nudge Theory for the implementation of organisational change with teams of land

managers in the forestry sector, which proved to be fruitful (Valatin, Moseley and Dandy 2016:29). Mrkva, *et al.* (2021:81) claim that the research they conducted in the Marketing sector, where the Nudge Theory of change was utilised, was successfully implemented. The Nudge Theory may be ineffective, according to Valatin, Moseley and Dandy (2016:33), unless boosted by financial incentives.

Another team-based approach towards change management is the Bridges Transition Model.

**FIGURE 2.6: BRIDGES' TRANSITION MODEL**



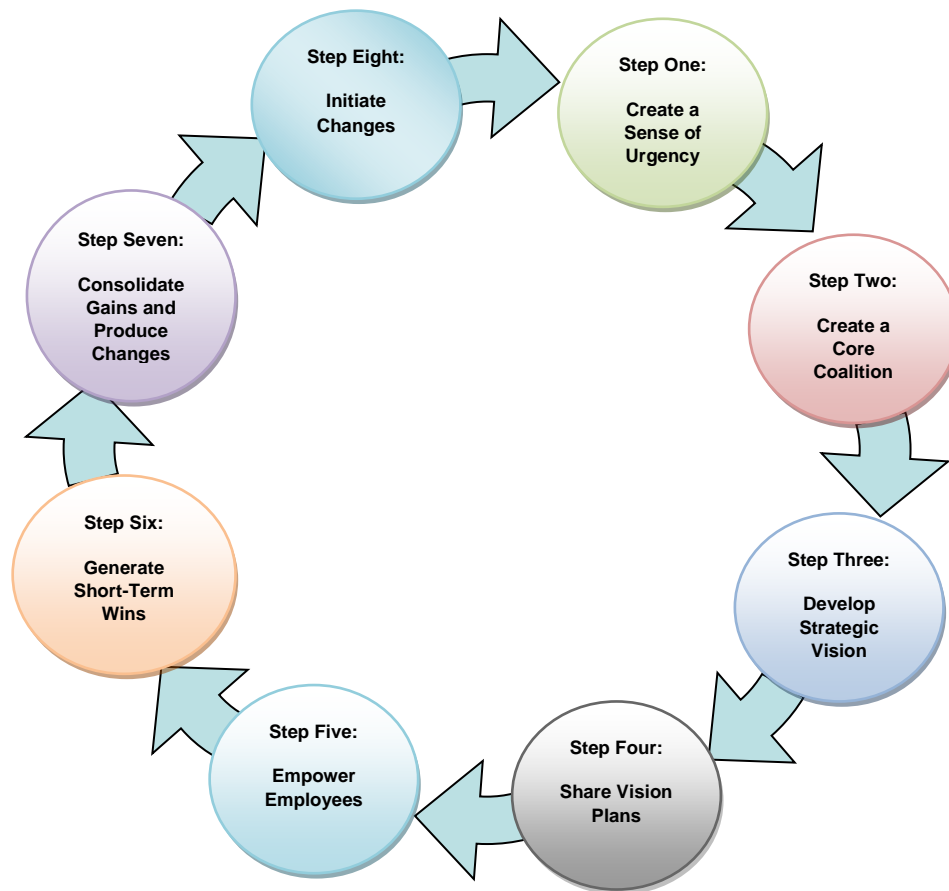
**Source:** Favreau, (2020). Adapted.

The Bridges model, Figure 2.6, has been useful to transformational style change that focuses on the outcome and moving further than the current stage and in the course, differentiating planned change from transition (Rosenbaum, More and Steane 2018:290). The aim of the Bridges model is to increase the curve to a new beginning, bringing out the resilience of teams (Favreau 2020). Xiang, Robinson-Lane, Rosenberg and Alvarez (2018:281) concur with Mulholland (2017) that this model guides employees through the response and emotions they will experience when dealing with change. Favreau (2020) further explains the phases of the curve, as the

first phase is known as Endings and it signifies letting go from the present state of affairs as it is apparent that something has changed. The second phase is known as the Neutral Zone and it signifies the entrapment in trying to establish where to go next. This is where people get caught up and overwhelmed with what to do, leading to the third phase, which is known as new beginnings and signifies the acceptance and evolution to embracing the change, and thus the resilience of the team and the increasing of the curve. According to (Mulholland 2017), the advantage of the Bridges Transition Model is that this model conduits the gap between management and employees, a personal approach to assisting everyone adapting to change and creates team cohesion; whilst the disadvantage of the Bridges model is that there are no set time-frames for moving between the stages. Bridges Transition Model proved to be successful in studies carried out by Xiang, *et al.* (2018:281) in the Healthcare sector in the USA.

The next three change models are used for an organisational approach towards change Management.

**FIGURE 2.7: KOTTER'S MODEL**



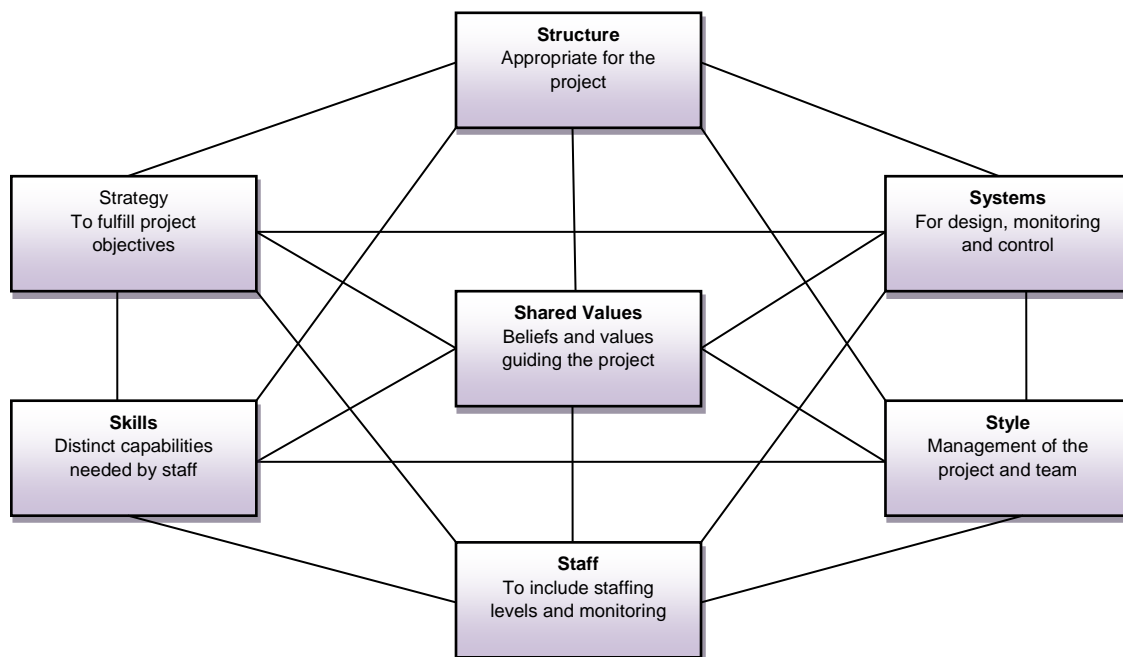
**Source:** Bedoya, (2018:167). Adapted.

Figure 2.7 illustrates Kotter's Change Model. Bedoya (2018:165) explains the different steps of Kotter's Model, namely: Step 1 to create a sense of urgency where leaders in organisations must have an opportunity and get a team together to assist as change agents. Odor (2018:61) clarifies that in Step 2, leaders need to build a main coalition of effective individuals to accompany the group of change agents; to explain and communicate the actions to pursue; and thereafter, according to Shiela and Rugami (2018:194), Step 3 should be to develop a strategic vision of the change and initiatives to be implemented. Step 4 is to share the vision plans, followed by Step 5 which is enabling action by removing barriers and empowering employees and, as asserted by Bedoya (2018:165), this will create a real impact that will require the employees to feel free and act outside the barriers. Then, Step 6 is to generate short-term wins and to

track progress and energize change agents to drive the change. As purported by Massoudi and Hamdi (2019:22), Step 7 is to consolidate the gains and produce change, which means that the acceleration of change needs to keep going at the same fast pace. Step 8 of Kotter's model is to institute change and as postulated by Galli (2018:126), this last step aims at keeping the best practices current and updated. According to Teixeira, Gregory and Austin (2017:199), the Kotter model indicates that management must create, implement and sustain change in an organisation for successful change management. Rosenbaum, More and Steane (2018:290) purport that the Kotter model was developed from research into numerous organisations undergoing organisational change in order to establish lessons to be learned from them, translating these into a structured approach to managing organisational change processes. Therefore, Shiela and Rugami (2018:194) identify that the advantage of the Kotter model is that it is comprehensive when it comes to implementing the change and it guides the employee engagement aspect of the change; whilst according to Bedoya (2018:168), the disadvantage of the Kotter model is that it creates an impression of a top-down approach and employees have no participation prior to the strategic vision being developed. According to Teixeira, Gregory and Austin (2017:204), Kotter's Change Model has attested to be useful in enhancing the efficiency and effectiveness of change processes for organisations.

Liu (2020:295) articulates that the McKinsey 7-S Change Model highlights changes to be made; identifies and exemplifies roles and responsibilities; and influences behaviour in respect of an organisational approach to change.

**FIGURE 2.8: THE MCKINSEY 7-S MODEL**



**Source:** Liu, (2020:295). Adapted.

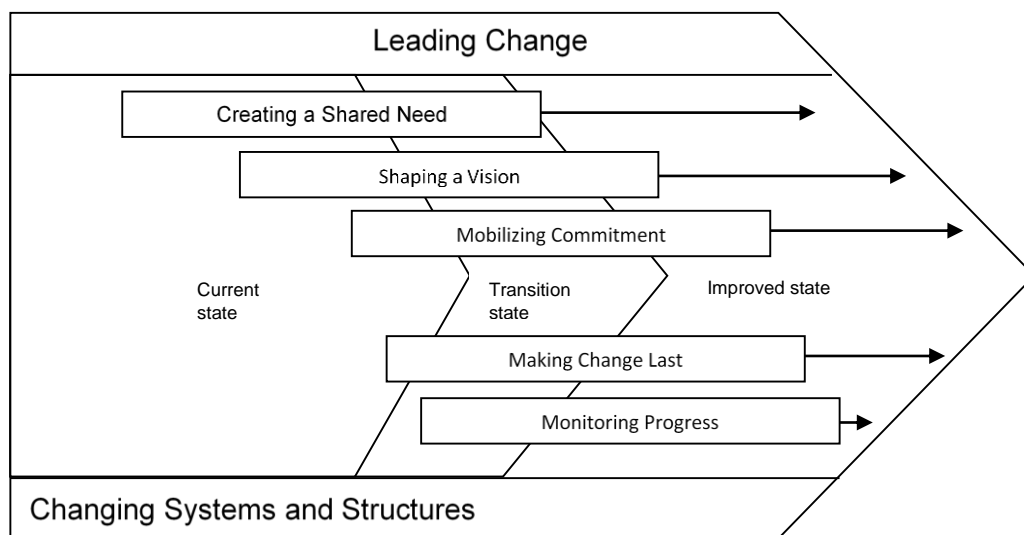
Figure 2.8 illustrates the McKinsey 7-S Change Model. The 7-S stands for Structure, Strategy, Systems, Shared values, Style, Skills and Staff. According to Zapukhliak, *et al.* (2019:2279), this model assesses an organisation's readiness to change. The concept of this model is based on the theory that these seven factors must be synchronised and mutually reinforcing for an organisation to perform well. Therefore, Mulholland (2017) indicates that as a result, the model can be used to determine what has to be tweaked in order to boost organisational performance. According to Liu (2020:295), this model focuses on evaluating how well an organisation is positioned with a multiplicity of soft and hard skill attributes. It provides a double focus of assessing an organisation in its current state, as well as its future state, providing the foundation for better understanding the gaps that require to be filled in order to attain a desired outcome and change (Rosenbaum, More and Steane 2018:291).

Liu (2020:295) claims that the advantages of the McKinsey 7-S model is that this model focuses in identifying the strengths and weaknesses of an organisation and

provides management with a clear view of where change is required. In addition, Galli (2018:129) indicates that the disadvantage of the McKinsey 7-S model is that it is a complex model and therefore could be time- consuming for an organisation. According to Liu (2020:298), this model was used in the education sector and proved to be successful.

The next model is General Electric's Change Acceleration Model. According to Galli (2018:127), General Electric's change acceleration process model transforms how employees accept and carry out change.

**FIGURE 2.9: GENERAL ELECTRIC'S CHANGE ACCELERATION PROCESS MODEL**



**Source:** Galli, (2018:128). Adapted.

Figure 2.9 is an illustration of the General Electric Change Acceleration process. This model has been designed taking into consideration large organisations. According to Syed Ibrahim, Hanif, Jamal and Ahsan (2019:3), the General Electric Change Acceleration process elements are mutual to all successful change initiatives as an organisation moves from its current state through the transition process and to the improved or future state. Galli (2018:129) identifies that the advantages of General Electric's process is that this model is flexible and the disadvantage is that strong management is required to implement change following this model. Syed *et al.*

(2019:2) confirm that this change acceleration process has been successfully used in the many organisations, some being the manufacturing and telecommunications sectors. No matter which change model is utilised, change will only be successful if it is well communicated and accepted by all employees, as pronounced by Galli (2018:129). Table 2.2 below depicts trends in research identified by the researcher.

**TABLE 2.2: CROSS-REFERENCE SUMMARY OF CHANGE MANAGEMENT MODELS USED BETWEEN RESEARCHERS TO INVESTIGATE CHANGE MANAGEMENT PROCESSES**

RESEARCHERS LISTED BELOW (LISTED ALPHABETHICALLY)	MODELS ON CHANGE MANAGEMENT UTILISED IN BUSINESSES TO MANAGE CHANGES FROM AN HRM PERSPECTIVE							
	KURT LEWIN'S CHANGE MANAGEMENT MODEL	KÜBLER-ROSS' CHANGE CURVE	ADKAR CHANGE MANAGEMENT MODEL	NUDGE THEORY	BRIDGES' TRANSITION MODEL	KOTTER'S 8 STEP CHANGE MANAGEMENT MODEL	THE MCKINSEY 7-S MODEL	GENERAL ELECTRIC'S CHANGE ACCELERATION PROCESS
Al-Haddad and Kotnour (2015:249)	✓					✓		
Ali, <i>et al.</i> (2021:489)			✓					
Bedoya (2018:168)	✓		✓			✓		
Burnier (2017:51)		✓						
Connelly (2018)		✓						
Efe (2018:189)	✓							
Favreau (2020)					✓			



Galli (2018:124-129)	✓		✓			✓	✓	✓
Hidayat, Hariyati and Muhaeriwati (2020:474)	✓							
Hockenberry (2019:19)	✓	✓	✓			✓		
Jaaron, Hijazi and Musleh (2021:5)			✓					
Karambelkar and Bhattacharya (2017:5)			✓					
Kingi and Kalai (2018:294)	✓							
Liu (2020:295)							✓	
Maniscalco, <i>et al.</i> (2019:049)		✓						
Massoudi and Hamdi (2019:22)	✓		✓			✓		
Mrkva, <i>et al.</i> (2021:67)				✓				
Mulholland (2017)	✓	✓	✓	✓	✓	✓	✓	
Odor (2018:61)						✓		
Reach (2016:460)				✓				
Rosenbaum, More and Steane (2018:290)	✓	✓	✓		✓	✓	✓	
Saboe (2018)		✓						
Sheila and Rugami (2018:193)	✓		✓			✓		
Syed <i>et al.</i> (2019:3)								✓

Teixeira, Gregory and Austin (2017:199)						✓		
Tusiime (2019:47)			✓					
Valatin, Moseley and Dandy (2016:29)				✓				
Williams and Braddock (2019:7)		✓						
Wise and Dreussi-Smith (2018:201)					✓			
Xiang, <i>et al.</i> (2018:280)					✓			
Zapukhliak, <i>et al.</i> (2019:2279)							✓	

**Source:** Self-generated, (2021) as highlighted by various authors. Adapted.

Table 2.2 above is a cross-reference summary of change management models used by researchers to investigate change management processes. Change management models and research are still relevant for organisations today. Organisations require an integrated approach to change management in order to minimise the obstacles to the changes implemented (Al-Haddad and Kotnour 2015:234). Those organisations that have successfully managed change, especially with a strategy and a selected model/ theory as the guiding light for change management, are very effective. When change management is required in an organisation, then there are a number of approaches, models/ theories that can assist an organisation's management in implementing that change (Braun, *et al.* 2017:702). The table above summaries the models or theories of change with an indication of the studies that they were utilised in. It appears that the Kurt Lewin and ADKAR change theories are popularly used in the corporate environment.

Unfortunately, from the studies in this section, it is clear that in the past, there were set models used in different industries. In the future, organisations need to identify a

combination of different best practices out of the variety of models to take the organisation forward because the change element that is happening in organisations is so rapid.

## **2.6 CHALLENGES PERTAINING TO MANAGING CHANGE WITH SPECIFIC REFERENCE TO THE HEALTHCARE SECTOR**

One of the key challenges in the healthcare sector is effective change management implementation (Kumah, Ankomah and Antwi 2016:28). In order to effectively manage change, Timmings, *et al.* (2016:8) identify that healthcare organisations must ensure that senior management carries out readiness assessments for implementing organisational change. However, the challenge that organisations are experiencing is choosing a reliable method to measure the readiness for change. According to Vaishnavi, Suresh and Dutta (2019:1290), the recent trends in readiness for organisational change are a result of technology advancement and interdependence amongst departments in the Healthcare sector, making the change processes somewhat challenging.

According to Stelson, *et al.* (2017:44), change management processes in the healthcare sector in the USA fail because managers tend to focus on tools for implementation of the changes and pay little attention to the employee aspects. Therefore, Allen (2016:58) advises that these organisational changes have a negative impact on employee turnover. Some research implies that the failure rates of implementing change management could be as high as 90%, according to Stelson, *et al.* (2017:44). Moreover, research has found that the production environment concept of value in their products (in its sector), improving customer service and reduced costs are similar to that of the healthcare sector. In the healthcare sector, organisations accentuate a triple aim principle which is better health outcomes, better patient experience and reduced health costs.

In the aim of improving healthcare in the USA through organisational changes, the triple aim principle is applied, which is improving patient experience, best outcomes in health and being cost-effective (Xiang *et al.* 2018:281). According to Xiang, *et al.*

(2018:280) in the USA, healthcare organisations applied the Bridges Transition Model for implementing and sustaining organisational change interventions. This implementation was successful and sustainable and had reduced employee turnover, whilst in studies by Williams and Braddock (2019:7), the Kübler-Ross model was utilised. Storkholm, Mazzocato, Savage and Savage (2018:1) emphasise that the triple aim principle is applied in the Healthcare sector in the UK as well. In the UK, the population is ageing, people are living longer with an increased number of health issues and according to Allen (2016:59), healthcare organisations are experiencing increased pressure to implement changes to sustain business, hence the triple aim principle application. Allen (2016:59) further explains that the National Health Service (NHS) in the UK, which is in place for the public, has also been faced with increased pressure to implement changes for future sustainability. As postulated by Frawley, Meehan and De Brún (2018:994), with the changes in the healthcare sector in the UK, the challenge is the retention of employees and there is a need for training to enhance the understanding of changes so that employees will not leave as a result of organisational change. This implies that there is a need for strategies to be put into place for the implementation of effective organisational change. Therefore, Frawley, Meehan and De Brún (2018:980) purport that the challenges in managing organisational changes were sustaining collaboration between stakeholders, management and accountability and the engagement of employees. As articulated by Fiorio, Gorli and Verzillo (2018:1), Italy, a first world country, as three hospitals that had changed from the traditional organisational model to a patient-centered hospital model over the past 9 years. Changing to a patient-centered hospital approach resulted in the efficiency and effectiveness of the operations in the hospitals that converted (Fiorio, Gorli and Verzillo 2018:1). In the study of eight hospitals in Italy, it was indicated that organisational changes implemented for moving to a patient-centered model of care came with challenges of conflict between employees and stakeholders, according to Liberati, Gorli and Scaratti (2015:848). Fiorio, Gorli and Verzillo (2018:1) affirm that although organisational change is a costly process, these changes are worthwhile. Liberati, Gorli and Scaratti (2015:848) further elaborated that with organisational change came the need for collaboration between stakeholders and the need to look at innovative ways to re-design processes.

The researcher has identified that the international trend in organisational change in the healthcare sector is that hospitals are moving from a traditional organisational model to a patient- centred hospital model and the application of the triple aim principles. To this end, the employee experience is crucial in realising the triple aim principles in the healthcare sector (Stelson, *et.al.* 2017:44; Storkholm, *et.al.* 2017:2). In Australia, it is emerging that a patient-centered approach, which has been practiced for over a decade in the healthcare sector, is beneficial to patients and employees employed in healthcare (Delaney 2018:119). As attested by Delaney (2018:120), the WHO identified that the patient- centred approach is a key initiative to improving patients' health and wellbeing. Such change initiatives assist patients, their families and employees employed in healthcare. Over 44% of the employees perceived improvements in patients' wellbeing due to a patient-centred healthcare approach and this impacts positively on the employees (Delaney 2018:121). It appears that in developed countries, organisational changes like the patient-centred approach is implemented, enabling employees in healthcare to work together with patients in collaboration to produce efficient and effective outcomes of patient care and ultimately improved business outputs.

In a developing country like India, Vaishnavi, Suresh and Dutta (2019:1293) articulate that in order to manage organisational changes in the healthcare sector, the following has been identified as challenges, namely transparent communication and building of trust between management and employees; training and development required for employees to adopt changes, especially with technology advancement; having able resources for employees to transition in change; embracing feedback from employees with decision-making and having a reward system is regarded as highly motivational for employees to accept change and follow through with the implementation of change. Studies in Pakistan, another developing country, by Aslam, *et al.* (2016:584) indicate that although organisational changes result in an increase in innovativeness, changes lead to more grievances and higher employee turnover and if employee feedback was encouraged in managing organisational change, this could lead to a decrease in employee turnover (Aslam, *et al.* 2016:593).

Kumah, Ankomah and Antwi (2016:21) identify that change management is a challenge in Sub-Saharan African healthcare organisations, and the most important area or need for effective change management is with the front-line employees who interact with customers or patients. Kumah, Ankomah and Antwi (2016:23) further explained that in the healthcare sector in Ghana, hospitals had undergone many changes such as restructuring, changes in service offerings and quality enhancement initiatives. According to Kumah, Ankomah and Antwi (2016:20), information-sharing, change management support, employee training and development are key for organisational change processes to be successful. Vaishnavi, Suresh and Dutta (2019:1309) concur with Kumah, Ankomah and Antwi (2016:21) that there is lack of support from senior management to line managers regarding organisational change management, and they believe that organisations must invest in the training and development of their employees. These challenges are not just in other countries, but the healthcare sector in South Africa is faced with challenges as well.

According to Tawana, Barkhuizen and Du Plessis (2019:1), in the South African context, the Healthcare sector is faced with many challenges and imprecise Change Management implementation by organisations leads to anxiety and stress for the employees. Labonté, *et al.* (2015:6) cite that some of the challenges in the healthcare sector in South Africa leads to labour turnover, where some employees even leave the country to take up job opportunities overseas to earn more money. Therefore, Mburu and George (2017:4) advise that management support, career development and incentives assist the healthcare sector organisations with the retention of employees, whilst Tawana, Barkhuizen and Du Plessis (2019:8) concur with Labonté, *et al.* (2015:12) that compensation, recognition and training and development play a vital role in employee retention in the healthcare sector. Allen (2016:59) further advises that in the healthcare sector, organisational changes that are managed inefficiently have a negative impact on employee turnover, which results in poor employee retention. Therefore, the researcher investigates employee retention linked to organisational change. Employees' buy-in and acceptance of change are vital to employee retention.

## **2.7 EMPLOYEE RETENTION DEFINED**

Employee retention is the process through which employees are motivated to remain employed in an organisation (Bussin 2018:3; Joubert, Madau and Grobler 2017:309). According to Nasution and Absah (2019:336), employee engagement is crucial to improve organisational productivity and performance, but many leaders in organisations fail to keep their employees engaged on organisational changes, which leads to poor employee retention. According to Heidari, Bahar and Gharebagh (2017:1468), the WHO recognises that employee retention is a global priority.

## **2.8 HISTORICAL OVERVIEW OF EMPLOYEE RETENTION**

The concept of employee retention first appeared in business in the 1970s, as articulated by Hee and Rhung (2019:878). For many organisations, an employee retention strategy focuses on retaining employees who have been with the organisation for a long time. However, Hussainy (2020:40) claims that employee retention begins with the recruitment process and continues until the employee's last day on the job. Maxwell and Singh (2019:103) concur with Santhanam, Kamalanabhan, Dyaram and Ziegler (2017:212) that employee retention is one of the most challenging problems globally. To address the problems of employee retention, three theoretical models are important, namely the Integrated System for Retaining Employees, Employee Retention Connection's model and the Zinger model, which organisations may use to assist in addressing the issue of employee turnover (Hee and Rhung, 2019:878). These models will be discussed further in the theoretical overview.

Employee turnover is a global issue for organisations and irrespective of whether it is a developed country like the USA or a developing country like India, there appears to be an increase in employee turnover year-on-year, as cited by Santhanam, *et al.* (2017:212). Hee and Rhung (2019:878) articulate that the employee turnover rate in the healthcare sector globally is anything between 12% -21% (Heidari, Bahar and Gharebagh 2017:1468). In the South African context, Mabaso, Maja, Kavir, Lekwape,

Makhasane and Khumalo (2021:1) contextualise that there is limited research on employee retention strategies.

## **2.9 FACTORS AFFECTING EMPLOYEE RETENTION**

The concern of retaining employees in organisations has been a predicament that all sectors face today, as asserted by Salau, Atolagbe, Adeoye, Ogueyungbo, Efe-Imafidon, Agumadu and Edewor (2020:910). According to Rusu and Roman (2018:2056), the macro factors that affect employee retention indirectly, in both developed and developing countries, are GDP, inflation rate, labour productivity, trade and taxes. Due to these having an impact on businesses at a macro level, they determine what businesses can offer their employees in terms of compensation, benefits and rewards, creating a competitive advantage for organisations.

In studies conducted in the retail sector in a developed country, like Spain, salaries are a factor that affects employee retention (Madariaga, Oller and Martori 2018:392). In Australia, labour turnover is very high in the healthcare sector and they thus have a poor employee retention rate (Russell, *et al.*, 2017:1; Lai, *et al.*, 2018:2). Russell, *et al.* (2017:10) assert that due to the high labour turnover rates, healthcare sector organisations in Australia utilise a large number of agency employees (employees from temporary employment services), which impacts negatively on the quality of care and services provided by the organisations. Russell, McGrail and Humphreys (2017:5) and Russell, *et al.* (2017:11) further discuss that the implementation of employee retention strategies like training and development, retention incentives for working in remote areas and housing subsidies may impact positively on employee retention in the Australian healthcare sector.

In the Information Technology (hereafter referred to as IT) sector in a developing country like India, the employee retention rate is very poor as there are abundant opportunities in this sector for employees (Maxwell and Singh 2019:103). Therefore, people leave one organisation to join the next due to better job offers, benefits and compensation. As asserted by Rajalakshmi and Subhashchandra (2020:83), factors that affect employee retention in this sector are compensation, decreased commitment



to training and development by the organisation and poor career development. According to Guerra, Gutiérrez-Calderón, Salgado de Snyder, Borja-Aburto, Martínez-Valle and González-Block (2018:1), in Mexico City, employee retention is a challenge, with labour turnover more recurrent in the age group 20-39 years old, indicating that the younger the age group, the higher the employee turnover.

In Sub-Saharan Africa, Shemdoe, *et al.* (2016:2) and Mayende and Musenze (2018:1) acknowledge that employee retention is a challenge in the healthcare sector due to poor working conditions, inadequate equipment and a lack of resources. This results in increased costs to the healthcare sector resulting from recruitment, training of new employees, overtime and costs of locum employees to cover shortages of staffing. Mayende and Musenze (2018:2) assert that healthcare workers in Uganda first move from rural to urban areas, then they move out the country, thus having a poor employee retention rate. According to Van de Klundert, Van Dongen - van den Broek, Yesuf, Vreugdenhil and Yimer (2018: 2), Ethiopia is amongst the least developed countries in Sub-Saharan Africa and it has unceasing shortages of healthcare employees, thus negatively impacting on employee retention. Poor salaries are a major factor of employee turnover in countries in Sub-Saharan Africa (Van de Klundert, *et al.*, 2018:3). According to Kingi and Kalai (2018:294), studies in the education sector in Kenya advise that the employee turnover was due to compensation. Salau, *et al.* (2020:911) confirms that in Nigeria, employee turnover has been on the increase in many sectors due to the competitive market.

South Africa is also facing major challenges in employee retention in the healthcare sector (Tawana, Barkhuizen and Du Plessis 2019:1). According to Khunou and Davhana-Maselesele (2016:3), some employees in the South African healthcare sector leave to take up employment overseas. Mburu and George (2017:2) concur with Khunou and Davhana-Maselesele (2016:3) that in the South African context, challenges that the public healthcare sector is faced with in terms of employee retention are a lack of training for further development, inadequate salaries, a lack of career development, a lack of management support and supervision, work overload, unsafe working conditions and poor infrastructure. Mburu and George (2017:5) further state that the public healthcare sector, Department of Health (hereafter referred to as

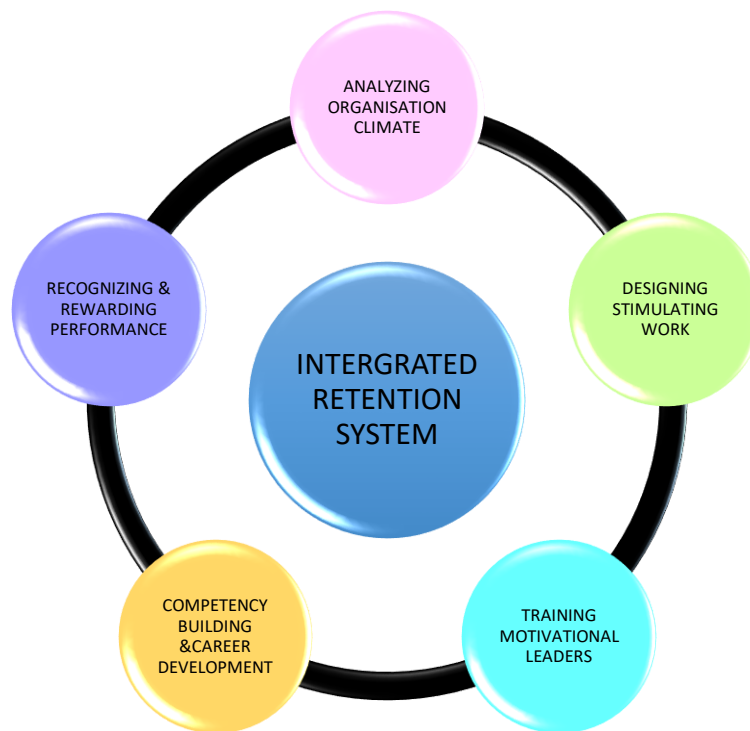
DoH), implemented a 5-year Human Resources (hereafter referred to as HR) strategy to address these challenges in order to improve employee retention in the sector. Minimal research has been done in the private healthcare sector on employee retention in South Africa.

## **2.10 THEORETICAL OVERVIEW OF EMPLOYEE RETENTION MODELS**

The most valuable assets of an organisation are employees. As asserted by Kossivi, Xu and Kalgora (2016:261), their importance to an organisation necessitates not just attracting the greatest individuals, but also retaining them for the long-term. Experts have created a number of theories and methods to help organisations improve employee motivation and retention, whilst also decreasing the challenges that come with high employee turnover (Hussainy, 2020:41). Delbahari, Soltani and Khorasgani (2019:11) concur with Hussainy (2020:41) that these theories and models provide a variety of ideas and insights into the best methods for inspiring employees to stay with an organisation, which may be incorporated and practiced in the workplace. There are three important theoretical employee retention models, namely the Integrated Retention System, Employee Retention Connection's model and the Zinger model, which organisations may use to assist in addressing the issue of employee turnover (Hee and Rhung, 2019:878).

Below is the Integrated Retention System for retaining employees, which is an individual-driven model (Hussainy, 2020:45).

**FIGURE 2.10: THE INTEGRATED RETENTION SYSTEM**



**Source:** Kaur, (2017:167). Adapted.

In Figure 2.10, Kaur (2017:167) contextualises the integrated retention system as analysing and transforming the organisation's culture and increasing the competitive edge through the five-stage approach listed in the model. Hee and Rhung (2019:879) articulate that the integrated system for retaining employees focuses on individuals and their motivation and development in the organisation, which inspires them to remain employed and loyal to an organisation. Each of the five components of this model, namely analysing organisational climate; designing stimulating work; training motivational leaders; competency building and career development; and recognising and rewarding performance, is interlinked within an organisation and each component is dependent on the other in order to be successful. Therefore, Hussainy (2020:45) explains that this model assists employees and organisations to deliver a plan for employee career development and skills building, as well as a custom-made reward and recognition systems to fit in with the organisations culture. This makes an integrated employee retention system a powerful model in employee retention.

The next employee retention model focuses on the organisation and is known as the Employee Retention Connection's model.

**FIGURE 2.11: EMPLOYEE RETENTION CONNECTION MODEL**



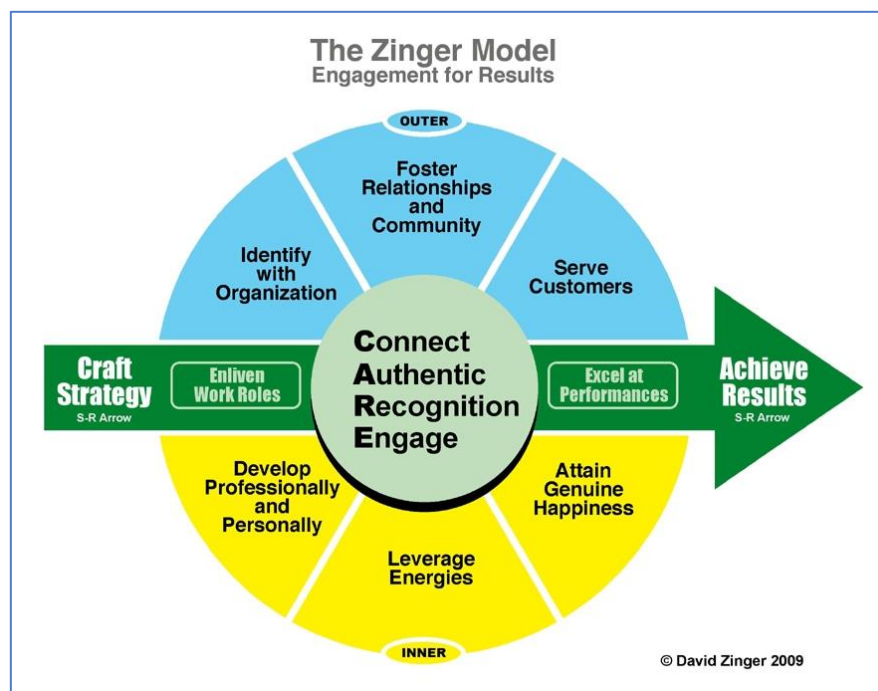
**Source:** Kaur, (2017:166). Adapted.

The Employee Retention Connection Model focuses on relevant organisational experience representing three major drivers of employee retention, which are management, stimulating work and recognition and reward (Kaur 2017:166). According to Hee and Rhung (2019:879), this model indicates that by stimulating work, management, recognition and rewards, the organisation will ensure that employee turnover is reduced as it will positively impact on employee retention. Kaur (2017:166) further asserts that organisations can stimulate work by providing a multiplicity of assignments; autonomy of employees to make decisions; providing resources and support to carry out work; opportunities to learn and develop; and feedback to employees on results. According to Hussainy (2020:44), the application of the model assists organisations in building a reward and recognition system to fit into the organisation's culture. Therefore, if management provides stimulating work for employees and there is a recognition and reward system in place for employees, then employees will be satisfied in their jobs and will chose to remain employed at the organisation.

The next employee retention organisational model is the Zinger Model.

Kaur (2017:164) asserts that employee engagement is the technique of engaging with people and in authentic and ratified connections to strategy, performance, roles, organisation, customers and well-being as the organisation sustains, retains, leverages and transforms employee connections into outcomes. Therefore, Hussainy (2020: 43) acknowledges the Zinger Model as important for employee retention.

**FIGURE 2.12: THE ZINGER MODEL**



**Source:** Hussainy, (2020: 43). Adapted.

Ghosh and Sourav (2019:552) concurs with Kaur (2017:165) that the Zinger Model is aimed at employee retention and achieving goals that the individuals, teams and organisations want to achieve. This Zinger model, according to Hussainy (2020:43), identifies twelve key factors that can improve employee engagement and retention. Hayatudeen (2019:98) contextualises this interpersonal relationship approach to employee retention in the Zinger model as the vital drivers to achieve results, which is the first key of the Zinger model. This is on the right-hand side and starts with the results the organisation, department, team or individual wants to achieve. Proper planning and carrying out of the plan are required. The craft strategy on the left-hand side of the model is for organisations to have strategies that take into account the

employees and the organisation's requirements to fulfil the strategy. According to Kaur (2017:165), this Connect, which is a central key of the model, is CARE. It is how well employees connect to the organisation. The Authentic is the A in CARE and according to Hussainy (2020:43), management in an organisation needs to be authentic when addressing employees' problems. This would show management support when addressing employees. Recognition is the R in the core of CARE and employees require recognition. According to Delbahari, Soltani and Khorasgani (2019:4), management should live recognition. The CARE ends with E for engage, which focuses on the actions of employee engagement to ensure that employees are the greatest asset in the organisation as postulated by Nasution and Absah (2019:336).

"Enliven work roles" on this model, can be described as a role is a set of obligations, behaviours and rights at work and Nasution and Absah (2019:336) explain that this will remove the boredom element from work, motivating employees to work hard, excel at performance and organisations should reward star performers. Identifying with the organisation and aligning employees with the organisation, will ensure that they feel part of the organisation and foster building relationships in the community (Delbahari, Soltani and Khorasgani 2019:5). Kossivi, Xu and Kalgora (2016:261) explain that if the employees feel served positively by the organisation and management, they will in turn offer the same level of service to the external and internal customers. Developing employees professionally and personally through training and development, according to Kaur (2017:165), means that employees should experience both personal and professional development. Leverage energies because the raw substance of engagement is energy and Nasution and Absah (2019:336) assert that energy is the vital resource for engaged working. The experience of well-being and attaining genuine happiness indicates that organisations should contribute to employee well-being. As articulated by Delbahari, Soltani and Khorasgani (2019:5), an organisation's results are dependent upon the health, happiness and productivity of its employees. Nasution and Absah (2019:336) identify the advantages of the Zinger model as it offers organisations key drivers that managers can pursue to achieve considerable results, which are craft strategies, achieve results, identify with the organisation, enliven Roles, excel at performance, get connected, be authentic, live recognition, fully engage, serve customers, develop personally and attain happiness. The disadvantage of the Zinger

model as indicated by Hayatudeen (2019:99) is that if managers make insincere attempts with the keys mentioned above in the advantages, then this will result in a negative effect on employees.

The Zinger model takes into consideration all aspects that could impact on employee retention. According to Hee and Rhung (2019:878), the employees in an organisation should align with the organisation's goals and strategic objectives and there should be a connect between the both parties in order for there to be happy, satisfied employees and successful business outcomes, thereby retaining skills and having good employee retention. Based on research conducted by Hayatudeen (2019:100) in the USA, the Zinger model was incorporated into organisations and used successfully.

The table below summarises the authors who have made reference to employee retention models in research, as identified by the researcher.

**TABLE 2.3: CROSS-REFERENCE SUMMARY OF EMPLOYEE RETENTION MODELS USED BY RESEARCHERS TO INVESTIGATE EMPLOYEE RETENTION**

	<b>MODELS ON EMPLOYEE RETENTION UTILISED IN BUSINESSES TO MANAGE EMPLOYEE RETENTION FROM AN HRM PERSPECTIVE</b>		
<b>RESEARCHERS LISTED BELOW (LISTED ALPHABETHICALLY)</b>	THE ZINGER MODEL	INTEGRATED SYSTEM FOR RETAINING EMPLOYEES	EMPLOYEE RETENTION CONNECTIONS (ERC)
Delbahari, Soltani and Khorasgani (2019:11)	✓		
Hayatudeen (2019:96)	✓		
Hee and Rhung (2019:878)	✓	✓	✓

Hussainy (2020:43)	✓	✓	✓
Ghosh and Sourav (2019:553)	✓		
Kaur (2017:164-168)	✓	✓	✓
Nasution and Absah (2019:336)	✓		
Zinger (2020)	✓		

**Source:** Self-generated, (2020), as highlighted by various authors. Adapted.

Table 2.3 categorises authors that identify employee retention models utilised in their studies. The research and analysis of employee retention models leads one to believe that they can be highly effective in retaining employees and winning their loyalty and dedication to the organisation.

## 2.11 EMPLOYEE RETENTION STRATEGIES

According to Singh (2019:425), no organisation wants to lose their skilled, talented employees. Therefore, strategies must be put in place to retain talent.

### 2.11.1 EMPLOYEE RETENTION STRATEGIES BASED ON A CHANGE MANAGEMENT PERSPECTIVE

Employee retention should be a crucial point when undergoing organisational change and there needs to be employee retention strategies in place (Bussin 2018:6). According to Goh, Ang, and Della (2018:205), in the last 10 years, there have been many organisational changes in the Healthcare sector globally, which has seen an acceptance of new technologies, creating a need for employee retention due to ageing populations. As pronounced by Nasution and Absah (2019:339), organisations evolve in line with improved changes in technology, changes in organisational structure, the claim of millennial employees for quick rotation and accelerating development



opportunities. Maxwell and Singh (2019:110) and Kaur (2017:169) enunciate that factors that affect employee retention are communication, skills recognition, training and development, job flexibility, compensation, employee benefits, career development and management support. Therefore, if there are strategies in place to address these factors, then organisations will retain their most valuable assets, which are employees.

In the Sub-Saharan region of Nigeria, the government implemented employee retention strategies such as reviewed salaries, management support, technical/ IT support and career structure (Adegoke, *et al.* 2015:952). In studies conducted in Zimbabwe, Taderera, Hendricks and Pillay (2016:11) state that a salary top-up allowance scheme was introduced and training and development was provided to empower employees in order to retain employees in the healthcare sector. Sithole and Pwaka (2019:51) state that in studies conducted in Zimbabwe, it was established that training and development and the introduction of a reward system had a positive impact on employee retention. Munyewende, Levin and Rispel (2016:1) believe that for empowering management and management in the healthcare sector, they need the appropriate managerial competencies, technical skills, right attitude and knowledge required to perform in a management capacity in order to achieve the organisational goals. Joubert, Madau and Grobler (2017:314) confirm that in the sugar industry in South Africa, organisational employee retention strategies like rewards, recognition, salary increases and promotions have a positive effect on employee retention. In the South African context, Mabaso, *et al.* (2021:1) indicate that employee retention strategies must be explored as there is insufficient research on this topic. Therefore, according to Ghosh and Sourav (2019:549), organisations should ensure that they have short-term, medium-term and long-term strategic plans for the retention of employees. The short-term employee retention strategies discussed are:

#### **2.11.1.1 Communication**

Adil (2016:236) confirms that for changes implemented in the Manufacturing sector, key elements for employee retention are effective communication and obtaining management support and suggestions from employees. Therefore, according to Adil

(2016:236), if managers continue to effectively communicate the idea that the desired change is necessary for the organisation's long-term performance, change recipients will willingly accept the change rather than expressing their commitment to the change as a demand. If there is transparent communication and employees are kept in the loop of what is going on in the organisation and what the organisational goals are, then employees will feel like they are part of the organisation. This feeling of being part of the organisation is what will make employees want to remain employed in the organization. As articulated by Singh (2019:427), it creates an environment of trust. Prabhu (2016:19) articulates that the important factors for retaining employees in an organisation are management communication, effective commitment to change and job satisfaction.

#### **2.11.1.2      Reward and recognition**

Joubert, Madau and Grobler (2017:314) identify that reward and recognition is a factor that, if offered by an organisation, will promote positive employee retention. Employees want to achieve their personal and professional goals, so rewards and recognition to them are significant factors for them remaining in the employ of an organisation (Hussainy, 2020:45). According to research by Salau, *et al.* (2020:917), it complements what Joubert, Madau and Grobler (2017:314) posit about rewards and recognition. Hee and Rhung (2019:879) assert that a good reward system in an organisation will improve productivity as the younger generation in the marketplace is looking for development and better opportunities at the organisation. In research conducted by Hayatudeen (2019:101) in the USA, offering rewards and recognition to employees as additional benefits makes it worth their while to work hard and to care and go beyond what their normal work performance standard is. In research conducted by Mabaso, *et al.* (2021:3) in the South African context, it appears that the finding on the strategy of rewards and recognition is the same as Hayatudeen's (2019:101) assertion. The medium-term employee retention strategies discussed are:

#### **2.11.1.3      Management support by embracing feedback from employees**

The current trend within an organisation is that employees have less time with their managers and they are working more with messages, emails and conference calls, which leads to a more complex work environment (Nasution and Absah 2019:339). Salau, *et al.* (2020:917) confirm that in Nigeria, in the Insurance sector, the best-practice for employee retention strategy in the context of organisational changes was employee involvement and feedback. By managers supporting employees and embracing their feedback, it proved to increase employee satisfaction, thereby retaining employees in the organisation. Hayatudeen (2019:100) asserts that a good interpersonal relationship between employees and managers plays a role in employee retention. Nasution and Absah (2019:339) believe that the management of an organisation can take action to create an engaged place of work with higher productivity and better customer service, which will result in a higher employee retention rate by embracing the feedback of employees.

#### **2.11.1.4 Compensation and/or incentives**

Salau, *et al.* (2020:917) concur with Hee and Rhung (2019:879) that compensation and incentives as an employee retention strategy weighted relatively high in their studies within the context of integrated retention systems. Compensation and incentives are what attracts potential employees and also what keeps current employees employed, according to Moses and Sharma (2020:79). If employers offer market-related salaries to employees, then employees will not be attracted to joining other organisations as a result of compensation. According to Singh (2019:427), although trends maybe be changing, compensation still plays an important role in employee retention and he therefore advises that organisations should look at flexible compensation packages and market-related salaries. The long-term employee retention strategies discussed are:

#### **2.11.1.5 Training and Development**

According to Russell, *et al.* (2017:11), the training and development of employees has a positive effect on employee retention in the healthcare sector. In the Oil sector, Delbahari, Soltani and Khorasgani (2019:11) assert that although compensation,

communication, rewards and management support are crucial in retaining employees, emphasis should be placed on training and development as a long-term strategy in retaining employees. Frawley, Meehan and De Brún (2018:995) advise that there must be adequate training when organisational changes are implemented in order to enhance understanding, which will have a positive impact on employee retention. According to Hee and Rhung (2019:879), if employee skills are developed at a steady pace, the organisation will create a positive culture and environment of learning, thus preparing employees for growth and promotion opportunities in the workplace. From the studies of Mabaso, *et al.* (2021:5), who concur with Russell, *et al.* (2017:11) and Delbahari, Soltani and Khorasgani (2019:11), it is clear that the return on investment from the training and development of employees will be greater as it will create a talent pipeline for the career development of employees in the organisation. This will motivate employees to remain in the organisation.

#### **2.11.1.6 Career Development**

Employees want to work in a place where their career development is a priority in line with the organisations goals (Rajalakshmi and Subhashchandra, 2020:88; Salau, *et al.*, 2020:917). Mabaso, *et al.* (2021:5) concur with Kaur (2017:169) that the lack of career opportunities limits employee growth, thus leading to poor employee retention. According to Mutsuddi (2016:77), by implementing retention strategies like skills development programs, career planning will ensure that employees are satisfied in their jobs and this will make them stay employed in the organisation. Hee and Rhung (2019:880) purports that opportunities for career development are used as an employee retention strategy for the younger generation as millennials are intrinsically motivated by personal development and a sense of purpose, which is what will make them stay in an organisation.

By implementing employee retention strategies in an organisation, there is increased employee morale. Table 2.4 below shows trends in research on employee retention strategies, as identified by the researcher.

**TABLE 2.4: CROSS-REFERENCE SUMMARY OF EMPLOYEE RETENTION STRATEGIES IDENTIFIED BY RESEARCHERS**

	<b>EMPLOYEE RETENTION STRATEGIES UTILISED IN ORGANISATIONS TO MANAGE EMPLOYEE RETENTION FROM AN HRM PERSPECTIVE</b>					
<b>RESEARCHERS LISTED BELOW (LISTED ALPHABETHICALLY)</b>	Training and development	Compensation and or Incentives	Career Development	Communication	Reward and recognition	Management support by embracing feedback from employees
Adegoke, <i>et al.</i> (2015:952)	✓	✓	✓			✓
Adil (2016:236)				✓		✓
Al-Haddad and Kotnour (2015:243)	✓					
Delbahari, Soltani and Khorasgani (2019:11)	✓	✓		✓	✓	✓
Erlingsdottir, <i>et al.</i> (2018:78)				✓		✓
Hee and Rhung (2019:879)	✓	✓	✓		✓	
Kaur (2017:170)	✓	✓	✓	✓	✓	
Khunou and Davhana- Maselesele (2016:9)		✓				
Kossivi, Xu and Kalgora (2016:263)	✓	✓				✓
Joubert, Madau and Grobler (2017:314)		✓	✓		✓	
Mabaso, <i>et al.</i> (2021:3)	✓		✓		✓	

Maxwell and Singh (2019:110)	✓	✓	✓	✓		✓
Mburu and George (2017:2)	✓	✓	✓			✓
Moses and Sharma (2020:76)		✓				
Mutsuddi (2016:77)	✓	✓	✓			✓
Prabhu (2016:19)				✓		
Raj (2020:1073)				✓	✓	
Salau, <i>et al.</i> (2020:917)	✓	✓	✓		✓	✓
Santhanam, <i>et al.</i> (2017:214)	✓	✓				
Singh (2019:428)	✓					
Sithole and Pwaka (2019:51)	✓				✓	
Taderera, Hendricks and Pillay (2016:10)	✓	✓				
Tawana, Barkhuizen and Du Plessis (2019:2)	✓	✓	✓		✓	✓
Van de Klundert, <i>et al.</i> (2018:4)	✓	✓	✓			✓

**Source:** Self-generated, (2020), as highlighted by various authors. Adapted.

Table 2.4 identifies the trends in employee retention strategies relating to various researchers. Employee retention strategies are imperative because they assist in creating a positive work environment and strengthen employee commitment to the organisation. Many authors associate employee retention with compensation, training and development and management support by embracing feedback from employees. Hee and Rhung (2019:879) indicates that whilst compensation is the key factor for

employees, other benefits like a good reward system, training and development and career development play an important role in employees wanting to remain employed in an organisation. If employees see a great future for themselves in an organisation, they will work efficiently to achieve the organisation's goals and strategic objectives. Therefore, Kossivi, Xu and Kalgora (2016:263) indicate that training and development, compensation, career development, communication, reward and recognition and management support impact employee retention. Studies by Delbahari, Soltani and Khorasgani (2019:11) support that these factors, namely training and development, compensation, communication, rewards and management support are important strategies for employee retention.

### **2.11.2 BEST-PRACTICES TO BE CONSIDERED FOR IMPLEMENTING EMPLOYEE RETENTION STRATEGIES**

According to Moses and Sharma (2020:76), there must be best practices implemented to be advantageous to an organisation for the retention of employees. As described in the Integrated Retention System by Kaur (2017:167), one component in an organisation cannot exist without the other.

#### **2.11.2.1 Recruitment process – employing the right person in the right place**

Recruiting the right employee that fits the job requirements is extremely important to ensure that they are able to perform efficiently in their appointed roles, as enunciated by Khandelwal and Shekhawat (2018:1). This will ensure that the employee is satisfied in their job and this talent will be retained in the organisation.

#### **2.11.2.2 Employee engagement**

Employee engagement is fundamental to an employee being emotionally and mentally connected to the organisation. According to Nasution and Absah (2019:336), if this is the case in an organisation, then employees will be satisfied in their jobs and chose to remain in the organisation. As described in the Integrated Retention System by Kaur (2017:167), whilst analysing the organisational climate, designing stimulating work,

training, career development and rewarding performance are all interlinked in having an engaged employee. Having engaged employees will keep them loyal to the organisation and assist with employee retention.

#### **2.11.2.3 Communication (two-way approach: top-down and bottom-up)**

Raj (2020:1074) concurs with Nasution and Absah (2019:336) that communication is vital in an organisation and clear, transparent communication is effective in building trust amongst employees and the management of an organisation. If there is transparent two-way communication between employees and managers, employees will feel connected to the organisation, which leads to job satisfaction and employee retention.

#### **2.11.2.4 Training and Development**

According to Khan (2018:123), training and development opportunities in an organisation are considerably related to employee retention. If an organisation provides training and development for employees, employees will see this as growth opportunities. Therefore, Russell, *et al.* (2017:11) claim that training has a positive effect on employee retention in the healthcare sector. Training and development of employees leads to career development and the organisation developing a talent pipeline for succession planning for future leaders in the organisation (Khan, 2018:121).

#### **2.11.2.5 Compensation and/or incentives**

In research conducted by Moses and Sharma (2020:80), compensation that is market-related and incentives motivate employees to remain employed in an organisation. Employers should thus ensure that they offer market-related salaries.



#### **2.11.2.6 Recognising employees for excellent work performance**

According to Raj (2020:1073), employee recognition by management is fundamental in ensuring excellent work performance from employees. If employees are recognised for efficient work output, then it builds their morale and impacts positively on their job satisfaction.

#### **2.11.2.7 Embracing feedback from employees**

As articulated by Salau, *et al.* (2020:917), the best practice for the employee retention strategy is employee involvement and feedback. By managers supporting employees and embracing their feedback, it proves to increase employee satisfaction, thereby retaining employees in the organisation. In studies by Singh (2019:426) on employee retention trends, it appears that training and development, career development, communication, compensation, management support and recognition are the key reasons that employees leave an organisation. If these areas are addressed, then employee turnover in an organisation will be reduced.

#### **2.11.2.8 Building trust with employees**

Employment relations fail if there is no trust between the employer and employees. Therefore, Yao, Qiu and Wei (2019:3) pronounce that management in organisations should build trust relationships with employees as it will lead to employee job satisfaction and employee retention.

### **2.12 AN INTEGRATION OF EMPLOYEE RETENTION INTERVENTIONS TO MANAGE CHANGE, WITH REFERENCE TO THE HEALTHCARE SECTOR**

Despite being one of the world's fastest-growing industries, Healthcare suffers critical shortfalls in employee retention (Moses and Sharma, 2020:76). The convolution of the healthcare system and the challenges of implementing new and improved changes calls for complex, flexible methodologies to facilitate change that takes these intricacies into consideration (Augustsson, Churruca and Braithwaite 2019:4).

Adegoke, *et al.* (2015:946) purport that 57 countries have shortages of employees in the Healthcare sector, hence the importance of employee retention for organisations in the sector. According to Adeyelure, Kalema and Motlanthe (2019:117), the healthcare sector in South Africa is faced with high labour turnover, thus leading to a shortage of skilled employees in the sector, which hinders the services provided.

### **2.12.1 Trends in the healthcare sector**

In developed countries like the UK, the healthcare sector has adopted a patient-centered care approach to improve service delivery and the triple aim principle concept was introduced about 10 years ago. In recent years, the trend in the healthcare sector is the move to the quadruple aim principle, which required change management interventions (Storkholm, Mazzocato, Savage and Savage 2017:2; Bachynsky 2020:55). It is only about 4 years ago that this selected leading private healthcare provider adopt the approach of the triple aim principle and the patient-centred care approach, and it is only about 2 years ago that the private healthcare provider moved from the triple aim to a quadruple aim principle, where the 4<sup>th</sup> aim incorporated the development and wellbeing of the employees at the private healthcare provider. The research reveals that in terms of employee retention strategies, the development and wellbeing of employees, providing training and development and career advancement opportunities, putting in place a reward or incentive system and effective support and communication are key to improved employee retention in the context of any organisational change.

In the healthcare sector in Gauteng, South Africa, Dhanpat, *et al.* (2019:57) cite that effective HRM practices are essential in employee retention. Tawana, Barkhuizen and Du Plessis (2019:1) assert that employee retention in the South African healthcare sector is a challenge. Dhanpat, *et al.* (2019:58) further state that the reasons employees leave an organisation are that they are dissatisfied in their jobs, lack training opportunities and career growth, face poor working conditions and lack reward and recognition and support. HRM practices like recruitment and selection, career development, training and development ensure employee retention, thus contributing to the success of the organisation (Dhanpat, *et al.* 2019:58).

Another study conducted in the healthcare sector in Gauteng indicated that poor management, planning and poor communication of organisational changes makes employees resistant to change, leaving them unhappy (Moosa, Derese and Peersman 2017:6). Tawana, Barkhuizen and Du Plessis (2019:7) state that in the South African healthcare sector, there is a need for career development, rewards and recognition for employees to be retained in the sector. Should these employee retention strategies not be put in place, high labour turnover will threaten the sustainability of the healthcare sector in South Africa (Tawana, Barkhuizen and Du Plessis 2019:7; Mburu and George 2017:1).

Research in the KZN public healthcare sector in South Africa indicates that in addition to these private sector issues raised, unsafe working conditions, work overload, poor infrastructure and inadequate resources are found as well.

## **2.13 AN OVERVIEW OF THE SELECTED PRIVATE HEALTHCARE PROVIDER RELATING TO MANAGING ORGANISATIONAL CHANGE AND EMPLOYEE RETENTION**

The study is based on a leading private healthcare provider in Durban, KZN. The private healthcare provider is a multi-disciplinary hospital based in uMhlanga, which is an affluent residential, commercial and resort town located north of Durban, on the coast of KZN. This hospital currently has 290 beds. The hospital accommodates well-established specialists' practices and operates in a highly competitive area, surrounded by other competing hospital groups. The private healthcare provider has about 500 employees and operates 24-hours a day.

### **2.13.1 The organisation's vision, mission and core purpose**

**Vision** - To become the private hospital of choice in the Durban North and surrounding areas (Private healthcare provider 2020:19).

**Mission**- To exceed the patient's overall experience by instilling a culture of person-centred care and to provide a multi-disciplinary state-of-the-art, first-world medical

facility, which will result in long-term sustainability and profitability (Private healthcare provider 2018:3).

**Core purpose** - Providing patients with the best and safest patient care (Private healthcare provider group 2020:18).

### **2.13.2 The organisation's values and behaviours**

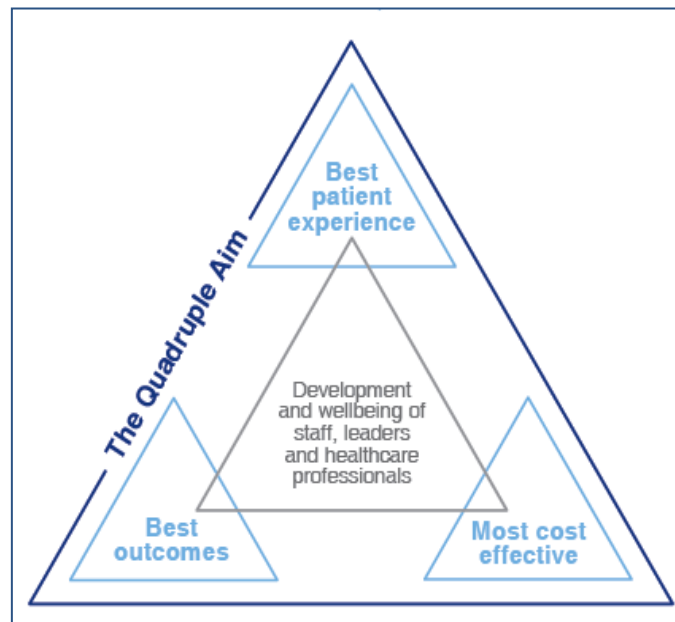
The organisation's values are care, dignity, participation, truth and compassion and the expectation is that all employees pride themselves by living these values (Private healthcare provider orientation presentation 2020:20).

In line with these values, the organisation has 7 organisational behaviours that employees commit to demonstrating in their everyday duties, namely: I always greet everyone to show my respect, I always wear my name badge to show my identity, I am always well-groomed to show my dignity, I always practice proper hand hygiene to show my care, I always seek consent to show my compassion, I always say 'thank you' to show my appreciation, I always embrace diversity to show I am not a racist. (Private healthcare provider orientation presentation 2020:21).

### **2.13.3 The organisation's quality policy**

The private healthcare provider strives to be quality leaders in everything they do. As such, they have embedded the principles of the quadruple aim to cut across all activities in their business, from the governance and management systems that ensure oversight and control and delivery against strategy, to the healthcare services they provide (Private healthcare provider orientation presentation 2020:25).

**FIGURE 2.13: QUADRUPLE AIM QUALITY POLICY**



**Source:** Private healthcare provider orientation presentation, (2021:25). Adapted.

Figure 2.13 shows the quality policy of the organisation, which is the quadruple aim. The objectives of the quadruple aim are to challenge the organisation to balance the value of services offered with their cost to society, recognising that their employees and partnerships are fundamental to achieving this balance (private healthcare provider orientation presentation 2020:26). The organisation's strategic goal is that of a broad differentiator, in that they will provide a unique service to their patients by instilling a culture of person-centred care and they are committed to demonstrating the seven organisational behaviours in everyday duties.

The private healthcare provider's strategic goals are to be profitable and grow the business, cost containment, increase hospital revenue, to provide quality patient care and retain and develop employees in the organisation (private healthcare provider strategy document 2018:9).

#### **2.13.4 The organisation's changes implemented over the last 5 years**

The private healthcare provider facilitated several organisational changes over the last 5 years, namely the introduction of an electronic billing system; the introduction of an electronic employee self-service and leave application system; restructuring in the organisation; redundancy of some positions due to outsourcing; and a change in the performance management system from an individual-based system to a team-based approach.

#### **2.13.5 Employee Turnover rates at the private healthcare provider**

In 2015, the employee turnover was 24% as at January and by December 2015, the employee turnover rate had dropped to 16%. In the first 6 months of 2015, employee turnover ranged between 20%-24% due to a competitor opening up two kilometers away and employees taking up employment at the competitor. In 2016, the employee turnover again increased to an average of 19% from averaging around 16%. This may have been due to organisational changes that were introduced, like the restructuring of the organisation, the electronic billing system and electronic employee self-service system, which was a challenge to employees either due to fear or adapting to the new processes. In 2017, the employee turnover average decreased to 15% due to a reduction in staffing and vacant posts not being filled. In 2018, the employee turnover average dropped to 13%. The changes in 2018 were the restructuring taking place where the private healthcare provider group centralised the credit control department to Gauteng and Clicks took over the retail pharmacy section of the business. Many vacant posts were not filled externally but rather by the employees affected by the restructure, hence the drop in the labour turnover figures. In the years 2019 – 2020, labour turnover was averaging around 13%, which could be attributed to the economic climate due to the global Coronavirus (COVID-19) pandemic where people are holding onto their jobs. The pandemic has caused many job losses due to businesses not being able to sustain themselves.

There are still many planned organisational changes in the pipeline, which are currently on hold due to the global pandemic.

### **2.13.6 Employee retention strategies at the private healthcare provider**

The current employee retention strategies implemented by the private healthcare provider are employee benefits, for example, medical aid and a retirement fund; training and development; long service awards; and long service leave.

## **2.14 CHAPTER SUMMARY**

The purpose of this chapter was to present literature relevant to the importance of employee retention strategies in the context of organisational change. Many organisations find that change management is a challenge. The literature highlighted that in the healthcare sector, there is enormous amounts of pressure to implement organisational changes in order to remain current, sustainable and successful. The literature also confirms that employee retention strategies, when effectively implemented, ensure that employees are motivated and this makes them want to remain employed with the organisation for a longer period of time, which will have a positive impact of service delivery. The literature highlighted definitions and well-known theories that were presented along with the discussion of models commonly used to measure the variables. The literature also confirmed that factors such as remuneration, incentives, communication, and management support, rewards and recognition, career development, training and development, working conditions and have an effect on employee retention. It is essential to this research to see how the employees at the private healthcare provider regard their levels of satisfaction or dissatisfaction with regard to the organisational changes and to further ascertain whether this will affect their retention in the organisation. It should be noted that there were no prior studies conducted on employee retention strategies in the context of organisational changes in the healthcare sector. The next chapter discusses the research methodology of the study.

## **CHAPTER THREE**

### **RESEARCH METHODOLOGY AND DESIGN**

#### **3.1 INTRODUCTION**

The previous chapter presented the literature review on change management and the impact thereof on employee retention at a leading private healthcare provider in KZN. This chapter presents the research design and methodology, which includes the data collection process, sampling techniques, the reliability and validity of the data, the data analysis and the overall research approach implemented in this study. According to Sekaran and Bougie (2013:3), research can be defined as a systematic, organised, data-based investigation and crucial analysis of a specific problem, undertaken to find solutions. Creswell and Creswell (2018:3) emphasise that the research design, research methods and approach taken are based on the research problem. This chapter further expresses the methods and computer software, the Statistical Package for the Social Sciences (hereafter referred to as SPSS) version 26.0 for Windows that were used to analyse the data.

#### **3.2 THE RESEARCH PROBLEM CONTEXTUALISED**

There is a global problem of healthcare worker shortages, whereby developing countries are most affected (Labonté, *et al.* 2015:2). According to Efendi, *et al.* (2019:2), the shortages of healthcare employees leads to high employee turnover. Heidari, Seifi and Gharebagh (2017:1468) assert that employee retention strategies by healthcare organisations become crucial due to these high turnover rates and skills shortages. As articulated by Kumah, Ankomah and Antwi (2016:28), change management is another key source of concern in the healthcare sector. Jordan, Werner and Venter (2015:2) explain that change not properly executed can have a detrimental influence on employee retention, which can have financial ramifications for an organisation. Therefore, employee retention is critical in the context of organisational change in the healthcare sector. The aim of this study was to explore



employee retention strategies in the context of organisational change at a private healthcare provider. Furthermore, the study intended to develop a roadmap for the identification, management and operationalisation of employee retention strategies at a private healthcare provider, focusing on organisational change.

### **3.3 KEY RESEARCH OBJECTIVES**

The objectives of the study were articulated in chapter one and are repeated below:

- To investigate the impact of employee retention strategies for a selected private healthcare provider;
- To identify if employee retention strategies influence employee retention positively at the selected private healthcare provider;
- To establish if organisational change impacts on employee retention at the private healthcare provider; and
- To propose strategies to the private healthcare provider to accelerate employee retention in order to meet the organisational changes imposed by the private healthcare provider.

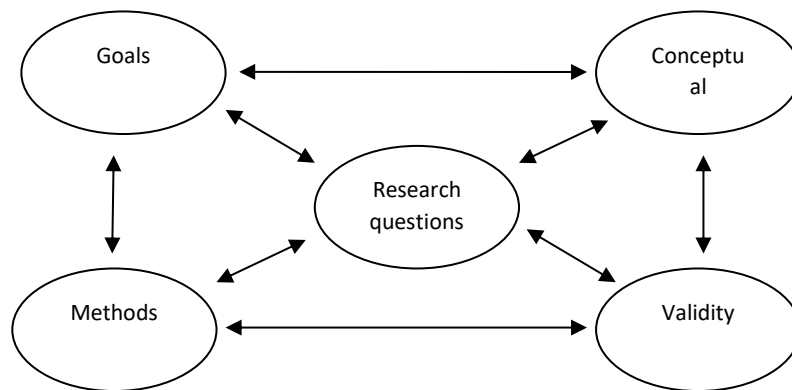
### **3.4 PRINCIPLES OF RESEARCH DESIGN**

Research Design, according Trochim, Donnelly and Arora (2017:206), is an action plan that outlines how information is to be collected, structured, measured and works together to achieve the objectives of the study. Pandey and Pandey (2015:8) attest that the research design is an erudite process, which has progressed and changed in both its intention and form, whilst always aiming to investigate facts.

As asserted by Kumar (2019:155), the research design has two key functions: firstly, to identify processes and logistical arrangements in order to embark upon the study and secondly, to highlight the importance of quality in the process to ensure validity, accuracy and objectivity.

Creswell, Ebersöhn, Eloff, Ferreira, Ivankova, Jansen, Nieuwenhuis, Pietersen and Plano Clark (2016:73) cite five components to research design that are crucial for the reliability of a study. The five components are displayed in Figure 3.1 below.

**FIGURE 3.1: AN INTERACTIVE MODEL OF RESEARCH DESIGN**



**Source:** Creswell, Ebersöhn, Eloff, Ferreira, Ivankova, Jansen, Nieuwenhuis, Pietersen, and Plano Clark, (2016:73). Adapted.

Creswell, *et al.* (2016:73) explain the above interactive model of research designs as follows:

- I. Research question - the research question guides and directs the study. The research design must be aimed at answering the research question.
- II. Goals - Goals are the aim of the study and the research question should provide the aim of the study.
- III. Conceptual framework - the conceptual framework serves as a connection of the study, which is at the phase of data analysis and interpretation.
- IV. Methods - methods are the tools the researcher utilises in order to obtain data.
- V. Validity - validity pertains to the ethical considerations of the study.

According to Sekaran and Bougie (2013:95), research can be defined as the collection, measurement and data analysis based on the study research questions. Creswell and Creswell (2018:101) indicate that after establishing the approach, the next step is to plan the study. Raju and Prabhu (2019:43) identify the important components of research design as follows:

- i. *Sampling design* - which is the process of selecting a sample and collecting data;
- ii. *Data collection design* - this is where data is collected via a process of interviews, questionnaires or observations;
- iii. *Statistical design* - a process where the collected data is subject to statistical analysis for interpretation; and
- iv. *Report design* – this establishes how the outcome of the research study is presented to the target audience.

Ghauri, Gronhaug and Strange (2020:61) affirm that research design is practical as it directs the methods that the researcher must assume in the study, as well as the rationale utilised by the researcher to interpret the study when the study is concluded.

### **3.5 TYPES OF RESEARCH DESIGN**

Creswell and Creswell (2018:3) identify three types of research design, namely, qualitative method, quantitative method and mixed method. These are briefly explained below.

#### **3.5.1 QUALITATIVE RESEARCH DESIGN**

According to Trochim, Donnelly and Arora (2017:57), qualitative research is extensive and this methodology analyses how individuals interpret their experiences in society. Creswell, *et al.* (2016:53) infer that a qualitative method relies on the interaction of individuals through interviews and words, rather than numerical statistical data analysis. Creswell and Creswell (2018:4) attests that the qualitative research design engages exploring meaning through interview processes, observations or the analysis of documents and results in non-numerical data. According to Ghauri, Gronhaug and Strange (2020:96), the objective of qualitative research is to provide a complete and explicit representation of the research topic and it is more investigative in nature.

### **3.5.2 QUANTITATIVE RESEARCH DESIGN**

As articulated by Creswell, *et al.* (2016:162), quantitative research is a systematic process of using numerical data from a selected population. According to Creswell and Creswell (2018:4), quantitative research involves testing theories by investigating the relationship between variables. This method investigates the problem by utilising statistical or numerical data. O'Leary (2017:132) asserts that conclusive research is precise and engages verifying facts and deciding a proper plan of action. According to Ghauri, Gronhaug and Strange (2020:97), a quantitative research design is decisive in its function. It endeavours to measure the problem and understand how established it is by identifying predictable results to a greater population. For the purposes of this study, the quantitative research design method was utilised to investigate employee retention strategies in the context of organisational change. The study used a questionnaire as a data collection tool, which is quantitative in nature.

### **3.5.3 MIXED METHODS RESEARCH DESIGN**

According to Trochim, Donnelly and Arora (2017:70), a mixed methods research design relates to utilising qualitative and quantitative research methods simultaneously. Creswell and Creswell (2018:4) purport that a mixed methods research design involves the combination of both qualitative and quantitative methods, where the research gathers data for both qualitative and quantitative methods and integrates the two, then draws conclusions based on the combined strengths of the data to understand research problems. Creswell, *et al.* (2016:313) define mixed methods as a process for collecting, analysing and merging together quantitative and qualitative research methods in a single study in order to comprehend a research problem. As expounded by O'Leary (2017:162), a mixed method research design pulls on both the qualitative and quantitative research methods following the advantages and disadvantages combined with these two methods.

### **3.6 PRIMARY DATA COLLECTION**

Sekaran and Bougie (2013:113) describe primary data as first-hand information attained by the researcher on variables of interest for the particular purpose of the study. Ghauri, Gronhaug and Strange (2020:153) describe primary data as data collected by the researcher via surveys, experiments and interviews, particularly for the research problem under study. Sekaran and Bougie (2013:113) further advise that primary data sources could be obtained from information provided by individuals upon being interviewed, focus group sessions or questionnaires administered. According to Ghauri, Gronhaug and Strange (2020:160), the advantages of primary data are that the researcher is able to collect data for specific objectives or study and that the researcher can select the sample and can collect the data directly. Ghauri, Gronhaug and Strange (2020:160) further explain that the disadvantages of primary data are that the data collection process could be slow and there is possible difficulty in gaining access to organisations. For this study, the researcher collected primary data in the form of structured closed-ended questionnaires (Annexure B) and a quantitative research approach was used to investigate employee retention strategies in the context of organisational change. The researcher anticipated that an elevated response rate would be attained by utilising the personal method to administer the questionnaire to the target respondents.

### **3.7 SECONDARY DATA**

According to Sekaran and Bougie (2013:113), secondary data is information acquired by someone other than the researcher carrying out the study. Ghauri, Gronhaug and Strange (2020:153) further assert that the advantage of utilising secondary data is that it is already been collected and available.

### **3.8 TARGET POPULATION**

Sekaran and Bougie (2013:240) refer to the target population as the group of people or things of interest that the researcher desires to investigate. According to Williams (2019:79), the target population is the number of probable respondents that the

research study could consist of. In addition to this, Kumar (2019:481) states that a group population is any cluster of people with various familiar significant characteristics that a researcher can identify and study. The target population for the study therefore comprised permanent employees at the leading private healthcare provider in Durban, KZN. The list of the target population was obtained from the private healthcare provider's HR Department. There are 500 employees at this private healthcare provider and the list provided by the HR Department was in alphabetical order. Therefore, according to Sekaran and Bougie's (2013:268) sample size to population table (Annexure E), the sample size for this study is 260 employees. The researcher sent out 260 surveys to the selected sample group. The response rate of completed surveys received was 96%. This sample population excluded the 10 employees that were used for the pilot study.

### **3.9 THE SAMPLING TECHNIQUES**

Trochim, Donnelly and Arora (2017:81) state that sampling is a procedure of selecting units (individuals/ groups/organisations) from a population of concern and in studying the sample, the researcher can derive generalised outcomes of the selected population. According to Sekaran and Bougie (2013:241), a sample is a sub-group of the target population and sampling is the process of selecting a group of individuals or objects from the sampling frame, which is representative of the entire population. Sekaran and Bougie (2013:245) further assert that sampling methods can be separated into two major categories, which is probability and non-probability sampling techniques.

#### **3.9.1 PROBABILITY SAMPLING**

Gournelos, Hammonds and Wilson (2019:128) concur with Sekaran and Bougie (2013:247) that probability sampling is defined as a process of randomly selecting samples from a population, where each member of the population has an equal opportunity of being selected. Trochim, Donnelly and Arora (2017:86) describe probability sampling as random. Creswell, *et al.* (2016:192) concur with Saunders, Lewis and Thornhill (2009:222) that there are five key techniques that can be used to

select a probability sample, namely simple random sampling, stratified random sampling, cluster sampling, multi-stage sampling and systematic sampling. According to Davies (2014:61), in the probability sampling method, individuals are selected randomly from the population, resulting in each individual in the population having a probability of being selected.

In this study, probability sampling was selected because the researcher identified the need to make statistical inferences from the sample and endeavoured to minimise selection bias. The target population was  $N = 500$  employed at the private healthcare provider (Sekaran and Bougie, 2013:268). The sample size according to the Sekaran and Bougie population table, is a sample of  $n=260$  (Annexure E).

### **3.9.2 NON-PROBABILITY SAMPLING**

Kumar (2019:481) acknowledges that non-probability sampling is frequently utilised in both qualitative and quantitative research. According to Sekaran and Bougie (2013:252), the constituents in the population in a non-probability sampling design do not have an equal chance of being chosen. Creswell, *et al.* (2016:200) contend that non-probability methods are used when it is impossible to include the whole population in a research project due to the population being rather large.

### **3.9.3 SIMPLE RANDOM SAMPLING**

Simple random sampling is a probability sampling method that ensures that every member of the target population has an equal chance of being chosen (Saunders, Lewis and Thornhill, 2009:222). For the purposes of this study, the simple random sampling technique without replacement was utilised as a probability sampling method for the quantitative research design in order to select the representative sample. This strategy was espoused to select a considerable sample to equalise the proportionate representation of employees, making up the sample of 260 participants. The researcher had obtained an employee list from the HR Department at the private healthcare provider. The employee list that was provided was in alphabetical order. The researcher then removed the names of the employees that participated in the pilot

study and thereafter numbered the employee list. The researcher then utilised the Google random number generator to select the sample of 260 constituents.

### **3.10 MEASURING INSTRUMENT: JUSTIFICATION FOR USING THE SURVEY METHOD**

Measurement tools are instruments utilised by researchers to assist in the evaluation of a range of variables (Saunders, Lewis and Thornhill, 2009:595). According to Denscombe (2014:7), in current times, surveys appear to be one of the most popular approaches in social science research. Trochim, Donnelly and Arora (2017:172) cite that a survey is a structured process of requesting individuals to volunteer information concerning their behaviours and opinions. Davies (2014:70) asserts that surveys are conducted for a specific purpose. In addition, Sekaran and Bougie (2013:102) purport that the popularity of the strategy in using surveys in business research ensures that the researcher is able to collect quantitative and qualitative data on many different types of research questions.

According to Creswell, *et al.* (2016:174), with survey research, researchers choose samples of respondents prior to administering the questionnaires. Creswell, *et al.* (2016:174) further expound that survey research provides an evaluation of the current status, beliefs and opinions by questionnaires from the known population. For this study, a closed-ended and pre-coded structured, quantitative questionnaire was developed (Annexure B).

### **3.11 QUESTIONNAIRE CONSTRUCTION AND ADMINISTRATION**

Creswell, *et al.* (2016:177) agree with Sekaran and Bougie (2013:147) that the questionnaire structure is of supreme importance to the success of the research study. Proper questionnaire construction permits the researcher to resolve problems prior to questionnaire administration. According to Davies (2014:82), a questionnaire assists in obtaining information for the study and the progression will be guided by the purpose of the study. Creswell, *et al.* (2016:178) explain that a questionnaire must have simple instructions and it should be easy to understand and user-friendly.



Sekaran and Bougie (2013:149) highlight that the questionnaire should also gratify the suppositions on which questionnaires are supported, namely:

- i. The way the questions are worded;
- ii. Planning of issues regarding the categorization of the variables, scaled and coded after responses are received; and
- iii. Format of the questionnaire.

The questionnaire was developed largely to obtain responses to questions based on employee retention strategies and change management at the private healthcare provider. It was aligned to the problem statement, principle objectives, research questions and the literature. Sections B and C of the questionnaire in this study were measured on a 5-point Likert scale. Trochim, Donnelly and Arora (2017:81) advise that questionnaires can be administered through mail surveys, electronic surveys, group-administered questionnaires and household drop-off surveys. In this study, the surveys were conducted at the private healthcare provider.

### **3.12 ADMINISTRATION OF THE FINAL QUESTIONNAIRE**

A covering letter (Annexure A) to respondents explicated the rationale and importance of the study and the value of their participation. Respondents were assured that their identities would remain anonymous and confidentiality would be maintained. The Questionnaire (Annexure B) comprised six general information questions, fifteen questions on employee retention and thirteen questions on organisational change.

The questionnaire was divided into three sections:

- I. Section A: Demographics
- II. Section B: Employee Retention
- III. Section C: Organisational Change

Furthermore, for Sections B and C, a simple definition was highlighted at the top of the section to fortify an understanding of the concepts in the context of the topical

subject of the study. The questionnaire was developed to acquire responses to questions based on opinions, behaviour and attitudes. It was aligned to the problem statement, main objectives, research questions and the literature review that was discussed. Sections B and C were measured on a 5-point Likert scale, with scale responses in the following categories:

1. Strongly disagree
2. Disagree
3. Neutral
4. Agree
5. Strongly agree

Creswell, *et al.* (2016:186) believe that the Likert scale is the most commonly used scale. Trochim, Donnelly and Arora (2017:153) assert that a Likert scale is most appropriate and successful for measuring attitudes. Creswell, *et al.* (2016:187) elaborate that the Likert scale is a convenient instrument to measure a construct.

For this study, the researcher administered the surveys in the employee's canteen at the private healthcare provider's facility. Some respondents chose to take away the survey to complete and then returned the completed surveys to the HR department where a collection box was provided by the researcher. The researcher then collected the surveys from the HR Department.

### **3.13 ADVANTAGES AND DISADVANTAGES OF QUESTIONNAIRES**

Creswell, *et al.* (2016:177) assent with the explanations of Sekaran and Bougie (2013:148) that structured closed-ended questionnaires have both advantages and disadvantages. These authors describe the advantages of questionnaires as the anonymity of the respondent is guaranteed; it is easy to administer; the respondents can respond at their own convenience; a wide geographic region can be reached; questionnaires are inexpensive; and they can provide a substantial amount of research data. Sekaran and Bougie (2013:144) highlights the disadvantages of questionnaires as being time-consuming, having a risk of a low response rate and the

willingness of respondents to participate in the survey. In this study, utilising a questionnaire as a measuring instrument was beneficial.

### **3.14 PRE-TESTING**

Pre-testing is the standard procedure for evaluating a questionnaire amongst a small group of respondents to confirm that it is understood and performs as expected (Ruel, Wagner III and Gillespie, 2016:32). It allows the researcher to amend any errors before sending the final questionnaire to the sample respondents (Creswell and Creswell, 2018:52).

For the purposes of pre-testing the questionnaire, 5 colleagues from the private healthcare provider group were selected to participate in the pre-testing. These selected employees were excluded from the target population (N=500). The questionnaire pre-test did not jeopardise the main sample selection in any way.

The comments from the 5 employees that participated in the pre-testing were collated for a constructive revision, with a view to further fine-tuning the questionnaire. These suggestions were crucial in the questionnaire's final editing, phrasing and language. Prior to distribution to the main sample respondents, the questionnaire was revised for fluidity, standardisation and consistency.

### **3.15 VALIDITY**

According to Gournelos, Hammonds and Wilson (2019:128), validity defines whether or not the questions being asked actually represent the things it should.

Creswell, *et al.* (2016:239) concur with Picardi and Masick (2014:77) that an instrument's validity refers to the degree to which it measures what it is needs to measure. Trochim, Donnelly and Arora (2017:127) assert that validity is critical for any sort of significant measurement in research. Creswell, *et al.* (2016:240) further highlight that there are different types of validity, namely face validity (the degree to which an instrument appears valid); content validity (how accurately a measurement

instrument draws into the various aspects of the particular construct in question); criterion validity (the crucial test as to whether an instrument measures what it is required to measure); and construct validity (required for standardisation and deals with how well the constructs engulfed by the instrument are measured by various groups of related items). Trochim, Donnelly and Arora (2017:280) conclude that validity is significant when looking at relationships between variables. For the purposes of this study, a literature review and a pilot study were conducted to ensure validity.

### **3.16 RELIABILITY**

As cited by Gournelos, Hammonds and Wilson (2019:128), reliability denotes how consistent each question within the scale is with the other questions. Creswell, *et al.* (2016:238) cite that reliability is the degree to which a measuring instrument is consistent. Creswell, *et al.* (2016:238-239) further elaborates that there are various types of reliability, such as:

- a. *Equivalent form reliability.* This is reliability across indicators and to multiple indicators in the processes. It establishes if the measurement under consideration constructs consistent outcomes across indicators.
- b. *Internal reliability (internal consistency).* This is when many items are produced to measure a particular construct. There must be similarity between them as they measure one regular construct.

For the purpose of this research, internal consistency reliability was employed to determine the reliability construct for this study. Equivalent form reliability was tested by means of taking different variables from the literature review, included that into the questionnaire and that has been tested by means of the Cronbach's Alpha Coefficient. Hence, for the measuring instrument, the key constructs of validity and reliability were given full recognition. Apart from the pre-testing that had already been done, the next step was to establish the possible Alpha value of the reliability construct by conducting a pilot study.

### 3.17 PILOT STUDY

According to Ruel, Wagner III and Gillespie (2016:115), pilot research assists a researcher to address many issues that will involve the success of the study.

Ruxton and Colegrave (2016:126) confirm that a pilot study is a minor research, intended in a research process to review and collect information before the data collection process in order to implement improvements to the quality and effectiveness of the instrument to be utilised.

Ruel, Wagner III and Gillespie (2016:116) articulate that the outcomes of a pre-test or pilot study advise a researcher on the feasibility of the research instrument and it also assists the researcher in recognising possible changes to be made in the design of the study. The pilot test is used to evaluate the questions on the questionnaire in order to make certain that there is no ambiguity so that the measuring instrument is perfect for data collection.

For the purpose of this study, ten respondents participated in the pilot study. They were randomly selected to test the questionnaire. The reliability of the questionnaire for this study was tested after administrating the pilot study, using Cronbach's Alpha Score.

**TABLE 3.1: CRONBACH'S ALPHA FOR THE PILOT TEST**

Aspect	Cronbach's Alpha for Employee Retention (Section B)	Cronbach's Alpha for Organisational Change (Section C)	Overall Cronbach's Alpha
Alpha	0.449	0.470	0.608

Table 3.1 illustrates the computed Cronbach's Alpha values for Sections B and C of the questionnaire (Annexure B), conducted during the pilot study. The overall aggregate Cronbach's Alpha value for the pilot study was 0.608 and was considered

to be a significant overall value, which was above the norm of 0.6 and which is an indication of the reliability of the questionnaire. This provided legitimacy and credibility to the questionnaire's reliability for final distribution to the main sample respondents and subsequent field work that proceeded. Gournelos, Hammonds and Wilson (2019:128) purport that the way to know if one has obtained good and meaningful questions is by testing them for validity and reliability. The questionnaire in this study has been tested for validity and reliability, as discussed under validity and reliability in points 3.15 and 3.16 respectively.

### **3.18 DATA COLLECTION METHODS**

According to Sekaran and Bougie (2013:116), there are numerous data collection methods that a researcher can use. The advantages and disadvantages of data collection methods are revealed in Table 3.15 below:

**TABLE 3.2: ADVANTAGES AND DISADVANTAGES OF DATA COLLECTION METHODS**

<b>Methods of data collection</b>	<b>Advantages</b>	<b>Disadvantages</b>
<b>Interviews</b>	<p>Can provide clarity to questions.</p> <p>Establishes relationships with respondents.</p> <p>Visual aids could be used for clarity.</p>	<p>Time-consuming.</p> <p>Interviewers require training.</p> <p>Travel costs involved if the geographic location is far spread.</p> <p>Respondents may be concerned about the confidentiality of the information they provide.</p>

<b>Observations</b>	<p>Ensures directness.</p> <p>Allows the researcher to gather behavioural data with no questions being asked.</p> <p>Possibility of observing specific groups of individuals.</p>	<p>Reactivity resulting in threat of validity.</p> <p>Possibility of biasness from the observer.</p> <p>Time-consuming.</p>
<b>Questionnaires</b>	<p>Can reach a large audience.</p> <p>Inexpensive.</p> <p>Easy to administer.</p> <p>Respondents can answer when it is convenient for them.</p> <p>Response rate is high.</p> <p>Anonymity of the respondents is high.</p>	<p>Respondents must be willing to complete the survey.</p> <p>The researcher cannot clarify questions.</p> <p>Time-consuming.</p>

**Source:** Sekaran, and Bougie, (2013:116; 142; 148). Adapted.

In this study, data was collected via survey questionnaires, administered to the final target respondents of 260 employees at the leading healthcare provider in Durban, KZN. A covering letter (Annexure A) was used to make sure that respondents were well notified of the aim and purpose of the research.

### **3.19 ETHICAL CONSIDERATION**

As advised by Sekaran and Bougie (2013:162), ethical issues must be addressed when data is collected. They further addressed that the following ethical measures should be adhered to:

- a. Rights of respondents – This was addressed in Annexure A, the covering letter to participants.
- b. Informed consent –The researcher first requested permission to undertake research at the selected Private Healthcare provider (Annexure C). Annexure D and Annexure F indicate that the researcher was granted permission to conduct research at the selected Private Healthcare provider.
- c. Confidentiality and anonymity – The respondents were assured of confidentiality and anonymity in the covering letter (Annexure A).

Creswell and Creswell (2018:88) advise that respondents might have questions concerning the research that they have been invited to participate in. For this reason and to acclimatise the respondent to the research and the questionnaire, a covering letter (Annexure A) was included in each questionnaire to initiate the respondent to the research. As highlighted in the Covering Letter (Annexure A), respondents were made fully aware of the nature, aim and objectives of the research. Respondents were made aware that participation in the study was voluntary and they were assured of their anonymity.

The procedures which would be followed throughout the research, as well as the advantages and disadvantages of the research, were explained to all participants by the researcher. The participants were informed of their rights verbally and in writing by the researcher. General questions about the research were answered. Respondents were assured of their anonymity and confidentiality. The respondents were at liberty to answer the questionnaire and there was no duress from the researcher. The completed questionnaires were stored safely and will be discarded after a 5-year period.



### **3.20 STATISTICAL TECHNIQUES AND ANALYSIS OF DATA**

As articulated by Sekaran and Bougie (2013:24), data analysis is data that is statistically studied in order to establish whether the generated hypotheses have been supported. Davies (2014:113) implies that from the time the research is planned, data analysis should be the forefront of the mind of the researcher. In this study, data was collected using questionnaires that were pre-coded. The responses from the questionnaires were captured to form a data set. Thereafter, the data was analysed statistically utilising the latest version of the SPSS version 26.0 for Windows. The services of a statistician were solicited to assist with the analysis of the data captured from the responses to the questionnaires. The SPSS software assisted to break down the raw data into easier quantitative and tabular forms for simple understanding and integration.

### **3.21 CHAPTER SUMMARY**

This chapter presented the research methodology and design of the study. A structured survey was employed in collecting data. A pilot study was conducted with 10 participants to test the reliability and validity of the questionnaires. These 10 participants were excluded from the final target population. The final target population comprised 260 employees, employed with the leading private healthcare provider in KZN. The next chapter presents an analysis of the data and a discussion of the findings.

## **CHAPTER FOUR**

### **ANALYSIS OF DATA AND DISCUSSION OF FINDINGS**

#### **4.1 INTRODUCTION**

The preceding chapter emphasised the research methodology and design that was utilised to acquire data for this study. This chapter presents the results of the data analysis and discusses the findings obtained from the completed questionnaires in this study. The questionnaire was the primary research instrument which was utilised to collect data and was distributed to employees permanently employed at the private healthcare provider. The aim of the study was to investigate employee retention strategies in the context of organisational change at this selected private healthcare provider in Durban, KZN. The data collected from the responses was analysed with SPSS version 26.0 for Windows.

The research design implemented was the quantitative method and a pre-coded structured closed-ended questionnaire (Annexure B) encompassing the 5-Point Likert Scale was utilised to manage collect data from the selected sample of respondents. The questionnaire comprised three Sections, each under a specific theme related to the topic. The chapter also presents the analysis and discussion of the findings corresponding with the various statistical tests used. The target population comprised 500 employees at the private healthcare provider. In total, 260 questionnaires were distributed and 255 responses were received. Five questionnaires were discarded due to incomplete information. Therefore, 250 was the sample used for the statistical analysis, which yielded a 96% response rate. The results will present the descriptive statistics in the form of graphs, cross-tabulations and other figures for the quantitative data that was collected.

The initial computation of the results for Section A involved the use of descriptive statistics for the general information and the demographic variables using Microsoft Excel. For Section B and Section C, the researcher provided important analyses in

the form of frequencies and percentages for the remaining statements in a summarised tabular format, reported accordingly in this chapter. The rationale for this was based on the fact that the questionnaire consisted of likert scale statements under the different sections and the responses were provided by the sample respondents. Therefore, this proved a fruitful exercise only for those variables that were shown using baseline analyses in the form of frequency counts and shown as a percentage with a concise reference to the findings. In addition, the key analysis for each section also engaged the use of descriptive and inferential statistics to analyse the responses and more importantly, to test the hypotheses formulated for each section or theme.

The pragmatic analysis that trails under each of the sections was precise in nature given the intensity of the data constructed. The essence of the data accessed in this study was ordinal in form, which refuted the application of the more robust tools of parametric testing under the scope of inferential statistics. This was reasonably constrained by the fact that there were two independent, but homogenous groups at the private healthcare provider, i.e. the Nursing Employees and the Non-nursing Employees. This existing variable did not in any way compromise the analyses of the outcomes as most respondents appeared to have similar perceptions when responding to the Likert Scale statements. Furthermore, since the use of strong tools of parametric tests would have required a considerable adjustment of the data, the researcher, with the assistance of an expert Statistician, determined that for the purpose of hypotheses testing for each section, the use of non-parametric methods were deemed to be adequate. In essence, the analysis of the data entailed the use of non-parametric tests for the main analyses using SPSS version 26.0 for Windows including those statistical tests chosen for hypotheses testing for the pertinent section, which yielded significant results.

The higher level of statistical significance for the null hypothesis testing was set at 5%, with a 95% confidence interval. Two statistical tests (non-parametric) were used to test each hypothesis, namely the Pearson's Chi Square Test and the Spearman's Rank Order Correlation Test. Inferential techniques include the use of correlations and chi square test values which are interpreted using the p-values. The results of these tests are revealed at the foot of the table and it proved a valuable exercise to

emphasise the statistical finding followed by an articulate discussion pertaining to the hypothesis tested. The different statistical tests applied therefore showed significant statistical correlation.

The employees at the private healthcare provider were extremely supportive of the research. A letter of informed consent was also provided to conduct the research at the private healthcare provider. A quantitative design was espoused for this study and the survey method was utilised for the target population. Moreover, the personal method of data collection was utilised in this research.

## **4.2 ANALYSIS OF DATA**

Factor analysis is a statistical technique whose focal goal is data reduction (Hair, Howarda and Nitzlb 2020:101; Ferrariand Dunson 2020:1). According to Hair, Howarda and Nitzlb (2020:101), a typical use of factor analysis is in survey research, where a researcher desires to represent a number of questions with a small number of hypothetical factors. The respondents might, for example, answer three separate questions regarding a variable in a study, reflecting issues at different levels, as each survey question by itself would be an inadequate measure of the variable, but together they may deliver an enhanced measure of the variable being measured. As articulated by Tilley, Wang, Kolodetsky and Yeatts (2020:58S), factor analysis can be utilised to establish whether the three measures do, in fact, measure the same thing. If so, they can then be combined to create a new variable, a factor score variable that contains a score for each respondent on the factor.

Factor techniques are applicable to a variety of situations. A researcher may want to know if the skills required to be a decathlete are as varied as the ten events, or if a small number of core skills are needed to be successful in a decathlon. One need not believe that factors actually exist in order to perform a factor analysis, but in practice, the factors are usually interpreted, given names and spoken of as real things. In the study, the preliminary presentation and analysis of the results starts with Section A, which uses descriptive statistics to analyse the sample profile and vital demographics. In order to improve the quality of the statistical results, significant trends rising from

the various hypotheses tested for each Section were also reported and further supported by authors, or by the way of similar findings emerging from other studies by various researchers.

The analyses of the results are presented in sequential order with the three sections of the research instrument, the Questionnaire (Annexure B), which consisted of 34 items, with a level of measurement at a nominal or an ordinal level. The questionnaire was divided into 3 sections which measured numerous themes as illustrated below:

- Section A     Demographics/ biographical data
- Section B     Employee retention
- Section C     Organisational change

The analysis for Section A of the Questionnaire (Annexure B) emphasises the use of descriptive statistics and frequency tables portraying comparative analyses for the demographics of the data. For Section B and Section C of the Questionnaire (Annexure B), the researcher selected descriptive and appropriate non-parametric tests to present the analysis of the results. A concise description now follows to differentiate between descriptive and inferential statistics, with reference to the empirical analysis of the research.

#### **4.2.1            Use of Descriptive Statistics in data analysis**

Descriptive statistics describe the occurrence of interest and is a means used to analyse data for categorising and reviewing numerical data (Nishishiba, Jones and Kraner, 2014:92). For Section A of the data analyses of results, descriptive statistics consisting of pie charts, bar graphs and comparative analysis tables depicting the analysed data was used. For Section B and Section C, as highlighted in the questionnaire, descriptive statistics were used in the form of summarised frequency tables depicting the total sum and percentage of responses pertaining to the specific section in the Questionnaire (Annexure B). These comparative analyses provided a clearer understanding of the frequency response rate of the employee sample group at the private healthcare provider pertaining to specific responses for each section.

#### 4.2.2 Use of Inferential Statistics in data analysis

As asserted by Saunders, Lewis and Thornhill (2009:154), inferential statistics are utilised when generalisations from the sample to the population are made. In this study, various relevant non-parametric statistical tests were utilised to test the computed relationships between those factors and those components considered to have a significant bearing on the study and variables, as well as to determine the acuity of the respective sample respondents. Non-parametric tests were selected because the data was ordinal (Mircioiu and Atkinson, 2017:1).

### 4.3 ANALYSIS OF BIOGRAPHICAL DATA (SECTION A)

#### Section A: Biographical Data

This section highlights the initial analysis, which presents a baseline or descriptive analysis of the demographic variables of the sample in its totality. It summarises the biographical characteristics of the respondents. The statistical data are presented in the form of numbered frequency tables, cross-tabulation tables and figures.

#### 4.3.1 AGE AND GENDER ANALYSIS FOR SAMPLE RESPONDENTS

**TABLE 4.1: AGE AND GENDER DISTRIBUTION OF THE RESPONDENTS**  
(n=250)

		Gender		Total
Age group		Male	Female	
20 - 25	Count	8	13	21
	% within Age group	38.1%	61.9%	100.0%
	% within Gender	13.8%	6.8%	8.4%
	% of Total	3.2%	5.2%	8.4%
26 - 30	Count	28	90	118
	% within Age group	23.7%	76.3%	100.0%
	% within Gender	48.3%	46.9%	47.2%
	% of Total	11.2%	36.0%	47.2%
31 - 35	Count	9	31	40
	% within Age group	22.5%	77.5%	100.0%
	% within Gender	15.5%	16.1%	16.0%
	% of Total	3.6%	12.4%	16.0%
36 - 40	Count	6	20	26

	% within Age group	23.1%	76.9%	100.0%
	% within Gender	10.3%	10.4%	10.4%
	% of Total	2.4%	8.0%	10.4%
41 - 50	Count	4	24	28
	% within Age group	14.3%	85.7%	100.0%
	% within Gender	6.9%	12.5%	11.2%
	% of Total	1.6%	9.6%	11.2%
> 50	Count	3	14	17
	% within Age group	17.6%	82.4%	100.0%
	% within Gender	5.2%	7.3%	6.8%
	% of Total	1.2%	5.6%	6.8%
Total	Count	58	192	250
	% within Age group	23.2%	76.8%	100.0%
	% within Gender	100.0%	100.0%	100.0%
	% of Total	23.2%	76.8%	100.0%

Table 4.1 indicates the overall response rate according to gender distribution by age. Overall, the ratio of males to females is approximately 1:3 (23.2%: 76.8%) ( $p < 0.001$ ). According to Boniol, Mclsaac, Xu, Wuliji, Diallo and Campbell (2019:2), females form 70% of the workforce in the Healthcare sector. Table 4.1 illustrates the respondents' ages, which ranged from 20 to older than 51 years of age. The sample constituted 58 (23.2%) male and 192 (76.8%) female respondents. The results further revealed that on all the age and gender categories on the questionnaire, there were more females than males. Within the age category of 20 to 25 years, 61.9% were female. Within the category of females (only), 6.8% were between the ages of 20 to 25 years. This category of females between the ages of 20 to 25 years formed 5.2% of the total sample. Within the same age category of 20 to 25 years, 38.1% were male. Within the category of males (only), 13.81% were between the ages of 20 to 25 years. This category of males between the ages of 20 to 25 years formed 3.2% of the total sample. There are 76.3% females within the age category of 26 to 30 years. Within the category of females (only), 46.9% were between the ages of 26 to 30 years. This category of females between the ages of 26 to 30 years formed 36.0% of the total sample. Within the same age category of 26 to 30 years, 23.7% were male. Within the category of males (only), 48.3% were between the ages of 26 to 30 years. This category of females between the ages of 26 to 30 years formed 11.2% of the total sample. Between the age category of 31 to 35 years, females were dominant with a percentage of 77.5%. Within the category of females (only), 16.1% were between the ages of 31 to 35 years. This category of females between the ages of 31 to 35 years formed 12.4% of the total

sample. Within the same age category of 31 to 35 years, 22.5% were males. Within the category of males (only), 15.5% were between the ages of 31 to 35 years. This category of males between the ages of 31 to 35 years formed 3.6% of the total sample.

Amongst the age category of 36 to 40 years, 76.9% were female. Within the category of females (only), 10.4% were between the ages of 36 to 40 years. This category of females between the ages of 36 to 40 years formed 8.0% of the total sample. Within the same age category of 36 to 40 years, 23.1% were male. Within the category of males (only), 10.3% were between the ages of 36 to 40 years. This category of males between the ages of 36 to 40 years formed 2.4% of the total sample. Within the age category of 41 to 50 years, 85.7% were female. Within the category of females (only), 12.5% were between the ages of 41 to 50 years. This category of females between the ages of 41 to 50 years formed 9.6% of the total sample. Within the same age category of 41 to 50 years, 14.3% were male. Within the category of males (only), 6.9% were between the ages of 41 to 50 years. This category of males between the ages of 41 to 50 years formed 1.6% of the total sample. Within the age category of greater than 50 years, 82.4% were female. Within the category of females (only), 7.3% were in the ages of greater than 50 years. This category of females of greater than 50 years formed 5.6% of the total sample. Within the same age category of greater than 50 years, 17.6% were male. Within the category of males (only), 5.2% were in the ages of greater than 50 years. This category of males of greater than 50 years formed 1.2% of the total sample. The age distributions are not similar as there are more respondents younger than 36 years ( $p < 0.001$ ).

In studies conducted by Silva, Camelo, Soares, Resck, Chaves, Santos, and Leal (2017:3), it was deduced that in the Healthcare sector, females predominate males. Van der Heever and Van der Mervwe (2019:139) further elaborate that there is a shortage of males in the private healthcare sector.



#### 4.3.2 POSITION OF RESPONDENTS IN THE ORGANISATION

TABLE 4.2: POSITION OF RESPONDENTS IN THE ORGANISATION

	Frequency	Percentage
Management	20	8%
Non-Management	230	92%
<b>Total</b>	<b>250</b>	<b>100.0</b>

Table 4.2 indicates the positions that the respondents hold in the organisation. There were significantly more non-management respondents (92.0%) ( $p < 0.001$ ). This is expected as the organisational structure indicates a composition similar to this result. Van der Heever and Van der Mervwe (2019:143) concur with Silva, *et al.* (2017:3) that management in an organisation represents a smaller percentage of the total workforce.

#### 4.3.3 SAMPLE RESPONDENTS' CATEGORY OF WORK IN THE ORGANISATION

FIGURE 4.1: RESPONDENTS' CATEGORY OF WORK – NURSING VS NON-NURSING

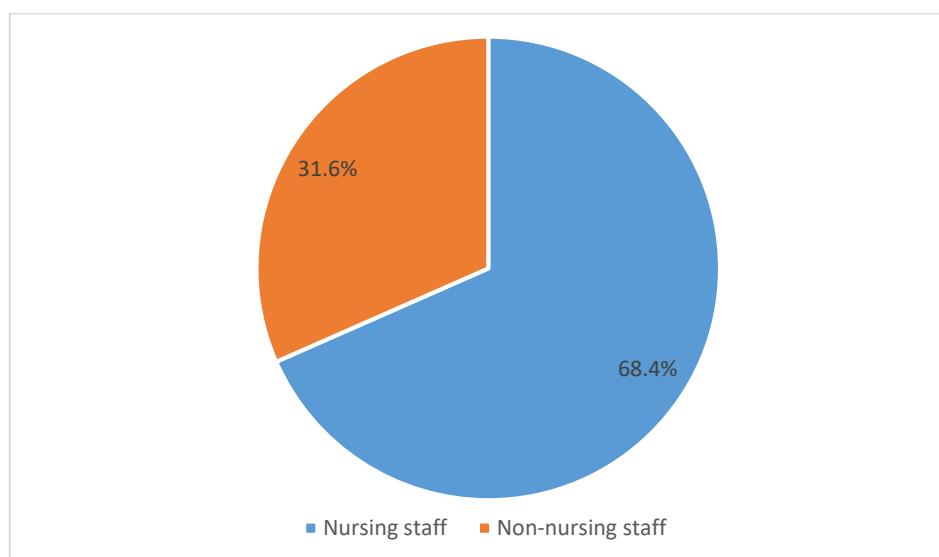


Figure 4.1 depicts the category of work of the respondents in this the study. The percentage ratio of nursing employees is 68.4% to non-nursing employees, which is 31.6%. This is approximately 2:1, as nursing is the core function or service provided by the private healthcare provider. Malatji, Ally and Makhen (2017: 326) articulate that nursing employees in the healthcare sector are a majority as they provide patient care.

#### **4.4 SECTION ANALYSIS**

The following section analyses the scoring patterns of the respondents per variable per section. The results are first presented using summarised percentages for the variables that constitute each section. The results are then further analysed according to the importance of the statements. For the purpose of this study, a quantitative research approach was conducted using the cross-sectional research method. The research type was descriptive. This method is appropriate to the study because it evaluated objective data using complex structures and methods for a large sample size.

##### **4.4.1 Section B: Employee Retention**

This section deals with understanding employee retention at the private healthcare provider. The aim of this section is to better understand whether employees in the organisation are motivated to remain employed in the organisation. These analyses are linked to the following two research objectives which relate to employee retention:

- To investigate the impact of employee retention strategies for a selected private healthcare provider;
- To identify if employee retention strategies influence employee retention positively at the selected private healthcare provider.

The table below summarises the scoring patterns for Section B of the survey questionnaire.

**TABLE 4.3: SUMMARY OF SCORING PATTERNS OF SECTION B OF THE SURVEY (n=250)**

		Strongly Disagree		Disagree		Neutral		Agree		Strongly Agree	
		Count	Row N %	Count	Row N %	Count	Row N %	Count	Row N %	Count	Row N %
I feel like I am part of the organisation	B7	6	2.4%	6	2.4%	42	16.8%	157	62.8%	39	15.6%
I see a future for myself in the organisation	B8	8	3.2%	24	9.6%	137	54.8%	56	22.4%	25	10.0%
I would recommend the organisation as a good place to work at	B9	5	2.0%	11	4.4%	67	26.8%	134	53.6%	33	13.2%
The organisation shows care and concern for its employees	B10	8	3.2%	22	8.8%	86	34.4%	105	42.0%	29	11.6%
Information is communicated well to employees in the organisation	B11	4	1.6%	23	9.2%	69	27.6%	118	47.2%	36	14.4%
The organisation embraces suggestions and ideas of employees	B12	5	2.0%	66	26.4%	106	42.4%	49	19.6%	24	9.6%
Employees are given the resources they require to do their jobs	B13	8	3.2%	22	8.8%	106	42.4%	90	36.0%	24	9.6%
The organisation provides training and development opportunities for employees	B14	3	1.2%	10	4.0%	30	12.0%	132	52.8%	75	30.0%
The remuneration and benefits offered by the organisation are better than other similar organisations	B15	13	5.2%	30	12.0%	120	48.0%	67	26.8%	20	8.0%
The organisation offers good rewards and incentives	B16	18	7.2%	27	10.8%	137	54.8%	47	18.8%	21	8.4%
I would actively search for job opportunities outside of the organisation within the next 2 years	B17	11	4.4%	45	18.0%	68	27.2%	92	36.8%	34	13.6%
I would consider a job offer overseas due to remuneration offered	B18	15	6.0%	13	5.2%	40	16.0%	101	40.4%	81	32.4%
I would seriously consider an offer if another organisation offered me a better job offer	B19	6	2.4%	4	1.6%	38	15.2%	119	47.6%	83	33.2%
I am not motivated to stay in the organisation due to	B20	10	4.0%	40	16.0%	124	49.6%	52	20.8%	24	9.6%

my salary, I am motivated to stay due to the benefits I receive											
The allowances/incentives/rewards I receive encourage me to stay in the organisation	B21	25	10.0%	26	10.4%	109	43.6%	78	31.2%	12	4.8%

**FIGURE 4.2: RESPONSES TO SECTION B (n=250)**

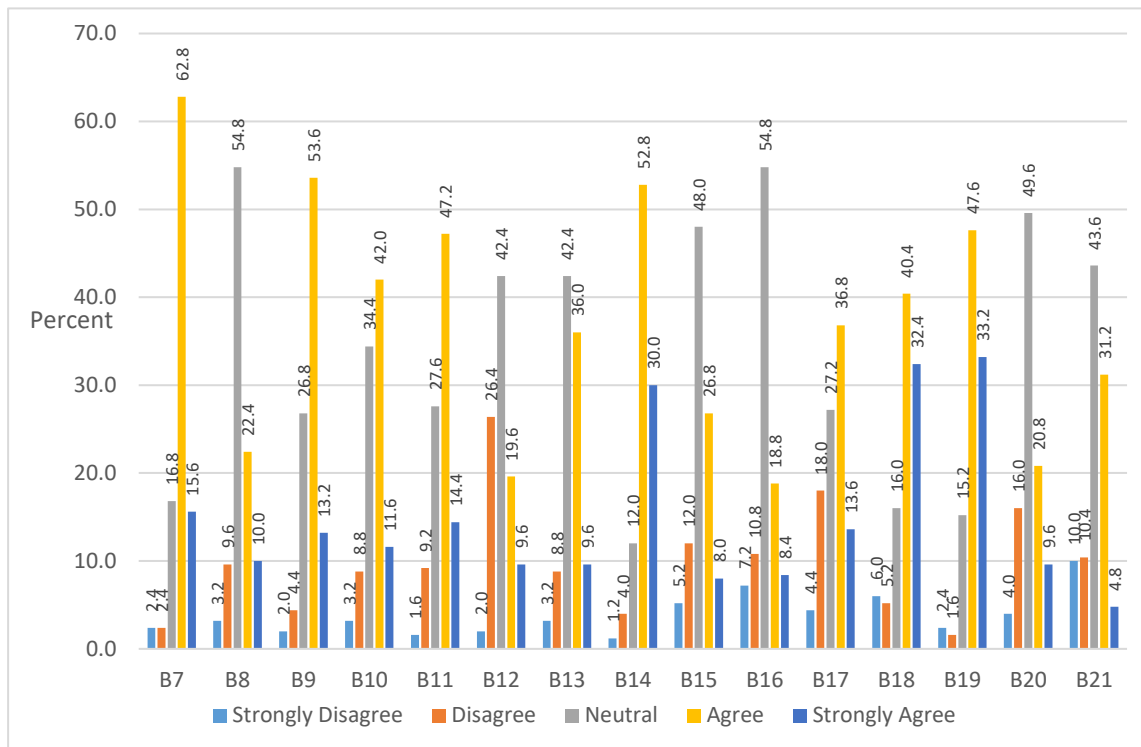


Table 4.3 and Figure 4.2 respectively reveal the employees' views on employee retention at the private healthcare provider. According to Dhanpat, *et al.* (2019:58), organisations must adopt employee retention strategies that ensure that employees work efficiently and remain in employment with the organisation. The statements regarding employee retention are discussed individually below.

Figure 4.2 shows that for statement B7 (I feel like I am part of the organisation), 15.6% of respondents selected "Strongly Agree" and 62.8% selected "Agree". Therefore in total, 78.4% of respondents were in agreement that they feel like that are part of the organisation, while a total of 4.8% of respondents were in disagreement. Anitha and Begum (2016:18) highlight that employees are the most important resources of an

organisation and if employees feel that they are part of the organisation, it makes them want to stay employed in the organisation for a long period of time.

For statement B8 (I see a future for myself in the organisation), 10% of respondents selected “Strongly Agree” and 22.4% selected “Agree”. Therefore in total, 32.4% of respondents agreed that they see a future for themselves in the organisation, whilst 54.8% of the respondents neither agreed nor disagreed with this statement. A total of 12.8% of respondents disagreed. Mayende and Musenze (2018:2) enunciate that there are challenges in the Healthcare sector with retaining employees.

In Table 4.3, for statement B9 (I would recommend the organisation as a good place to work at), 53.6% of the employees agreed that they would recommend the organisation as a good place to work at and only 6.4% disagreed. An approximate 13.2% of respondents selected “Strongly Agree” and 53.6% selected “Agree” for Statement B9. Therefore in total 66.8% of respondents were in agreement that they would recommend the organisation as a good place to work, while a total of 6.4% of respondents were in disagreement. Research conducted by Border (2017:9) indicates that if employees are proud of the organisation and their company brand, they would recommend the organisation as a good place to work.

The organisation shows care and concern for its employees, statement 10, indicates that 11.6% of respondents selected “Strongly Agree” and 42% selected “Agree”. Therefore in total, 53.6% of respondents were in agreement that the organisation shows care and concern for its employees, while a total of 12% of respondents were in disagreement. As asserted by Santhanam, *et al.* (2017:219), if organisations show care and concern for their employees and live up to their promises, this will positively impact employee retention in the organisation.

For Statement B11 (information is communicated well to employees in the organisation), 14.4% of respondents selected “Strongly Agree” and 47.2% selected “Agree”. Therefore in total, 61.6% of respondents were in agreement that information is communicated well to employees in the organisation, while a total of 10.8% were in

disagreement. Prabhu (2016:19) proclaims that communication with employees is vital for employee retention in an organisation.

Statement B12's (the organisation embraces suggestions and ideas of employees) result implies that 9.6% of respondents selected "Strongly Agree" and 19.6% of respondents selected "Agree". Therefore in total, 29.2% of respondents were in agreement that the organisation embraces suggestions and ideas of employees, while a total of 28.4% were in disagreement. A total of 42.4% of the respondents neither agreed nor disagreed with this statement. In research conducted by Felstead, Gallie, Green and Henseke (2020:925), they indicated that if an organisation obtains employees suggestions, ideas and gets their involvement, it positively and significantly impacts employee retention.

The outcome of Statement B13 (employees are given the resources they require to do their jobs) indicates that 9.6% of respondents selected "Strongly Agree" and 36.0% of respondents selected "Agree". Therefore in total, 45.6% of respondents were in agreement that employees are the resources they require to do their jobs, while a total of 12% were in disagreement. A total of 42.4% of the respondents neither agreed nor disagreed with this statement. As pronounced by Shemdoe, *et al.* (2016:2), a lack of resources for employees to work productively results in employees seeking alternative employment.

The results for Statement B14 (the organisation provides training and development opportunities for employees) show that 30.0% of respondents selected "Strongly Agree" and 52.8% of respondents selected "Agree". Therefore in total, 82.8% of respondents were in agreement that the organisation provides training and development opportunities for employees, while a total of 5.2% were in disagreement. Mburu and George (2017:4) discuss the importance of training and development in order for employees to provide quality healthcare to patients.

The remuneration and benefits offered by the organisation are better than other similar organisations (statement B15) statement showed that 8% of respondents selected

“Strongly Agree” and 26.8% of respondents selected “Agree”. Therefore in total, 34.8% of respondents were in agreement that the remuneration and benefits offered by the organisation are better than other similar organisations, while a total of 17.2% of respondents were in disagreement. A total of 48% of the respondents neither agreed nor disagreed with this statement. According to Kaur (2017:171), the remuneration and benefits offered by an organisation are an important factor in retaining employees in the organisation.

It appears that 8.4% of respondents selected “Strongly Agree” and 18.8% selected “Agree” for Statement B16 (the organisation offers good rewards and incentives). Therefore in total, 27.2% of respondents were in agreement that the organisation offers good rewards and incentives, while a total of 18% of respondents were in disagreement. A total of 54.8% of the respondents neither agreed nor disagreed with this statement. Tawana, Barkhuizen and Du Plessis (2019:7) articulate that an organisation that provides good incentives and rewards motivates their employees to stay in the organisation.

The results of Statement B17 (I would actively search for job opportunities outside of the organisation within the next 2 years) indicates that 13.6% of respondents selected “Strongly Agree” and 36.8% of respondents selected “Agree”. Therefore in total, 50.4% of respondents were in agreement that they would actively search for job opportunities outside of the organisation within in next 2 years, while a total of 22.4% of respondents were in disagreement. A total of 27.2% of the respondents neither agreed nor disagreed with this statement. In studies by Khunou and Davhana-Maselesele (2016:3), they indicate that if employee job satisfaction remains low, then employees will look for alternate employment.

For Statement B18 (I would consider a job offer overseas due to remuneration offered), 32.4% of respondents selected “Strongly Agree” and 40.4% of respondents selected “Agree”. Therefore in total, 72.8% of respondents were in agreement that they would consider a job offer overseas due to the remuneration offered, while a total of 11.2% of respondents were in disagreement. Labonté, *et al.*'s (2015:13) research

concludes that employees will consider jobs overseas due to better remuneration offers.

An approximate 33.2% of respondents selected “Strongly Agree” and 47.6% of respondents selected “Agree” for Statement B19 (I would seriously consider an offer if another organisation offered me a better job offer). Therefore in total ,80.8% of respondents were in agreement that they would seriously consider an offer if another organisation offered them a better job offer, while a total of 4% of respondents were in disagreement. A total of 15% of the respondents neither agreed nor disagreed with this statement. Maxwell and Singh (2019:109) indicate in their studies that organisations should improve job offerings in order to retain talented employees.

It appears that the results for Statement B20 (I am not motivated to stay in the organisation due to my salary, I am motivated to stay due to the benefits I receive) indicate that 9.6% of respondents selected “Strongly Agree” and 20.8% of respondents selected “Agree”. Therefore in total, 30.4% of respondents were in agreement that they are not motivated to stay in the organisation due to their salary, they are motivated to stay due to the benefits that they receive; while a total of 20% of respondents were in disagreement. A total of 49.6% of the respondents neither agreed nor disagreed with this statement. Sithole and Pwaka (2019:43) assert that employees are motivated to stay in an organisation due to the benefits they receive.

The results for Statement B21 (the allowances/incentives/rewards I receive encourage me to stay in the organisation) show that 4.8% of respondents selected “Strongly Agree” and 31.2% of respondents selected “Agree”. Therefore in total, 36% of respondents were in agreement that the allowances/ incentives/ rewards they receive encourage them to stay in the organisation, while a total of 20.4% of respondents were in disagreement. A total of 43.6% of the respondents neither agreed nor disagreed with this statement. Joubert, Madau and Grobler (2017:314) articulate that the allowances, incentives and rewards offered by an organisation are strategies that motivate employees to remain in the organisation.



## Summary of analysis of Section B

From the responses received, some of the trends that were observed in the study are: some statements show (significantly) higher levels of agreement, whilst other levels of agreement are lower (but still greater than levels of disagreement). In one statement (Statement B12), “the organisation embraces suggestions and ideas of employees”, findings indicate a higher level of disagreement with a 28.4% of the sample, indicating that this is a concern in the organisation. Seven of the statements (B8, B12, B13, B15, B16, B20 and B21) indicate high levels of neutral scores where the respondents neither agreed nor disagreed with these statements.

From the analysis of Figure 4.2, the statements were combined into the following three categories:

***Category 1: Positiveness in the organisation leading to improved employee retention.***

*The following statements were allocated to this category:*

- I feel like I am part of the organisation.
- I would recommend the organisation as a good place to work at.
- The organisation shows care and concern for its employees.
- The organisation provides training and development opportunities for employees.

This category 1 indicates high levels of agreement relating to ‘Positiveness in the organisation leading to improved employee retention’. The respondents agree that they feel part of the organisation and would recommend the organisation as a good place to work at, as they feel that the organisation shows care and concern for its employee, as well as develops the employees through training. Heidari, Bahar and Gharebagh (2017:1472) express that if organisations pay attention to the various aspects of positiveness in the workplace, it will have a positive impact on retaining employees in the organisation.

***Category 2: Effective communication and management in the organisation. The following statements were allocated to this category:***

- Information is communicated well to employees in the organisation.
- The organisation embraces suggestions and ideas of employees.

In this category of 'effective communication and management in the organisation', there appears to be a high level of agreement to information being communicated well to employees in the organisation. With regard to the organisation embracing the suggestions and ideas of employees, there appears to be a high level of neutrality from respondents to this statement. However, there is an indication of a slightly high disagreement rate to this statement. As pronounced by Felstead, *et al.* (2020:909), communication in the organisation is vital to the personal growth and improved satisfaction of employees, for greater cohesiveness in the team and in the organisation.

**Category 3:** *Consideration of job opportunities outside of the organisation leading to poor employee retention. The following statements were allocated to this category:*

- I would actively search for job opportunities outside of the organisation within the next 2 years.
- I would consider a job offer overseas due to remuneration offered.
- I would seriously consider an offer if another organisation offered me a better job offer.

There are high levels of agreement relating to this sub-theme: 'consideration of job opportunities outside of the organisation leading to poor employee retention'. Respondents indicate that they would strongly consider alternate job offers, with a slightly lower percentage actively pursuing such offers. According to Ashmore and Gilson (2015:7), employees keep their options open when considering opportunities outside of the organisation they are employed in. To determine whether the scoring patterns per statement were significantly different per option, chi square testing was done and will be discussed with the inferential statistics.

#### 4.4.2 Section C: Organisational Changes

This section deals with understanding the impact of organisational changes at the private healthcare provider. The aim of this section is to better understand whether employees in the organisation are affected by organisational changes. These analyses are linked to the following two research objectives which relate to organisational changes:

- To establish if organisational change impacts on employee retention at the private healthcare provider; and
- To propose strategies to the private healthcare provider to accelerate employee retention in order to meet the organisational changes imposed by the private healthcare provider.

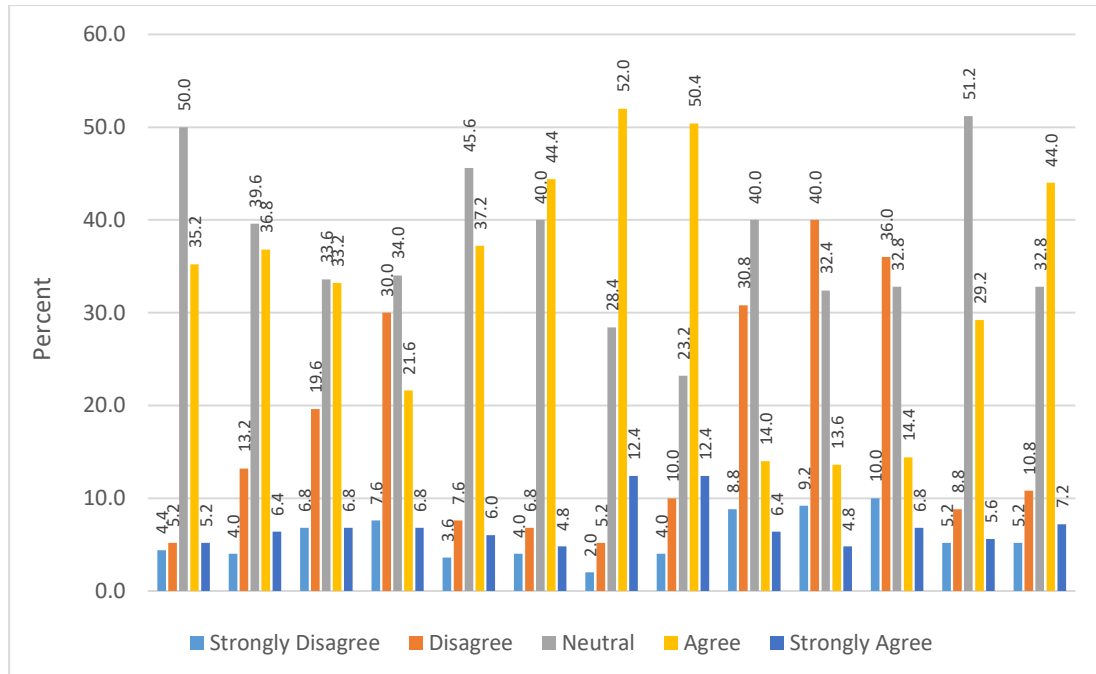
The table below summarises the scoring patterns for Section C of the survey questionnaire.

**TABLE 4.4: SUMMARY OF SCORING PATTERNS OF SECTION C (n=250)**

		Strongly Disagree		Disagree		Neutral		Agree		Strongly Agree	
		Count	Row N %	Count	Row N %	Count	Row N %	Count	Row N %	Count	Row N %
Change is managed effectively in the organisation	C22	11	4.4%	13	5.2%	125	50.0%	88	35.2%	13	5.2%
I am made aware of change implementation initiatives in the organisation	C23	10	4.0%	33	13.2%	99	39.6%	92	36.8%	16	6.4%
Employees are communicated in advance of changes that will be taking place in the organisation	C24	17	6.8%	49	19.6%	84	33.6%	83	33.2%	17	6.8%
I am given the opportunity to provide feedback on change initiatives	C25	19	7.6%	75	30.0%	85	34.0%	54	21.6%	17	6.8%
Changes that were implemented were beneficial, impacting positively on the organisation	C26	9	3.6%	19	7.6%	114	45.6%	93	37.2%	15	6.0%

<b>Roles and Responsibilities clearly defined during change implementation in the organisation</b>	C27	10	4.0%	17	6.8%	100	40.0 %	111	44.4%	12	4.8%
<b>The organisation provides training and development for employees in line with the changes implemented</b>	C28	5	2.0%	13	5.2%	71	28.4 %	130	52.0%	31	12.4 %
<b>Communication is sent regularly regarding change implementation</b>	C29	10	4.0%	25	10.0%	58	23.2 %	126	50.4%	31	12.4 %
<b>I plan to leave the organisation within the next 2 years due to the number of changes that has taken place</b>	C30	22	8.8%	77	30.8%	100	40.0 %	35	14.0%	16	6.4%
<b>Due to the changes that were implemented, I have now become unhappy at work</b>	C31	23	9.2%	100	40.0%	81	32.4 %	34	13.6%	12	4.8%
<b>The changes implemented has had a negative impact on the organisation</b>	C32	25	10.0%	90	36.0%	82	32.8 %	36	14.4%	17	6.8%
<b>The changes implemented are effective and will make me stay in the organisation</b>	C33	13	5.2%	22	8.8%	128	51.2 %	73	29.2%	14	5.6%
<b>The changes implemented makes my work easier</b>	C34	13	5.2%	27	10.8%	82	32.8 %	110	44.0%	18	7.2%

**FIGURE 4.3: GRAPH REPRESENTING THE RESPONSES TO SECTION C**  
(n=250)



As illustrated in Table 4.4 and Figure 4.3, for Statement C22 (change is managed effectively in the organisation), 5.2% of respondents selected “Strongly Agree” and 35.2% selected “Agree”. Therefore in total, 40.4% of respondents were in agreement that change is managed effectively in the organisation, while a total of 9.6% of respondents were in disagreement. A total of 50% of the respondents neither agreed nor disagreed with this statement. Erlingsdottir, Ersson, Borell and Rydenfält’s (2018:70) studies state that if organisational change is not managed effectively, then the changes implemented will not be successful. The statements regarding organisational change are discussed individually below.

For Statement C23 (I am made aware of change implementation initiatives in the organisation), 6.42% of respondents selected “Strongly Agree” and 36.8% selected “Agree”. Therefore in total, 43.2% of respondents were in agreement that they are made aware of change implementation initiatives in the organisation, while a total of 17.2% were in disagreement. A total of 39.6% of the respondents neither agreed nor

disagreed with this statement. As asserted by Al-Haddad and Kotnour (2015:254), managers in organisations must create awareness of changes initiatives in order to get buy-in from employees, and for the changes to be accepted and successful.

A mere 6.8% of respondents selected “Strongly Agree” and 33.2% of respondents selected “Agree” for Statement C24 (employees are communicated in advance of changes that will be taking place in the organisation). Therefore in total, 40% of respondents were in agreement that employees are communicated in advance of changes that will be taking place in the organisation, while a total of 26.4% of respondents were in disagreement. A total of 33.6% of the respondents neither agreed nor disagreed with this statement. Allen (2016:67) enunciates that when employees are made aware of the organisational changes and have a clear understanding of it, the implementation becomes easier and accepted.

The results for Statement C25 (I am given the opportunity to provide feedback on change initiatives) implied that 6.8% of respondents selected “Strongly Agree” and 21.6% of respondents selected “Agree”. Therefore in total, 28.4% of respondents were in agreement that they are given the opportunity to provide feedback on change initiatives, while a total of 37.6% were in disagreement. A total of 34% of the respondents neither agreed nor disagreed with this statement. As proclaimed by Vaishnavi, Suresh and Dutta (2019:1309), employee engagement with transparent communication assists with successful change management implementation.

Statement C26 (changes that were implemented were beneficial, impacting positively on the organisation) indicates that 6% of respondents selected “Strongly Agree” and 37.2% of respondents selected “Agree”. Therefore in total, 43.2% of respondents were in agreement that changes that were implemented were beneficial, impacting positively on the organisation, while a total of 11.2% of respondents were in disagreement. A total of 45.6% of the respondents neither agreed nor disagreed with this statement. Timmings, *et al.* (2016:2) cited that organisational changes are beneficial and have a positive impact on an organisation.

For Statement C27 (roles and responsibilities clearly defined during change implementation in the organisation), 4.8% of respondents selected “Strongly Agree” and 44.4% selected “Agree”. Therefore in total, 49.2% of respondents were in agreement that roles and responsibilities are clearly defined during change implementation in the organisation, while a total of 10.8% of respondents were in disagreement. A total of 40% of the respondents neither agreed nor disagreed with this statement. Frawley, Meehan, and De Brún (2018:992) purport that key stakeholders’ clearly defined roles and responsibilities supports organisational change.

A 12.4% of respondents selected “Strongly Agree” and 52% of respondents selected “Agree” for Statement C28 (the organisation provides training and development for employees in line with the changes implemented). Therefore in total, 64.4% of respondents were in agreement that the organisation provides training and development for employees in line with the changes implemented, while a total of 7.2% of respondents were in disagreement. A total of 28.4% of the respondents neither agreed nor disagreed with this statement. According to Sartori, *et al.* (2018:7), when an organisation invests in the training and development of employees, it enhances the organisation’s innovative performance.

The results for Statement C29 (communication is sent regularly regarding change implementation) show that 12.4% of respondents selected “Strongly Agree” and 50.4% of respondents selected “Agree”. Therefore in total, 62.8% of respondents were in agreement that communication is sent regularly regarding change implementation, while a total of 14% of respondents were in disagreement. A total of 23.2% of the respondents neither agreed nor disagreed with this statement. As articulated by Kumah, Ankomah and Antwi (2016:28), effective communication has the ability to coach employees through organisational changes.

For Statement C30 (I plan to leave the organisation within the next 2 years due to the number of changes that has taken place), the outcome indicates that 6.4% of respondents selected “Strongly Agree” and 14% of respondents selected “Agree”. Therefore in total, 20.4% of respondents were in agreement that they plan to leave the organisation within the next 2 years due to the number of changes that have taken

place in the organisation, while a total of 39.6% of respondents were in disagreement. A total of 40% of the respondents neither agreed nor disagreed with this statement. Aslam, *et al.* (2016:592) indicate that when organisational changes are not understood, employees become uncertain and then they plan to leave the organisation.

The outcome for Statement C31 (due to the changes that were implemented, I have now become unhappy at work) implied that 4.8% of respondents selected “Strongly Agree” and 13.6% selected “Agree”. Therefore in total, 18.4% of respondents were in agreement that due to changes that were implemented, they have now become unhappy at work, while a total of 49.2% of respondents were in disagreement. A total of 32.4% of the respondents neither agreed nor disagreed with this statement. Augustsson, Churruca, Braithwaite (2019:2) articulate that one of the challenges with organisational change being implemented is employees becoming unhappy.

A 6.8% of respondents selected “Strongly Agree” and 14.4% of respondents selected “Agree” for Statement C32 (the changes implemented has had a negative impact on the organisation). Therefore in total, 21.2% of respondents were in agreement that changes implemented has had a negative impact on the organisation, while a total of 46% of respondents were in disagreement. A total of 32.8% of the respondents neither agreed nor disagreed with this statement. Xerri, *et al.* (2015:651) emphasize that organisational changes may be perceived as having a negative impact unless the readiness to change is established before implementation.

For Statement C33 (the changes implemented are effective and will make me stay in the organisation), 5.6% of respondents selected “Strongly Agree” and 29.2% selected “Agree”. Therefore in total, 34.8% of respondents were in agreement that the changes implemented are effective and will make them stay in the organisation, while a total of 14% of respondents were in disagreement. A total of 51.2% of the respondents neither agreed nor disagreed with this statement. As purported by Imran, *et al.* (2016:1110), motivating and communicating with employees on organisational changes will make them stay in the organisation.



The results for Statement C34 (the changes implemented makes my work easier) show that 7.2% of respondents selected “Strongly Agree” and 44% of respondents selected “Agree”. Therefore in total, 51.2% of respondents were in agreement that changes implemented makes their work easier, while a total of 16% of respondents were in disagreement. A total of 32.8% of the respondents neither agreed nor disagreed with this statement. Teixeira, Gregory and Austin (2017:204) proclaim that the organizational changes implemented enhance effectiveness and efficiencies in an organisation, making work easier.

From the responses received, the following trends were observed in the study: some statements show (significantly) higher levels of agreement whilst other levels of agreement are lower (but still greater than levels of disagreement). In statement C25: “I am given the opportunity to provide feedback on change initiatives”, results indicate a higher level of disagreement, with 30% of the sample indicating that this is a concern in the organisation. In Statement C31, “Due to the changes that were implemented, I have now become unhappy at work”, findings indicate a higher level of disagreement, with a 40% of the sample indicating that changes implemented in the organisation have not made employees unhappy at work. Eight of the statements (C22, C23, C24, C25, C26, C27, C30 and C33) indicate high levels of neutral scores where the respondents neither agreed nor disagreed with these statements.

From the analysis of Figure 4.3, the statements were combined into the following three categories:

***Category 1: Implementation of organisational change initiatives:***

- I am made aware of change implementation initiatives in the organisation.
- Employees are communicated in advance of changes that will be taking place in the organisation.
- Changes that were implemented were beneficial, impacting positively on the organisation.
- Roles and Responsibilities clearly defined during change implementation in the organisation.

This category indicates high levels of neutrality relating to the 'implementation of organisational change initiatives'. However, the respondents agree that the organisation provides training and development for employees in line with the changes implemented and communication is sent regularly regarding change implementation. The respondents disagreed that they are given the opportunity to provide feedback on change initiatives. Nuño-Solinís (2018:1158) enunciates that healthcare organisations' readiness for change is a key issue in positively impacting on the organisations' effort and employee motivation for overcoming barriers in organisational change endeavours.

*In **category 2**: Effective change management in the organisation:*

- Change is managed effectively in the organisation.
- The changes implemented are effective and will make me stay in the organisation.

In this category: 'effective change management in the organisation', there appears to also be a high level of neutrality relating to change management being effectively implemented in the organisation. However, the respondents agreed that the changes implemented by the organisation make their work easier. Rosenbaum, More and Steane (2018:299) state that organisational change must be effectively implemented and consideration of employees' emotional responses must be taken into account as change is reliant upon employees.

***Category 3**: Organisational changes leading to poor employee retention:*

- I plan to leave the organisation within the next 2 years due to the number of changes that has taken place.
- Due to the changes that were implemented, I have now become unhappy at work.
- The changes implemented has had a negative impact on the organisation.

There are high levels of disagreement relating to this sub-theme: 'organisational changes leading to poor employee retention'. This indicates that the organisational change implemented does not have a major impact on the retention of employees in the organisation. Idris, See and Coughlan (2018:708) highlight that organisational change made through effective communication with employees will result in a positive impact on employee retention.

## 4.5 SECTION ANALYSIS USING MEANS

The section that follows analyses the scoring patterns of the respondents per variable per section. The results are first presented using summarised means for the variables that constitute each section. Results are then further analysed according to the importance of the statements.

### 4.5.1 Section B: Employee Retention

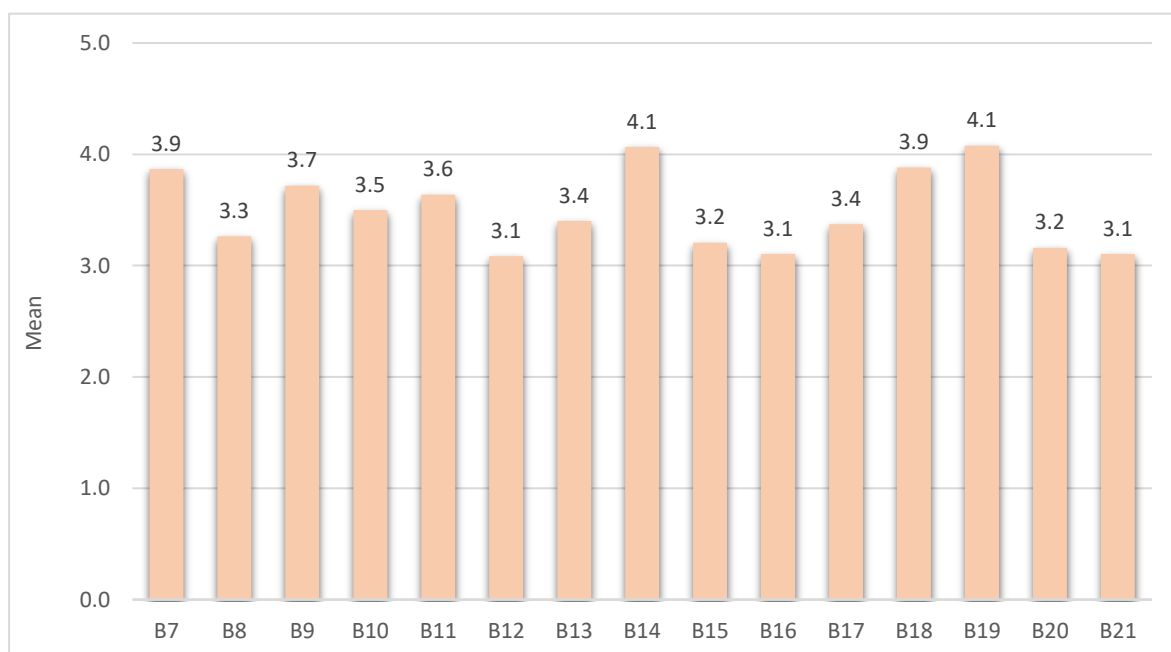
This section deals with understanding employee retention at the Private Healthcare Provider. The aim of this section is to better understand whether employees in the organisation are motivated to remain employed in the organisation. The table below summarises the scoring patterns for Section B of the survey questionnaire using the mean.

**TABLE 4.5: SUMMARY OF SCORING PATTERNS FOR SECTION B USING THE MEAN (n=250)**

		N	Mini mum	Maxi mum	Mean	Std. Deviation
B7	I feel like I am part of the organisation	250	1	5	3.9	0.8
B8	I see a future for myself in the organisation	250	1	5	3.3	0.9
B9	I would recommend the organisation as a good place to work at	250	1	5	3.7	0.8
B10	The organisation shows care and concern for its employees	250	1	5	3.5	0.9
B11	Information is communicated well to employees in the organisation	250	1	5	3.6	0.9
B12	The organisation embraces suggestions and ideas of employees	250	1	5	3.1	1.0
B13	Employees are given the resources they require to do their jobs	250	1	5	3.4	0.9

B14	The organisation provides training and development opportunities for employees	250	1	5	4.1	0.8
B15	The remuneration and benefits offered by the organisation are better than other similar organisations	250	1	5	3.2	0.9
B16	The organisation offers good rewards and incentives	250	1	5	3.1	1.0
B17	I would actively search for job opportunities outside of the organisation within the next 2 years	250	1	5	3.4	1.1
B18	I would consider a job offer overseas due to remuneration offered	250	1	5	3.9	1.1
B19	I would seriously consider an offer if another organisation offered me a better job offer	250	1	5	4.1	0.9
B20	I am not motivated to stay in the organisation due to my salary, I am motivated to stay due to the benefits I receive	250	1	5	3.2	0.9
B21	The allowances/incentives/rewards I receive encourage me to stay in the organisation	250	1	5	3.1	1.0

**FIGURE 4.4: GRAPH REPRESENTING THE RESPONSES TO SECTION B USING THE MEAN (n=250)**



To determine whether the scoring patterns per statement were significantly different to the central score of 3, a binomial test was done. The null hypothesis claims that the mean is not that different from 3. The alternate indicates that the difference is significant. The magnitude of the mean indicates the direction. Mean values greater than 3 tend more towards agreement, and values less than 3 tend more towards disagreement. The mean for B14 and B19 is 4.1, which indicates a significant

difference from 3. The mean value tends towards the maximum of 5 (indicating agreement), which implies that more respondents agreed with the statement. A high percentage of 82.8% of the respondents agree to Statement B14 that the organisation provides training and development opportunities for employees. According to literature, Adegoke, *et al.* (2015:952), Kaur (2017:170), Maxwell and Singh (2019:110), Mburu and George (2017:2) and Mutsuddi (2016:77) agree that training and development in an organisation is part of an employee retention strategy.

A percentage of 80.8% of the respondents agreed with statement B19 that they would seriously consider an offer if another organisation offered a better job offer. Statement B7 has a mean of 3.9, which indicates that a high percentage of respondents agreed that they feel like they are part of the organisation. However, the mean is also 3.9 for statement B18, which indicates that respondents agree with considering job offers overseas due to remuneration.

Statements B8, B12, B13, B15, B16, B20 and B21 have means ranging between 3.1 to 3.4, indicating high levels of neutral scores where the respondents neither agreed nor disagreed with these statements. There are no values less than 3, but three statements (B12, B16 and B21) indicate that there was no difference to the mean score of 3. This implies neutrality. This could mean that more respondents scored along this option (neutral) or that there were as many respondents who agreed with these statements as there were who disagreed. Although the mean is 3.1 for Statement B12, 'the organisation embraces suggestions and ideas of employees', the percentage of 28.4% shows a higher disagreement level compared to the number of respondents that agreed. The mean for Statement B16 is 3.1. However, there was a percentage of 54.8% of respondents neither agreeing or disagreeing to the organisation offering good rewards and incentives.

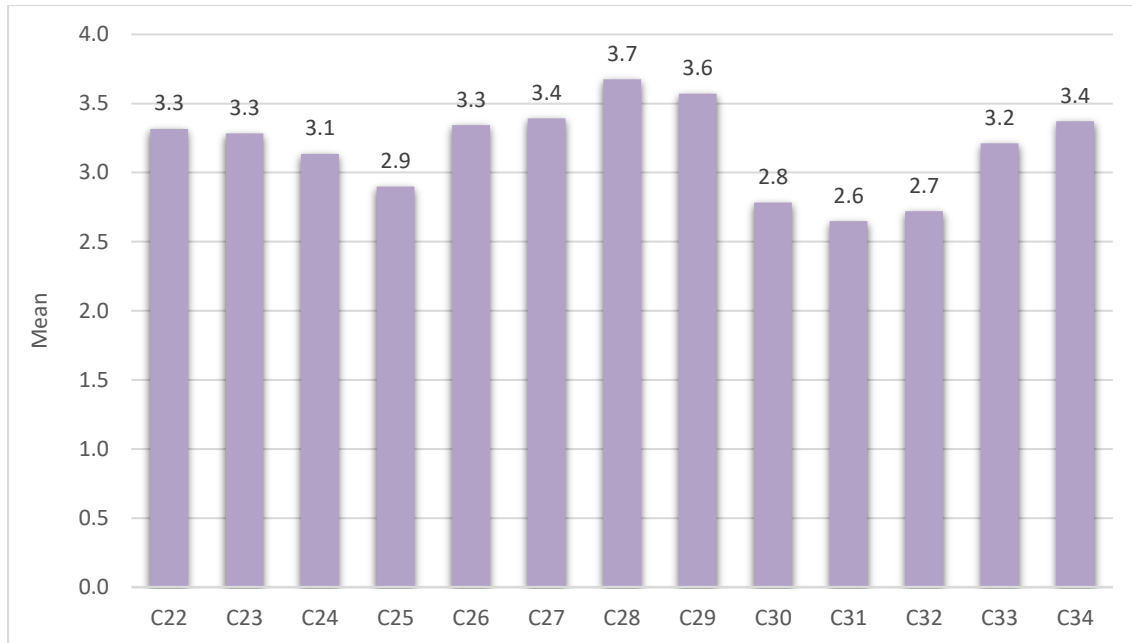
## 4.5.2 Section C: Organisational Changes

This section deals with understanding the impact of organisational change at the private healthcare provider. The aim of this section is to better understand whether employees in the organisation are affected by organisational changes. The table below summarises the scoring patterns for section C of the survey questionnaire using the mean.

**TABLE 4.6: SUMMARY OF SCORING PATTERNS FOR SECTION C USING MEAN (n=250)**

	Descriptive Statistics					
		N	Minimum	Maximum	Mean	Std. Deviation
C22	Change is managed effectively in the organisation	250	1	5	3.3	0.8
C23	I am made aware of change implementation initiatives in the organisation	250	1	5	3.3	0.9
C24	Employees are communicated in advance of changes that will be taking place in the organisation	250	1	5	3.1	1.0
C25	I am given the opportunity to provide feedback on change initiatives	250	1	5	2.9	1.0
C26	Changes that were implemented were beneficial, impacting positively on the organisation	250	1	5	3.3	0.8
C27	Roles and Responsibilities clearly defined during change implementation in the organisation	250	1	5	3.4	0.8
C28	The organisation provides training and development for employees in line with the changes implemented	250	1	5	3.7	0.8
C29	Communication is sent regularly regarding change implementation	250	1	5	3.6	1.0
C30	I plan to leave the organisation within the next 2 years due to the number of changes that has taken place	250	1	5	2.8	1.0
C31	Due to the changes that were implemented, I have now become unhappy at work	250	1	5	2.6	1.0
C32	The changes implemented has had a negative impact on the organisation	250	1	5	2.7	1.0
C33	The changes implemented are effective and will make me stay in the organisation	250	1	5	3.2	0.9
C34	The changes implemented makes my work easier	250	1	5	3.4	1.0

**FIGURE 4.5: GRAPH REPRESENTING THE RESPONSES TO SECTION C USING THE MEAN (n=250)**



A binomial test was done to establish whether the scoring patterns per statement were significantly different to the central score of 3. The extent of the mean indicates the direction. The mean values greater than 3 lean more towards agreement and values less than 3 lean more towards disagreement. The mean for C28 and C29 is 3.7 and 3.6 respectively, which indicates a significant difference from 3. This implies that more respondents agreed with these statements that the organisation provides training and development for the employees in line with the changes implemented and communication regarding changes is sent to employees regularly.

Four statements (C25, C30, C31 and C32) are below the mean of 3. For Statement C25, the mean is 2.9 and there was a high percentage of 30% of the respondents disagreeing with this statement and 34% of the respondents neither agreeing nor disagreeing to this statement that employees are given the opportunity to provide feedback on change initiatives. The mean for Statement C30 is 2.8 and a percentage of 30.8% of the respondents disagreed with Statement C30 and 40% of the respondents neither agreed nor disagreed that they plan to leave the organisation within the next 2 years due to the number of changes that have taken place. Statement

C31 has a mean of 2.6 and a percentage of 40% of the respondents disagreed that due to the changes that were implemented, they have now become unhappy at work. Statement C31 has a mean of 2.6 and a percentage of 40% of the respondents disagreed that due to the changes that were implemented, they have now become unhappy at work and 32.4% of the respondents neither agree nor disagree with this statement. For statement C32, the mean value is 2.7. The percentage is 36% of the respondents disagreeing that the changes implemented have had a negative impact on the organisation. There are 32.8% of the respondents neither agreeing nor disagreeing with this statement.

There are high levels of disagreement relating to this sub-theme: 'organisational changes leading to poor employee retention'. This indicates that the organisational changes implemented do not have a major impact on the retention of employees in the organisation. Statements C22, C23, C24, C26 and C33 have means ranging between 3.1 to 3.3, indicating high levels of neutral scores, where the respondents neither agreed nor disagreed with these statements. The mean for statements C27 and C34 are 3.4 each, indicating that the respondents agreed more with these statements as the percentage for 'agree' is higher in these statements.

#### **4.6 RELIABILITY STATISTICS**

According to Keogh, Cox, Anderson, Liew, Olsen, Schram and Furness (2019:16), the two most important facets of precision are **reliability** and **validity**. Reliability is computed by taking numerous measurements on the same subjects. A reliability coefficient of 0.70 or higher is considered as 'acceptable' (Taber 2018:1291). The normal range of Alpha values was between 0.00 and + 1.00. Situations where higher values closer to +1 were found, it reflected a higher reliability and a higher degree of internal consistency. Reliability coefficients which were higher than 0.65 were customarily regarded as acceptable and values above 0.70 were regarded as more than adequate (Ruel, Wagner III and Gillespie, 2016:80). The results in Table 4.7 indicate that the reliability of the measuring tool was adequate as it was over 0.70.



#### 4.6.1 Cronbach's alpha score

The table below reflects the Cronbach's alpha score for all the items that constituted the questionnaire.

**TABLE 4.7: CRONBACH'S ALPHA SCORE FOR ALL THE ITEMS THAT CONSTITUTED THE QUESTIONNAIRE**

	Section	Number of Items	Cronbach's Alpha
B	Employee Retention	15	0.780
C	Organisational Change	13	0.786

The reliability scores for all sections surpass the recommended Cronbach's alpha value. This indicates a degree of acceptable and consistent scoring for these sections of the research. The reliability of the tool was found to be above 78% which bode very well for the accuracy of the research instrument and the integrity of the responses obtained. The reliability of the research instrument is considered acceptable if it obtains a result of >70. It can be concluded that there is internal consistency in the research instrument used to collect data for the study.

#### 4.6.2 Kaiser-Meyer-Olkin (KMO) and Bartlett's test

The table below reflects the Kaiser-Meyer-Olkin (KMO) and Bartlett's test score.

**TABLE 4.8: KAISER-MEYER-OLKIN (KMO) AND BARTLETT'S TEST**

	Section	Kaiser-Meyer-Olkin Measure of Sampling Adequacy	Bartlett's Test of Sphericity		
			Approx. Chi-Square	df	Sig.
B	Employee Retention	0.858	1724.280	105	0.000
C	Organisational Change	0.838	1422.155	78	0.000

The results demonstrated that values of sampling adequacy KMO are higher than the standard, indicating a good and reliable sample size (Zacarias 2017:46). The KMO measure of sampling adequacy value must be greater than 0.500 and the Bartlett's Test of Sphericity sig. value should be less than 0.05 (Danila, Horga, Coman, Coman and Stanescu 2017:764). All of the conditions are satisfied for the factor analysis.

The results showed that values of sampling adequacy KMO for organisational, technological and user-related determinants are higher than the standard, indicating a good and reliable sample size. Factor analysis is done only for the Likert scale items. Certain components divided into finer components. This is explained below in the rotated component matrix.

#### 4.6.3 Rotated component matrix

**TABLE 4.9: ROTATED COMPONENT MATRIX – SECTION B OF THE QUESTIONNAIRE**

Rotated Component Matrix <sup>a</sup>			
B	Component		
	1	2	3
I feel like I am part of the organisation	0.688	0.317	-0.170
I see a future for myself in the organisation	0.369	0.609	-0.277
I would recommend the organisation as a good place to work at	0.626	0.390	-0.217
The organisation shows care and concern for its employees	0.607	0.546	-0.182
Information is communicated well to employees in the organisation	0.406	0.620	-0.104
The organisation embraces suggestions and ideas of employees	0.229	0.805	-0.064
Employees are given the resources they require to do their jobs	0.373	0.615	-0.173
The organisation provides training and development opportunities for employees	0.738	0.080	-0.060
The remuneration and benefits offered by the organisation are better than other similar organisations	0.711	0.244	-0.130
The organisation offers good rewards and incentives	0.776	0.186	-0.042
I would actively search for job opportunities outside of the organisation within the next 2 years	-0.184	0.012	0.747
I would consider a job offer overseas due to remuneration offered	0.096	-0.269	0.803
I would seriously consider an offer if another organisation offered me a better job offer	-0.063	-0.185	0.809
I am not motivated to stay in the organisation due to my salary, I am motivated to stay due to the benefits I receive	-0.149	0.494	0.470

The allowances/incentives/rewards I receive encourage me to stay in the organisation	0.671	0.124	0.114
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Extraction Method: Principal Component Analysis.  
Rotation Method: Varimax with Kaiser Normalization.  
a. Rotation converged in 6 iterations.

**TABLE 4.10: ROTATED COMPONENT MATRIX – SECTION C OF THE QUESTIONNAIRE**

**Rotated Component Matrix<sup>a</sup>**

C	Component		
	1	2	3
Change is managed effectively in the organisation	0.418	0.515	-0.016
I am made aware of change implementation initiatives in the organisation	0.803	0.089	0.102
Employees are communicated in advance of changes that will be taking place in the organisation	0.816	0.058	0.042
I am given the opportunity to provide feedback on change initiatives	0.745	0.113	0.239
Changes that were implemented were beneficial, impacting positively on the organisation	0.625	0.533	-0.115
Roles and Responsibilities clearly defined during change implementation in the organisation	0.598	0.465	-0.216
The organisation provides training and development for employees in line with the changes implemented	0.660	0.242	-0.200
Communication is sent regularly regarding change implementation	0.670	0.279	-0.293
I plan to leave the organisation within the next 2 years due to the number of changes that has taken place	0.063	-0.156	0.762
Due to the changes that were implemented, I have now become unhappy at work	-0.081	-0.057	0.872
The changes implemented has had a negative impact on the organisation	-0.024	0.008	0.831
The changes implemented are effective and will make me stay in the organisation	0.188	0.845	-0.042
The changes implemented makes my work easier	0.080	0.874	-0.099

Extraction Method: Principal Component Analysis.  
Rotation Method: Varimax with Kaiser Normalization.  
a. Rotation converged in 5 iterations.

Factor analysis is a statistical technique whose key goal is data reduction (O’Leary 2017:377). According to Rumsey (2010:90), a typical use of factor analysis is in survey research, where a researcher wishes to represent a number of questions with a small number of hypothetical factors. With reference to the table above, the principle component analysis was utilised as the extraction method, and the rotation method was Varimax with Kaiser Normalization. This is an orthogonal rotation method that

reduces the number of variables that have high loadings on each factor. It simplifies the interpretation of the factors. Factor analysis/loading show inter-correlations between variables. Items of statements that are loaded similarly entail measurement along a similar factor. An assessment of the content of items loading at or above 0.5 (and using the higher or highest loading in instances where items cross-loaded at greater than this value) effectively measured along the various components. It is noted that the variables that constituted Sections B and C loaded along 3 components (sub-themes). This means that respondents identified different trends within the section. Within the section, the splits are colour coded into yellow, green and blue.

The themes in Section B are colour coded. Yellow highlights the theme of positiveness in the organisation leading to improved employee retention. The colour coded green theme highlights effective communication and management in the organisation and the colour coded blue theme is a consideration of job opportunities outside of the organisation leading to poor employee retention.

The themes in Section C are also colour coded. The colour code yellow highlights the theme 'implementation of organisational change initiatives'. The colour code green highlights the theme of 'effective change management in the organisation' and the colour code blue theme is organisational changes leading to poor employee retention.

#### **4.7 HYPOTHESIS TESTING**

Subsequent to the conclusion of the descriptive analysis of the research presentation on employee retention strategies in the context of organisational changes at a private healthcare provider, Durban, KZN, it was fundamental to test the relevant hypotheses pertaining to the empirical analysis. Park (2019:286) emphasises that hypothesis testing is one of the major techniques to test for significance using inferential statistics. It includes an analysis of some facet of the statements that generate a statistical value. O'Leary (2017:377) claims that the rationale of a hypothesis is to predict a relationship between variables that can be tested. In this research, the Pearson's Chi-Square and Spearman's Rank Order Correlation Co-efficient tests were performed for the various hypotheses formulated. According to Rumsey (2010:90), tests of significance are

performed when the researcher seeks to identify the degree to which the findings of the research can be generalised to the target population. To meaningfully test the significant relationship between variables, the researcher developed hypotheses for the research below:

#### 4.7.1 Hypothesis 1

H<sub>1</sub> There is no significant relationship between 'communication is sent regularly regarding change implementation' and 'information is communicated well to employees in the organisation'.

**Table 4.11: Communication is sent regularly regarding change implementation and information is communicated well to employees in the organisation (n=250)**

Chi-Square Tests statements 29 and 11	Value	df	Asymptotic Significance (2-sided)	Asymptotic Standard Error <sup>a</sup>	Approximate T <sup>b</sup>	Approximate Significance
Pearson Chi-Square	204.888	16	0.000			
Likelihood Ratio	140.985	16	0.000			
Linear-by-Linear Association	97.433	1	00.000			
N of Valid Cases	250					
Pearson's R	0.626			0.043	12.626	0.000
Spearman's Correlation	0.574			0.046	11.049	0.000

\*Pearson's chi-square = 204.888, df = 16, Cut-off parameter: Pearson's Significance ( $p < 0.05$ );  
Spearman ( $r_s$ ) = 0.574

According to Table 4.11, the Pearson test of association is depicted at 0.626, which indicates a large strength of association with a positive result. The latter is supported by the Spearman Correlation Co-efficient of 0.574, which indicates a strong

relationship. As depicted in Table 4.11, the test statistics show that there is a strong significant relationship between ‘*communication is sent regularly regarding change implementation*’ and ‘*information is communicated well to employees in the organisation*’. This indicates that communication is sent out regularly by management at the private healthcare provider regarding change implementation and information is well communicated to employees at the organisation. Therefore, the alternate hypothesis is accepted. Hirzel, Leyer and Moormann (2017: 1568) articulate that communication to employees must be open, structured and regular and this will promote organisational changes in a sustainable way.

#### 4.7.2 Hypothesis 2

H<sub>2</sub> There is a significant relationship between ‘the organisation provides training and development opportunities for employees’ and ‘employees feeling like they are part of the organisation’.

**Table 4.12: The organisation provides training and development opportunities for employees and employees feeling like they are part of the organisation (n=250)**

Chi-Square Tests statements 14 and 7	Value	df	Asymptotic Significance (2-sided)	Asymptotic Standard Error <sup>a</sup>	Approximate T <sup>b</sup>	Approximate Significance
Pearson Chi-Square	200.543	16	0.000			
Likelihood Ratio	82.197	16	0.000			
Linear-by-Linear Association	71.464	1	0.000			
N of Valid Cases	250					
Pearson's R	0.536			0.064	9.991	0.000
Spearman's Correlation	0.415			0.059	7.183	0.000

\*Pearson's chi-square = 200.543, df = 16, Cut-off parameter: Pearson's Significance ( $p < 0.05$ );  
Spearman ( $r_s$ ) = 0.415

According to Table 4.12, the Pearson test of association is depicted at 0.536, which indicates a large strength of association with a positive result. The latter is supported by the Spearman Correlation Co-efficient of 0.415, which indicates a strong relationship. As depicted in Table 4.12, the test statistics show that there is a strong significant positive relationship between '*the organisation provides training and development opportunities for employees*' and '*employees feeling like they are part of the organisation*'. This implies that the more the organisation provides training and development opportunities, the more likely the employees will feel like they are part of the organisation. Hence the alternate hypothesis is accepted. Russell, *et al.* (2017:11) cite that training and development has a positive impact on employee retention due to trained employees feeling like they are part of the organisation. As contextualised by Mutsuddi (2016:77), the skills development of employees ensures that they have a feeling of belonging to the organisation.

### 4.7.3 Hypothesis 3

H<sub>3</sub> There is no significant relationship between 'the organisation embraces suggestions and ideas of employees' and 'employees see a future for themselves in the organisation'.

**Table 4.13: The organisation embraces suggestions and ideas of employees and employees see a future for themselves in the organisation (n=250)**

Chi-Square Tests statements 12 and 8	Value	df	Asymptotic Significance (2-sided)	Asymptotic Standard Error <sup>a</sup>	Approximate T <sup>b</sup>	Approximate Significance
Pearson Chi-Square	203.729	16	0.000			
Likelihood Ratio	117.862	16	0.000			

Linear-by-Linear Association	65.665	1	0.000			
N of Valid Cases	250					
Pearson's R	0.514			0.061	9.425	0.000
Spearman's Correlation	0.468			0.057	8.329	0.000

\*Pearson's chi-square = 203.729, df = 16, Cut-off parameter: Pearson's Significance ( $p < 0.05$ );  
Spearman ( $r_s$ ) = 0.468

According to Table 4.13, the Pearson test of association is depicted at 0.514, which indicates a large strength of association with a positive result. The latter is supported by the Spearman Correlation Co-efficient of 0.468, which indicates a strong relationship. As depicted in Table 4.13, the test statistics show that there is a strong significant relationship between '*the organisation embraces suggestions and ideas of employees*' and '*employees see a future for themselves in the organisation*'. This denotes that the more the organisation embraces the suggestions and ideas of employees, the more likely employees will see a future for themselves in the organisation. This will improve employee retention at the private healthcare provider. Therefore, the alternate hypothesis is accepted. Mulholland (2017:para. 83 line 2-3) states that if the management of an organisation considers the input of employees, their ideas and suggestions and listens to employee feedback through feedback sessions, the more likely are employees to see a future for themselves in the organization. Starzyk, Sonnentag and Albrecht (2018:343) articulate that when employees communicate ideas and suggestions for change and work-related improvements and they see that the organisation embraces their ideas, it has a positive impact on employee retention in the organisation.

#### 4.7.4 Hypothesis 4

H<sub>4</sub> There is no significant relationship between 'employees are given the opportunity to provide feedback on change initiatives' and 'the organisation embraces suggestions and ideas of employees'.



**Table 4.14: Employees are given the opportunity to provide feedback on change initiatives and the organisation embraces suggestions and ideas of employees (n=250)**

Chi-Square Tests statements 25 and 12	Value	df	Asymptotic Significance (2-sided)	Asymptotic Standard Error <sup>a</sup>	Approximate T <sup>b</sup>	Approximate Significance
Pearson Chi-Square	150.381	16	0.000			
Likelihood Ratio	119.175	16	0.000			
Linear-by-Linear Association	67.968	1	0.000			
N of Valid Cases	250					
Pearson's R	0.522			0.052	9.649	0.000
Spearman's Correlation	0.485			0.056	8.723	0.000

\*Pearson's chi-square = 150.381, df = 16, Cut-off parameter: Pearson's Significance ( $p < 0.05$ );  
Spearman ( $r_s$ ) = 0.485

According to Table 4.14, the Pearson test of association is depicted at 0.522, which indicates a large strength of association with a positive result. The latter is supported by the Spearman Correlation Co-efficient of 0.485, which indicates a strong relationship. As depicted in Table 4.14, the test statistics show that there is a strong significant relationship between '*the employees are given the opportunity to provide feedback on change initiatives*' and '*the organisation embraces suggestions and ideas of employees*'. This implies that the more the organisation gives employees the opportunity to provide feedback on change initiatives; it will show that the organisation embraces the suggestions and ideas of employees. The null hypothesis is therefore rejected. Psychogios, Blakcori, Szamosi and O'Regan (2019:20) attest that interactions between management and employees through feedback on change initiatives illustrate that the organisation embraces ideas and suggestions from

employees. King, Ryan and Dyne (2019: 538) emphasize that leaders have the responsibility of listening to employee ideas and suggestions and taking them into consideration.

#### 4.7.5 Hypothesis 5

H<sub>5</sub> There is no significant relationship between 'employees are communicated in advance of changes that will be taking place in the organisation' and 'information is communicated well to employees in the organisation'.

**Table 4.15: Employees are communicated in advance of changes that will be taking place in the organisation and information is communicated well to employees in the organisation (n=250)**

Chi-Square Tests statements 24 and 11	Value	df	Asymptotic Significance (2-sided)	Asymptotic Standard Error <sup>a</sup>	Approximate T <sup>b</sup>	Approximate Significance
Pearson Chi-Square	135.991	16	0.000			
Likelihood Ratio	99.549	16	0.000			
Linear-by-Linear Association	52.523	1	0.000			
N of Valid Cases	250					
Pearson's R	0.459			0.058	8.142	0.000
Spearman's Correlation	0.433			0.059	7.555	0.000

\*Pearson's chi-square = 135.991, df = 16, Cut-off parameter: Pearson's Significance ( $p < 0.05$ );  
Spearman ( $r_s$ ) = 0.433

Table 4.15 reveals that the Pearson test of association is depicted at 0.459, which indicates a medium strength of association with a positive result, whilst the Spearman Correlation Co-efficient of 0.433 indicates a strong relationship. As depicted in Table 4.15, the test statistics show that there is a strong significant relationship between

*‘employees are communicated in advance of changes that will be taking place in the organisation’ and ‘information is communicated well to employees in the organisation’.* This implies that employees are communicated in advance of changes that will be taking place in the organisation and that the information is communicated well to employees. Therefore, the null hypothesis is rejected. Kaur (2017:169) pronounces that another factor that affects employee retention is communication. According to Kaur (2017:169), communication should be effective and done timeously.

#### 4.7.6 Hypothesis 6

H<sub>6</sub> There is no significant relationship between ‘communication is sent regularly regarding change implementation’ and ‘employees are communicated in advance of changes that will be taking place’.

**Table 4.16: Communication is sent regularly regarding change implementation and employees are communicated in advance of changes that will be taking place (n=250)**

Chi-Square Tests statements 29 and 24	Value	df	Asymptotic Significance (2-sided)	Asymptotic Standard Error <sup>a</sup>	Approximate T <sup>b</sup>	Approximate Significance
Pearson Chi-Square	130.658	16	0.000			
Likelihood Ratio	95.607	16	0.000			
Linear-by-Linear Association	59.898	1	0.000			
N of Valid Cases	250					
Pearson's R	0.490			0.054	8.863	0.000
Spearman's Correlation	0.455			0.054	8.045	0.000

\*Pearson's chi-square = 130.658, df = 16, Cut-off parameter: Pearson's Significance ( $p < 0.05$ ); Spearman ( $r_s$ ) = 0.455

According to Table 4.16, the Pearson test of association is depicted at 0.490, which indicates a medium strength of association with a positive result. The latter is supported by the Spearman Correlation Co-efficient of 0.455, which indicates a strong relationship. As depicted in Table 4.16, the test statistics show that there is a strong significant relationship between '*communication is sent regularly regarding change implementation*' and '*employees are communicated in advance of changes that will be taking place*'. This indicates that communication is sent out regularly regarding change implementation and employees are communicated in advance of changes that will be taking place at the private healthcare provider. This proves the alternate hypothesis. As enunciated by Prabhu (2016:19), communication is critical in an organisation and it also impacts on employee retention. Maxwell and Singh (2019:112) concur with Prabhu (2016:19) that communication with employees is vital and should take place timeously to resolve any issues in the organisation.

#### 4.7.7 Hypothesis 7

**The researcher aims to establish if organisational change impacts on employee retention at the selected healthcare provider.**

H7      There is no significant relationship between 'changes implemented are effective and will make employees stay in the organisation' and 'employees seeing a future for themselves in the organisation'.

**Table 4.17: Frequency for changes implemented are effective and will make employees stay in the organisation and employees seeing a future for themselves at the private healthcare provider (n=250)**

Chi-Square Tests statements 33 and 8	Value	df	Asymptotic Significance (2-sided)	Asymptotic Standard Error <sup>a</sup>	Approximate T <sup>b</sup>	Approximate Significance
Pearson Chi-Square	144.090	16	0.000			

Likelihood Ratio	84.399	16	0.000			
Linear-by-Linear Association	54.064	1	0.000			
N of Valid Cases	250					
Pearson's R	0.466			0.065	8.293	0.000
Spearman's Correlation	0.392			0.061	6.709	0.000

\*Pearson's chi-square = 144.090, df = 16, Cut-off parameter: Pearson's Significance ( $p < 0.05$ );  
Spearman ( $r_s$ ) = 0.392

Table 4.17 reveals that the Pearson test of association is depicted at 0.466, which indicates a medium strength of association with a positive result. The latter is supported by a Spearman Correlation Coefficient of 0.392, which is a moderate relationship. These results reveal that organisational change implemented effectively has an influence on employees seeing a future for themselves at the private healthcare provider, hence the alternate hypothesis is accepted. According to Vaishnavi, Suresh and Dutta (2019:1290), when organisational changes are implemented effectively through employee engagement, it will make employees stay in the organisation. Stelson, *et.al.* (2017:43) postulate that changes implemented will be successful in the healthcare environment if the changes improve service delivery.

#### 4.7.8 Hypothesis 8

**The researcher wants to establish if employees plan to leave the organisation within the next 2 years due to the number of changes that have taken place and if employees would actively search for job opportunities outside of the organisation within the next 2 years.**

H<sub>8</sub>      There is no significant relationship between employees planning to leave the organisation within the next 2 years due to the number of changes that have

taken place and employees would actively search for job opportunities outside of the organisation within the next 2 years.

**Table 4.18: Employees plan to leave the organisation within the next 2 years due to the number of changes that have taken place and if employees would actively search for job opportunities outside of the organisation within the next 2 years (n=250)**

Chi-Square Tests statements 30 and 17	Value	df	Asymptotic Significance (2-sided)	Asymptotic Standard Error <sup>a</sup>	Approximate T <sup>b</sup>	Approximate Significance
Pearson Chi-Square	63.516	16	0.000			
Likelihood Ratio	62.670	16	0.000			
Linear-by-Linear Association	23.546	1	0.000			
N of Valid Cases	250					
Pearson's R	0.308			0.068	5.089	0.000
Spearman's Correlation	0.303			0.062	5.015	0.000

\*Pearson's chi-square = 63.516, df = 16, Cut-off parameter: Pearson's Significance ( $p < 0.05$ ); Spearman ( $r_s$ ) = 0.303.

Table 4.18 reveals that the Pearson test of association is depicted at 0.308, which indicates a medium strength of association with a positive result, and the Spearman Correlation Co-efficient of 0.303 indicates a moderate relationship. As depicted in Table 4.18, the test statistics show that there is a significant relationship between *'employees planning to leave the organisation within the next 2 years due to the number of changes that have taken place'* and *'employees would actively search for job opportunities outside of the organisation within the next 2 years'*. Therefore, the alternate hypothesis is accepted. This indicates that the more organisational changes take place, the more likely employees would actively search for job opportunities outside of the private healthcare provider. As articulated by Xiang, *et.al.* (2018:290), in the healthcare sector, due to the number of organisational changes and poor

implementation of these changes, employees start to actively search for job opportunities outside the organisation. The results in Table 4.13 are supported by Aslam, *et.al.* (2016:584), who verify that although organisational changes improve the positioning of an organisation in the marketplace, it also leads to employee unhappiness and higher employee turnover.

#### 4.7.9 Hypothesis 9

**The researcher would like to establish if the changes implemented have had a negative impact on the organisation and if employees will actively search for job opportunities outside of the organisation within the next 2 years.**

H<sub>9</sub> There is no significant relationship between the changes implemented have had a negative impact on the organisation and employees actively searching for job opportunities outside of the organisation within the next 2 years.

**Table 4.19: The changes implemented have had a negative impact on the organisation and employees will actively search for job opportunities outside of the organisation within the next 2 years. (n=250)**

<b>Chi-Square Tests Statements 32 and 17</b>	<b>Value</b>	<b>df</b>	<b>Asymptotic Significance (2-sided)</b>	<b>Asymptotic Standard Error<sup>a</sup></b>	<b>Approximate T<sup>b</sup></b>	<b>Approximate Significance</b>
Pearson Chi-Square	79.159	16	0.000			
Likelihood Ratio	73.121	16	0.000			
Linear-by-Linear Association	34.116	1	0.000			
N of Valid Cases	250					
Pearson's R	0.370			0.061	6.275	0.000
Spearman Correlation	0.366			0.058	6.184	0.000

\*Pearson's chi-square = 79.159, df = 16, Cut-off parameter: Pearson's Significance ( $p < 0.05$ );  
Spearman ( $r_s$ ) = 0.366

According to Table 4.19, the Pearson test of association is depicted at 0.370, which indicates a medium strength of association with a positive result. The latter is supported by the Spearman Correlation Co-efficient of 0.366, which indicates a moderate relationship. This indicates that there is a significant relationship between *'the changes implemented have had a negative impact on the organisation'* and *'employees actively searching for job opportunities outside of the organisation within the next 2 years'*. This indicates that the organisational changes implemented have a negative impact on employees, resulting in them being more likely to actively search for job opportunities outside of the at the private healthcare provider. Hence the null hypothesis is rejected. The inferences in Table 4.19 is supported by Allen (2016:58), who indicates that there is a negative impact on employee retention in the healthcare sector due to the number of organisational changes that take place. According to Al-Haddad and Kotnour (2015:254), organisational changes implemented initially have a low success rate, making employees wanting to leave the organisation, which therefore has a negative impact on the organisation.

#### 4.7.10 Hypothesis 10

**The researcher aims to establish if the organisation provides training and development for employees in line with the changes implemented and as a result employees would see a future for themselves in the organisation.**

H<sub>10</sub> There is no significant relationship between the organisation provides training and development for employees in line with the changes implemented and employees seeing a future for themselves in the organisation.

**Table 4.20: The organisation provides training and development for employees in line with the changes implemented and as a result employees would see a future for themselves in the organisation (n=250)**



Chi-Square Tests statements 28 and 8	Value	df	Asymptotic Significance (2-sided)	Asymptotic Standard Error <sup>a</sup>	Approximate T <sup>b</sup>	Approximate Significance
Pearson Chi-Square	113.373	16	0.000			
Likelihood Ratio	76.526	16	0.000			
Linear-by-Linear Association	38.812	1	0.000			
N of Valid Cases	250					
Pearson's R	0.395			0.060	6.767	0.000
Spearman's Correlation	0.312			0.062	5.176	0.000

\*Pearson's chi-square = 113.373, df = 16, Cut-off parameter: Pearson's Significance ( $p < 0.05$ );  
Spearman ( $r_s$ ) = 0.312

Table 4.20 reveals that the Pearson test of association is depicted at 0.395, which indicates a medium strength of association with a positive result, whilst the Spearman Correlation Co-efficient of 0.312 indicates a moderate relationship. The results in Table 4.20 show that there is a significant relationship between '*the organisation provides training and development for employees in line with the changes implemented*' and '*employees seeing a future for themselves in the organisation*'. This specifies that the more the organisation provides training and development for employees in line with the changes implemented, the higher the likelihood of employees seeing a future for themselves in the organisation. The alternate hypothesis is therefore accepted. In research conducted by Vaishnavi, Suresh and Dutta (2019:1293), they indicated that training and development is required for employees to adapt to the organisational changes implemented. Maxwell and Singh (2019:110) further postulate that training and development provided by the organisation is a key factor for employee retention.

#### 4.7.11 Hypothesis 11

H<sub>11</sub> There is no significant relationship between ‘the organisation provides training and development opportunities for employees’ and ‘employees would recommend the organisation as a good place to work at’.

**Table 4.21: The organisation provides training and development opportunities for employees and employees would recommend the organisation as a good place to work at (n=250)**

Chi-Square Tests statements 14 and 9	Value	df	Asymptotic Significance (2-sided)	Asymptotic Standard Error <sup>a</sup>	Approximate T <sup>b</sup>	Approximate Significance
Pearson Chi-Square	208.702	16	0.000			
Likelihood Ratio	74.601	16	0.000			
Linear-by-Linear Association	54.578	1	0.000			
N of Valid Cases	250					
Pearson's R	0.468			0.068	8.344	0.000
Spearman's Correlation	0.341			0.062	5.717	0.000

\*Pearson's chi-square = 208.702, df = 16, Cut-off parameter: Pearson's Significance (p < 0.05);  
Spearman ( $r_s$ ) = 0.341

Table 4.21 reveals that the Pearson test of association is depicted at 0.468, which indicates a medium strength of association with a positive result, whilst the Spearman Correlation Co-efficient of 0.341 indicates a moderate relationship. As depicted in Table 4.21, the test statistics show that there is a significant relationship between ‘*the organisation provides training and development opportunities for employees*’ and ‘*employees would recommend the organisation as a good place to work at*’. This signifies that the more training and development opportunities are provided for employees, the more employees would recommend the organisation as a good place to work at. This proves the alternate hypothesis. Taderera, Hendricks and Pillay

(2016:11) advise that the more training and development the employees are subjected to, the more they feel part of the organisation and will recommend it as a good place to work at. Kaur (2017:167) contextualises that a method to retain employees will be through training and development and if there is good employee retention, the employees will in turn recommend the organisation as a good place to work.

#### 4.7.12 Hypothesis 12

H<sub>12</sub> There is no significant relationship between ‘the remuneration and benefits offered by the organisation are better than other similar organisations’ and ‘employees seeing a future for themselves in the organisation’.

**Table 4.22: The remuneration and benefits offered by the organisation are better than other similar organisations and employees seeing a future for themselves in the organisation (n=250)**

Chi-Square Tests statements 15 and 8	Value	df	Asymptotic Significance (2-sided)	Asymptotic Standard Error <sup>a</sup>	Approximate T <sup>b</sup>	Approximate Significance
Pearson Chi-Square	159.851	16	0.000			
Likelihood Ratio	87.076	16	0.000			
Linear-by-Linear Association	49.051	1	0.000			
N of Valid Cases	250					
Pearson's R	0.444			0.065	7.800	0.000
Spearman's Correlation	0.376			0.062	6.389	0.000

\*Pearson's chi-square = 159.851, df = 16, Cut-off parameter: Pearson's Significance ( $p < 0.05$ );  
Spearman ( $r_s$ ) = 0.376

According to Table 4.22, the Pearson test of association is depicted at 0.444, which indicates a medium strength of association with a positive result. The latter is supported by the Spearman Correlation Co-efficient of 0.376, which indicates a moderate relationship. As depicted in Table 4.22, the test statistics show that there is a significant relationship between *‘the remuneration and benefits offered by the organisation are better than other similar organisations’* and *‘employees seeing a future for themselves in the organisation’*. This is an indication that the better the remuneration and benefits offered by the organisation is, the higher the employee retention will be at the private healthcare provider. Therefore, the null hypothesis is rejected. Tawana, Barkhuizen and Du Plessis (2019:8) express that remuneration and benefits are an important inclination towards employees seeing a future for themselves in an organisation. Poor remuneration and benefits are the reasons for high employee turnover (Van de Klundert, *et al.* 2018:3).

#### 4.7.13 Hypothesis 13

H<sub>13</sub> There is no significant relationship between *‘the organisation embraces the suggestions and ideas of employees’* and *‘employees feel like they are part of the organisation’*.

**Table 4.23: The organisation embraces the suggestions and ideas of employees and employees feel like they are part of the organisation (n=250)**

Chi-Square Tests Statements 12 and 7	Value	df	Asymptotic Significance (2-sided)	Asymptotic Standard Error <sup>a</sup>	Approximate T <sup>b</sup>	Approximate Significance
Pearson Chi-Square	193.710	16	0.000			
Likelihood Ratio	82.800	16	0.000			
Linear-by-Linear Association	41.399	1	0.000			
N of Valid Cases	250					

Pearson's R	0.408			0.064	7.032	0.000
Spearman's Correlation	0.351			0.062	5.901	0.000

\*Pearson's chi-square = 193.710, df = 16, Cut-off parameter: Pearson's Significance ( $p < 0.05$ );

Spearman ( $r_s$ ) = 0.351

According to Table 4.23, the Pearson test of association is depicted at 0.408, which indicates a medium strength of association with a positive result. The latter is supported by the Spearman Correlation Co-efficient of 0.351, which indicates a moderate relationship. As depicted in Table 4.23, the test statistics show that there is a significant relationship between '*the organisation embraces suggestions and ideas of employees*' and '*employees feel like they are part of the organisation*'. This implies that the more the organisation embraces suggestions and ideas of employees, the more likely employees will feel like they are part of the organisation. The null hypothesis is therefore rejected. Maxwell and Singh (2019:109) states that if an organisation embraces employee ideas and suggestions, then employees will feel like they are part of the organisation.

#### 4.7.14 Hypothesis 14

**The researcher wants to establish if employees are made aware of change implementation initiatives in the organisation and if it makes employees feel part of the organisation at the selected private healthcare provider.**

H<sub>14</sub> There is no significant relationship between employees being made aware of change implementation initiatives in the organisation and employees feeling like they are part of the organisation.

**Table 4.24: Employees being made aware of change implementation initiatives in the organisation and employees feeling like they are part of the organisation (n=250)**

Chi-Square Tests statements 23 and 7	Value	df	Asymptotic Significance (2-sided)	Asymptotic Standard Error <sup>a</sup>	Approximate T <sup>b</sup>	Approximate Significance
Pearson Chi-Square	127.825	16	0.000			
Likelihood Ratio	78.029	16	0.000			
Linear-by-Linear Association	34.996	1	0.000			
N of Valid Cases	250					
Pearson's R	0.375			0.070	6.368	0.000
Spearman's Correlation	0.304			0.066	5.020	0.000

\*Pearson's chi-square = 127.825, df = 16, Cut-off parameter: Pearson's Significance ( $p < 0.05$ );  
Spearman ( $r_s$ ) = 0.304.

According to Table 4.24, the Pearson test of association is depicted at 0.375, which indicates a medium strength of association with a positive result. Moreover, the Spearman Correlation Co-efficient of 0.304 indicates a moderate relationship between *'employees being made aware of change implementation initiatives in the organisation'* and them *'feeling like they are part of the organisation'* at the private healthcare provider. Therefore, the null hypothesis is rejected. The findings shown in Table 4.24 are supported by the study of Teixeira, Gregory and Austin (2017:202), which states that if an organisation empowers its employees by sharing with them the organisation's vision and change implementation strategies, then employees will feel part of the organisation. Aslam, *et.al.* (2016:580) advise that building trust and having engagement with employees on changes makes employees feel like they are part of the organisation.

#### 4.7.15 Hypothesis 15

H<sub>15</sub> There is no significant relationship between ‘the organisation offers good rewards and incentives’ and ‘employees seeing a future for themselves in the organisation’.

**Table 4.25: The organisation offers good rewards and incentives and employees seeing a future for themselves in the organisation (n=250)**

Chi-Square Tests statements 16 and 8	Value	df	Asymptotic Significance (2-sided)	Asymptotic Standard Error <sup>a</sup>	Approximate T <sup>b</sup>	Approximate Significance
Pearson Chi-Square	105.966	16	0.000			
Likelihood Ratio	69.651	16	0.000			
Linear-by-Linear Association	30.115	1	0.000			
N of Valid Cases	250					
Pearson's R	0.348			0.075	5.841	0.000
Spearman's Correlation	0.305			0.070	5.052	0.000

\*Pearson's chi-square = 105.966, df = 16, Cut-off parameter: Pearson's Significance ( $p < 0.05$ );  
Spearman ( $r_s$ ) = 0.305

According to Table 4.25, the Pearson test of association is depicted at 0.348, which indicates a medium strength of association with a positive result. The latter is supported by the Spearman Correlation Co-efficient of 0.305, which indicates a moderate relationship. As depicted in Table 4.23, the test statistics show that there is a moderate significant relationship between ‘*the organisation offers good rewards and incentives*’ and ‘*employees seeing a future for themselves in the organisation*’. This implies that the better the rewards and incentives offered by the private healthcare provider, the more employees will see a future for themselves in the organisation. The

alternate hypothesis is therefore accepted. As asserted by Sithole and Pwaka (2019:51) and concurring with Joubert, Madau and Grobler (2017:314), the introduction of rewards and incentives in an organisation has a positive impact on employee retention. Mutsuddi (2016:77) postulates that rewards and incentives will ensure that employees in the healthcare sector are satisfied with their jobs and this will make them want to stay in the organisation.

#### 4.7.16 Hypothesis 16

The researcher would like to know if the organisation provides training and development for employees in line with the changes implemented and if the employees feel that the organisation shows care and concern for its employees by providing training and development.

H<sub>16</sub> There is no significant relationship between 'the organisation provides training and development for employees in line with the changes implemented' and 'the organisation shows care and concern for its employees'.

**Table 4.26: The organisation provides training and development for employees in line with the changes implemented and the organisation shows care and concern for its employees (n=250)**

Chi-Square Tests statements 28 and 10	Value	df	Asymptotic Significance (2-sided)	Asymptotic Standard Error <sup>a</sup>	Approximate T <sup>b</sup>	Approximate Significance
Pearson Chi-Square	78.846	16	0.000			
Likelihood Ratio	57.520	16	0.000			
Linear-by-Linear Association	33.712	1	0.000			
N of Valid Cases	250					



Pearson's R	0.368			0.065	6.232	0.000
Spearman's Correlation	0.334			0.062	5.588	0.000

\*Pearson's chi-square = 78.846, df = 16, Cut-off parameter: Pearson's Significance ( $p < 0.05$ );  
Spearman ( $r_s$ ) = 0.312

According to Table 4.26, the Pearson test of association is depicted at 0.368, which indicates a medium strength of association with a positive result. The latter is supported by the Spearman Correlation Co-efficient of 0.334, which indicates a moderate relationship. As depicted in Table 4.26, the test statistics show that there is a significant relationship between '*the organisation provides training and development for employees in line with the changes implemented*' and '*the organisation shows care and concern for its employees*'. This defines that the more the organisation provides training and development for employees in line with the changes implemented, the more the employees would feel that the organisation is showing care and concern for them. Hence, the null hypothesis is rejected. According to studies by Mburu and George (2017:5), a lack of training and development in an organisation, where there are many organisational changes, shows a lack of concern for employees, leading to poor employee retention. As asserted by Mutsuddi (2016:77), implementing strategies like training and development will lead to the organisation showing care and concern for its employees.

#### 4.8 CHAPTER SUMMARY

This chapter presented an analysis of data collected through questionnaires (Annexure A) administered to 260 sample respondents. A total of 250 questionnaires were completed and data analysed. A detailed discussion of the findings from the analysis of responses was presented.

The numerous results were graphically depicted in tabular and statistical formats. The statistical results were presented in the form of tables and graphs, from which the researcher has presented a detailed description. The researcher also presented

information showing relationships between variables of the questionnaire, both ordinal and nominal data.

The findings by the researcher arising from the empirical analysis have been contextualised within the broader framework of the study. These findings are consistent with the literature and the problem statement. The results have identified relationships and differences between the variables.

Thus, it is content that since this was an in-house investigation at the private healthcare provider, the results can be generalised to all employees since they all formed part of the target population in this study. However, caution should be expressed as the findings only focused on two variables, namely employee retention and organisational change.

The next chapter presents the conclusions and recommendations of the study as a result of the analysis of data. It also gives direction for further research.

## **CHAPTER FIVE**

### **CONCLUSIONS AND RECOMMENDATIONS**

#### **5.1 INTRODUCTION**

The aim of this study was to explore employee retention strategies in the context of organisational change at a private healthcare provider. This study has provided sufficient evidence that organisational changes impacts on employee retention at the private healthcare provider. This chapter synthesises the entire research study by drawing conclusions based on the study objectives, linked to the relevant literature, as well as by making recommendations to the private healthcare provider. The chapter concludes with suggestions for further research.

The conclusion and recommendations presented in this chapter are the outcomes of the findings and the evaluations of the empirical analysis and results. A quantitative research design was selected for this study. The conclusions are drawn in line with the research objectives and in an effort to answer the study's research questions. A private healthcare provider in Durban, KZN, was used as a case study for the investigation. A pre-coded closed-ended questionnaire (Annexure B), using the 5-point Likert Scale, was administered to the target population through a personal method of data collection to the selected sample respondents. The target population was 500 employees and the sample size equated to  $n = 260$ . In total, 260 questionnaires were distributed to the sample respondents and 255 questionnaires were returned, but 5 had to be discarded due to incomplete information. The response rate of completed surveys received was 96%. There were three sections in the pre-coded questionnaire, namely the first section on biographical data; the second section on employee retention; and the third section on change management.

A statistician's services were employed to conduct the statistical analysis, including the formulated hypotheses. The data obtained from the surveys was captured to form a dataset and thereafter statistically tested using the more robust tools of parametric tests with the aid of the SPSS version 26 for Windows. It should be noted that the

completed dissertation was language edited by a competent Language Editor. More importantly, after the dissertation was completed, the researcher conducted a TURNITIN exercise for any form of plagiarism. The similarity index was 15%.

There were considerable findings arising from the empirical analysis of the data. The findings present significant guidelines for the management of the private healthcare provider on how to improve upon their employee retention strategies to ensure that employees remain with the organization.

## **5.2 CONCLUSIONS ON THE STUDY OBJECTIVES**

The main aim of the study was to explore employee retention strategies in the context of organisational change at a selected private healthcare provider in Durban, KZN. Given the robustness of the data collected, the empirical analysis undertaken under the sections and sub-themes of the questionnaire was rigorous. The nature of the data analysed in this research was in ordinal form. This negated the application of the more commanding parametric testing under the domain of inferential statistics. A variety of robust non-parametric tests were also used for the numerous hypotheses. Numerous significant findings materialised from the comprehensive empirical analysis of the data. Furthermore, these findings were also corroborated by other researchers and authors who conducted analogous studies and their conclusions were contextualised for the results of the current study. However, the researcher articulates caution as these findings may not be generalised to other private hospital groups in the private healthcare sector as it was a study based on only one private healthcare provider, pertaining to one specific hospital and situational factors may differ in each private healthcare group.

The literature highlighted that in the healthcare sector, there is enormous amounts of pressure to implement organisational changes in order to remain current, sustainable and successful. The literature also confirms that employee retention strategies, when effectively implemented, ensure that employees are motivated and this makes them want to remain employed with the organisation for a longer period of time, which will

have a positive impact of service delivery. The objectives of the study was achieved accordingly.

### **5.2.1 Objective One**

The first objective of this study was to investigate the impact of employee retention strategies for a selected private healthcare provider. The results presented in chapter four revealed that employee retention at the private healthcare provider is a concern. It revealed that although 62.8% of the respondents agreed that they feel like they are part of the organisation, 80.8% of the respondents in the study indicated that they would seriously consider an offer if another organisation offered them a better job. Further to this, 50.4% of the respondents indicated that they would actively search for job opportunities outside the organisation, with 72.8% of the respondents in the study disclosing that they would consider a job offer overseas due to remuneration. The study also showed that employee retention strategies are fundamental in the effectiveness of retaining employees in the organisation. Other employee retention strategies investigated at the private healthcare provider addressed in chapter four are employee retention strategy implementation, embracing employee feedback, suggestions and ideas, valuing human capital, communication around organisational change, and remuneration/ compensation and benefits, allowances, incentives and rewards, management support.

There was significant empirical evidence suggesting that the organisation does not embrace suggestions and ideas from employees. A notable 28.4% of the respondents were in disagreement that the organisation embraces the suggestions and ideas from employees, whilst a high number of 42.4% of the respondents chose to remain neutral of this factor. When asked if respondents are given the opportunity to provide feedback on organisational change initiatives, 37.6% of the respondents indicated that they were not given this opportunity of providing feedback, whilst 34% chose to remain neutral on this aspect.

### **5.2.2 Objective Two**

The study's second objective was to identify if employee retention strategies influence employee retention positively at the selected private healthcare provider. Employee retention strategies improves employees' job satisfaction and if job satisfaction is improved, then it will have a positive impact on the service delivery of the organisation. Fuchs (2016:8) postulates that employee retention and service delivery are key factors for any organisation. Effectively implemented employee retention strategies improve employee job satisfaction, hence resulting in improved work performance and service delivery. There was sufficient empirical evidence to support that human capital at the private healthcare provider is valued. The findings revealed that 78.4% of the respondents of the private healthcare provider believe that they feel part of the organisation and 53.6% felt that the organisation showed care and concern for them. This is further compounded by 66.8% of the respondents indicating that they will recommend the organisation as a good place to work.

### **5.2.3 Objective Three**

The third objective of this study was to establish if organisational change impacts on employee retention at the private healthcare provider. The results in chapter four indicate an important finding in this study, that a significant relationship between employee retention and organisational change. Currently, organisational changes made in the organisation take place in phases, where a few hospitals will receive the roll-out through the different phase approach. There is a lot of hype initially when the changes are rolled out in the hospitals as part of the preliminary phases, but when the changes are rolled out in the hospitals that are part of the latter phase, the change management process becomes inconsequential, thereby lacking support of the change roll-out. According to Mullins and Christy (2016:537), successful organisations are measured on their ability to effectively implement organisational changes with the involvement of employees in the organisation. It is therefore imperative that management at the private healthcare provider encourages, cultivates and maintains an effective implementation of organisational changes with the involvement of employees, embracing the feedback and suggestions of

employees to these organisational changes. This study also supports that training and development be conducted with organisational changes that are implemented.

#### **5.2.4 Objective Four**

The final objective of this study was to propose strategies to the private healthcare provider to accelerate employee retention in order to meet the organisational changes imposed by the private healthcare provider. The findings of this study agree with the assertions of authors in the literature review. Chapter four, all of which support the achievement of this objective and the study in its entirety.

In this context, the following section makes some recommendations to the private healthcare provider.

### **5.3 RECOMMENDATIONS**

Arising from the empirical data analysis, the following recommendations are suggested in order to guide the management of the private healthcare provider to develop strategies, improve on present policies on employee retention and resolve problems in order to retain employees in the organisation. The employees at the private healthcare provider should be kept constantly motivated to remain in the employ of the organisation. If employees are motivated to stay employed in the organisation, then this may lead to additional benefits for the organisation, like the retention of a skilled workforce and saving on recruitment costs, as well as leading to improving its success in the private healthcare sector.

#### **5.3.1 Employee Retention Strategy Implementation**

It is recommended that the management at the Private Healthcare Provider should implement employee retention strategies to motivate employees to remain employed in the organisation. Goh, Ang and Della (2018:205) postulate that good employee retention results in better quality patient care as the organisation would be operating with a skilled workforce to achieve organisational goals. As articulated by Dhanpat, *et al.* (2019:58), organisations need to adopt employee retention strategies that will

ensure career development, motivate and create job satisfaction for employees. Some employee retention strategies that the organisation could look at are career and talent development, which is growing and promoting employees from within the company into management positions in order to retain scarce skills. It is suggested that top management monitor job benchmarking since this may help to resolve respondents' worries about remuneration that is market-related. Top management should look at implementing total remuneration management, which might help the private healthcare provider retain scarce skills by emphasizing the value of human capital and promoting the private healthcare provider as an employer of choice.

### **5.3.2 Training and Development**

This study supports that training and development be conducted with organisational changes that are implemented. However, it is recommended that for the training programs that are rolled out, there should be continuity and follow-up refresher training sessions held. Tawana, Barkhuizen and Du Plessis (2019:3) emphasizes that training and development has a positive relationship on employee retention and will decrease turnover. It is also recommended that management at the private healthcare provider consider training and development programs to be facilitated through webinars and virtual training platforms during the current COVID-19 pandemic period. Training methods should also include user-friendly videos.

### **5.3.3 Communication regarding the Implementation of Organisational Change**

The results of this study revealed that the communication within the organisation regarding the implementation of organisational change was good. A small percentage of employees felt dissatisfied that communication by management did not take place in advance for the changes that were to have been implemented in the organisation. It appears that employees may have felt that communication had been inadequate due to them not having the opportunity to provide feedback on the changes being implemented by the organisation. Vaishnavi, Suresh and Dutta (2019:1291) enunciate that communication by management in an organisation is seen to be a significant factor to obtain employees' support with organisational changes, thus leading to



employee retention. As postulated by Hockenberry (2019:20), employees are much more likely to accept the changes implemented by the organisation if they communicated about the changes in advance and advised on the reasons as to why the changes need to happen. It is recommended that management at the Private Healthcare Provider plans and implements a Communication Strategy that will improve communication and allow employees to be heard. Perhaps management could look at having two-way communication sessions through 'employee listening forums', thereby giving employees an opportunity to provide their input regarding change implementation. With the vast movement of technology, the Private Healthcare Provider should consider coming up with a cellphone APP for communication to employees and also to use the APP for employee engagement. When employees feel heard, there is better buy-in from them towards the organisational changes implemented.

#### **5.3.4 Remuneration/ Compensation and Benefits**

This study divulged that there was a general sentiment of unhappiness with regard to remuneration/compensation and benefits amongst employees at the private healthcare provider. The statistics of the research shows that the better the remuneration paid by the organisation, the better the employee retention. The fact that employees are leaving the organisation due to remuneration indicates that remuneration at the private healthcare provider is not market-related. It appears that better remuneration packages are being offered in the market/ industry. According to Bussin and Brigman (2019:7), the remuneration preferences of employees should be understood by the organisation they are employed at because it is particularly important to retain skilled employees, as the costs associated with replacing skills far outweighs the costs of retaining employees. It is recommended that the organisation conduct salary surveys in the Healthcare sector and aligns the organisation's remuneration packages to the industry. As articulated by Bacon and Stewart (2019:578), salary surveys are part of a market research study that tracks compensation changes in a sector on an annual basis and seeks to identify factors that influence how employees are paid in that sector. Senior management of the

private healthcare provider group should design remuneration packages that fulfill their employees' expectations in that it is fair and equitable. Better remuneration packages offered at the private healthcare provider will increase the attractiveness of working at the organisation, thereby ensuring higher employee retention.

### **5.3.5 Allowances, Incentives and Rewards**

An important finding in this study shows that there is a relationship between the allowances/incentives/rewards employees receive that encourage them to stay in the organisation and employees seeing a future for themselves in the organisation. This indicates that more attractive allowances, incentives and rewards offered by the private healthcare provider will motivate employees to remain in employment at the organisation. As cited by Mutsuddi (2016:77), by implementing rewards and incentives for employees, organisations will motivate them stay employed in the organisation. It is recommended that the private healthcare provider look into budgeting and implementing a rewards and incentive program for all employees, linked to achieving organisational targets.

### **5.3.6 Management support through Embracing Feedback, Suggestions and Ideas of Employees**

It is evident from this study that a notable number of employees believe that the organisation does not embrace the suggestions and ideas of employees. As acknowledged by Felstead, Gallie, Green and Henseke (2020:910), who concur with Erlingsdottir *et al.* (2018:78), organisations that embrace ideas and suggestions from employees through employee engagement show management support and greater employee involvement, which is strongly associated with increased productivity. It is therefore recommended that the management of the private healthcare provider has employee engagement sessions, like 'employee listening forums', to embrace the suggestions and ideas of employees. It will be a futile exercise if these sessions are held and the feedback received not put into action. In order to get employees to feel that they are being heard and supported, management should support the employees' ideas that are beneficial for the improvement of the organisation and implement those

ideas. Management could look at incentivising employees for their ideas that are implemented. This will motivate employees, make them feel like they are part of the organisation and this sense of fulfilment will encourage employee retention in the organisation.

#### **5.4 LIMITATIONS OF THIS STUDY**

The research undertaken had limitations, namely:

- Five questionnaires were discarded as they were incomplete and could not be used for the overall empirical analysis of the data.
- There was no current literature that focused specifically on employee retention strategies in the context of organisational change in the Healthcare sector in KZN.
- In KZN, there are several private healthcare hospital groups, but this study was only conducted in one of the private hospital group, thus restricting the generalisation of results to other private hospital groups in the sector. The fact that the research was conducted in only one hospital group implies that it may not construct the same outcomes if it was carried out in other hospital groups.

#### **5.5 SUGGESTIONS FOR FUTURE RESEARCH**

The research undertaken highlighted insights into employee retention strategies in the context of organisational changes at a private healthcare provider in Durban, KZN. There is potential for this research to add value to the private healthcare sector in South Africa by providing recommendations and guidelines to increase employee retention. Future research conducted in other private healthcare provider groups in South Africa could provide new developing perspectives. It is suggested that a mixed methods approach be utilised for future research, i.e. both quantitative and qualitative research prototypes. The qualitative research could comprise an interview schedule

to solicit responses from stakeholders by way of individual or focus group interviews in the private healthcare provider concerned. Following that, the quantitative data might be subject to high-powered parametric tests to produce scientific and reliable empirical results for the hypotheses under consideration.

## **5.6 CONTRIBUTION OF THE STUDY**

Academically, this study has addressed a gap in extant literature on employee retention strategies in the context of organisational change. There were no previous studies conducted of this exact nature. Therefore, this study is pioneering in the field. In Practice, this study has initiated research on a neglected area at the private healthcare provider, as there vast amounts of pressure to implement organisational changes in order to remain current, sustainable and successful whilst retaining employees.

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Cell: 083 3067 052  
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Dear Participant

**ASSISTANCE: QUESTIONNAIRE COMPLETION**

I am a registered student at the Durban University of Technology in the Department of Human Resources Management. I am currently pursuing the Master's Degree in Human Resources Management in the Faculty of Management Sciences. My topic is titled: **Employee Retention Strategies in the context of Organisational Change at a selected Private Healthcare Provider in Durban, Kwa-Zulu Natal**. The focus of the study is on the Private Healthcare Sector. In order to successfully complete my research, it involves the completion of a structured close ended questionnaire. You have been identified as one of the respondents that formed the sample for this study.

I would really appreciate if you could please complete the attached questionnaire and return it to me by the 1<sup>st</sup> August 2019. The researcher will make arrangements to personally collect the questionnaire. The questionnaire will take about 20 minutes to complete and only requires you to cross the relevant pre-coded response in an objective manner. Your participation is voluntary and you are at liberty to withdraw from answering this questionnaire at any time. Please be rest assured that your responses will be treated with utmost confidentiality and no names will be divulged to any third party. The gathered responses will be only used for statistical analysis. A brief summary of the main findings will be made available to you on completion of the project.

Your co-operation in assisting me with this significant component of my study is highly appreciated and I look forward to a return of the completed questionnaire. Please answer all the questions and do not leave any question or Likert scale statement blank. I have included a brief explanation of the key terminology relating to the concepts below to assist you when completing the questionnaire. If there are any queries, please do not hesitate to contact me at the above email address or via my cell phone. I take this opportunity to once again thank you for your kind assistance in completing this questionnaire in an informed and objective manner.

Sincerely

Asthera Kisten

---

Mrs Asthera Kisten  
Cell: 083 306 7052

**Dr. M. Lourens**

---

Supervisor: Dr. M. Lourens  
Contact Details: 083 553 8640

**SECTION A: DEMOGRAPHICS**

**Note:** For this study, the organisation refers to the Private Hospital that you are employed at and all its staff members, unless otherwise stated.

**INSTRUCTIONS TO RESPONDENTS:**

1. Please answer ALL questions to allow for effective analysis.
2. All questions use a 5 point Likert Scale (Except section A, Demographics). Please give only one answer per statement.
3. Please answer each question by placing an X within the appropriate box alongside each statement.
4. Please DO NOT leave any question blank.

**General information**

1. Please indicate your role in the organisation:

1.1	Management	1
1.2	Non-management	2

2. Please indicate which ONE of the following is applicable to you:

2.1	Nursing staff	1
2.2	Non- nursing staff	2

3. Please indicate your gender:

3.1	Male	1
3.2	Female	2

4. Please indicate your race group:

4.1	African	1
4.2	Coloured	2
4.3	Indian	3
4.4	White	4

5. Please indicate your age group:

4.1	20-25 years	1
4.2	26-30 years	2
4.3	31-35 years	3
4.4	36-40 years	4
4.5	41-50 years	5
4.6	> 51 years	6

6. For how long have you been employed at this organisation?

5.1	1-5 years	1
5.2	6-10 years	2
5.3	11-15 years	3
5.4	16-20 years	4
5.5	21-25 years	5
5.6	>26 years	6

PTO/...3

## SECTION B: EMPLOYEE RETENTION

As published by BusinessDictionary.com (2017: para 1 line number 1) employee retention is the point to which the current employees of an organisation remain employed with the company over a period of time.

### INSTRUCTIONS TO RESPONDENTS:

1. Please answer ALL questions to allow for effective analysis.
2. All questions use a 5 point Likert Scale (Except section A, Demographics). Please give only one answer per statement.
3. Please answer each question by placing an X within the appropriate box alongside each statement that best describes how you feel.
4. Please DO NOT leave any question blank.

**KEY:** SD = Strongly Disagree; D = Disagree; N = Neutral; A = Agree; SA = Strongly Agree

		SD	D	N	A	SA
7.	I feel like I am part of the organisation	1	2	3	4	5
8.	I see a future for myself in the organisation	1	2	3	4	5
9.	I would recommend the organisation as a good place to work at	1	2	3	4	5
10.	The organisation shows care and concern for its employees	1	2	3	4	5
11.	Information is communicated well to employees in the organisation	1	2	3	4	5
12.	The organisation embraces suggestions and ideas of employees	1	2	3	4	5
13.	Employees are given the resources they require to do their jobs	1	2	3	4	5
14.	The organisation provides training and development opportunities for employees	1	2	3	4	5
15.	The remuneration and benefits offered by the organisation are better than other similar organisations	1	2	3	4	5
16.	The organisation offers good rewards and incentives	1	2	3	4	5
17.	I would actively search for job opportunities outside of the organisation within the next 2 years	1	2	3	4	5
18.	I would consider a job offer overseas due to remuneration offered	1	2	3	4	5
19.	I would seriously consider an offer if another organisation offered me a better job offer	1	2	3	4	5
20.	I am not motivated to stay in the organisation due to my salary, I am motivated to stay due to the benefits I receive	1	2	3	4	5
21.	The allowances/incentives/rewards I receive encourage me to stay in the organisation	1	2	3	4	5

PTO/...4



## SECTION C: ORGANISATIONAL CHANGE

“Change is an inevitable and constant feature. It is an inescapable part of both social and organisational life and we are all subject to continual change of one form or another. Organisational change can be initiated deliberately by managers, it can evolve slowly within a department, it can be imposed by specific changes in policy or procedures or it can arise through external pressures. Change can affect all aspects of the operation and functioning of the organisation.” Mullins and Christy (2010: 751)

### INSTRUCTIONS TO RESPONDENTS:

1. Please answer ALL questions to allow for effective analysis.
2. All questions use a 5 point Likert Scale (Except section A, Demographics). Please give only one answer per statement.
3. Please answer each question by placing an X within the appropriate box alongside each statement.
4. Please DO NOT leave any question blank.

**KEY:** SD = Strongly Disagree; D = Disagree; N = Neutral; A = Agree; SA = Strongly Agree

		SD	D	N	A	SA
22.	Change is managed effectively in the organisation	1	2	3	4	5
23.	I am made aware of change implementation initiatives in the organisation	1	2	3	4	5
24.	Employees are communicated in advance of changes that will be taking place in the organisation	1	2	3	4	5
25.	I am given the opportunity to provide feedback on change initiatives	1	2	3	4	5
26.	Changes that were implemented were beneficial, impacting positively on the organisation	1	2	3	4	5
27.	Roles and Responsibilities clearly defined during change implementation in the organisation	1	2	3	4	5
28.	The organisation provides training and development for employees in line with the changes implemented	1	2	3	4	5
29.	Communication is sent regularly regarding change implementation	1	2	3	4	5
30.	I plan to leave the organisation within the next 2 years due to the number of changes that has taken place	1	2	3	4	5
31.	Due to the changes that were implemented, I have now become unhappy at work	1	2	3	4	5
32.	The changes implemented has had a negative impact on the organisation	1	2	3	4	5
33.	The changes implemented are effective and will make me stay in the organisation	1	2	3	4	5
34.	The changes implemented makes my work easier	1	2	3	4	5

**THANK YOU FOR TAKING YOUR CO-OPERATION**

**RESEARCH OPERATIONS COMMITTEE FINAL APPROVAL OF  
RESEARCH**

Approval number: UNIV-2019-0007

Ms Asthera Kisten

E mail: Asthera.Kisten@netcare.co.za

Dear Ms Kisten

**RE: EMPLOYEE RETENTION STRATEGIES IN THE CONTEXT OF ORGANISATIONAL  
CHANGE AT A SELECTED PRIVATE HEALTHCARE PROVIDER IN DURBAN,  
KWAZULU NATAL**

The above-mentioned research was reviewed by the Research Operations Committee's delegated members and it is with pleasure that we inform you that your application to conduct this research at Private Hospitals, has been approved, subject to the following:

- i) Research may now commence with this FINAL APPROVAL from the Committee.
- ii) All information regarding the Company will be treated as legally privileged and confidential.
- iii) The Company's name will not be mentioned without written consent from the Committee.
- iv) All legal requirements with regards to participants' rights and confidentiality will be complied with.
- v) All data extracted may only be used in an anonymised, aggregated format and for the purposes of this specific study as specified in the proposal. The data may under no circumstances be used for any other purpose whatsoever.
- vi) The Company must be furnished with a STATUS REPORT on the progress of the study at least annually on 30th September irrespective of the date of approval from the Committee as well as a FINAL REPORT with reference to intention to publish and probable journals for publication, on completion of the study.
- vii) A copy of the research report will be provided to the Committee once it is finally approved by the relevant primary party or tertiary institution, or once complete or if discontinued for any reason whatsoever prior to the expected completion date..

- viii) The Company has the right to implement any recommendations from the research.
- ix) The Company reserves the right to withdraw the approval for research at any time during the process, should the research prove to be detrimental to the subjects/ Company or should the researcher not comply with the conditions of approval.
- x) APPROVAL IS VALID FOR A PERIOD OF 36 MONTHS FROM DATE OF THIS LETTER OR COMPLETION OR DISCONTINUATION OF THE STUDY, WHICHEVER IS THE FIRST.

We wish you success in your research.

Yours faithfully

Prof Dion ~~du Plessis~~

Full member: Research Operations Committee & Medical Practitioner evaluating research applications as per Management and Governance Policy

Shannon Nell

Chairperson: Research Operations Committee

Date: 20/4/2019

This letter has been anonymised to ensure confidentiality in the research report. The original letter is available with author of research



**MANAGEMENT SCIENCES: FACULTY RESEARCH ETHICS COMMITTEE (FREC)**

07 November 2018

Student No: **20101823**

FREC REF: /18FREC

Dear **Mrs. A Kisten**

**MManSci: Human Resources Management**

**TITLE: Employee Retention Strategies in the context of Organisational Change at a selected Private Healthcare provider in Durban, Kwa-Zulu Natal.**

Please be advised that the FREC Committee has reviewed your proposal and the following decision was made: **Ethical Level 2**

**Date of FRC Approval: 10 October 2018**

Approval has been granted for a period of two years from the above FRC date, after which you are required to apply for safety monitoring and annual recertification. Please use the form located at the Faculty. This form must be submitted to the FREC at least 3 months before the ethics approval for the study expires.

Any adverse events [serious or minor] which occur in connection with this study and/or which may alter its ethical consideration must be reported to the FREC according to the FREC SOP's.

Please note that ANY amendments in the approved proposal require the approval of the FREC as outlined in the FREC SOP's.

Yours Sincerely

---

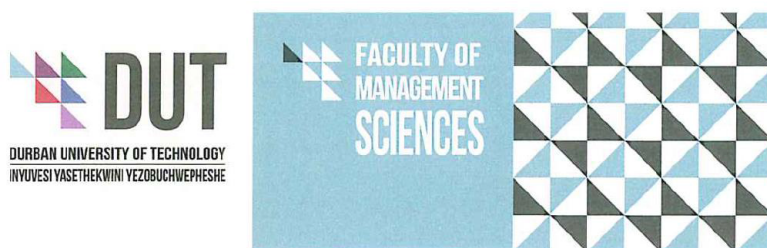
Prof JP Govender  
Deputy Chairperson: FREC

Annexure E

**SEKARAN AND BOUGIE'S LIST FOR SELECTING A SAMPLE SIZE FROM A GIVEN POPULATION SIZE**

N	S	N	S	N	S
10	10	220	140	1 200	291
15	14	230	144	1 300	297
20	19	240	148	1 400	302
25	24	250	152	1 500	306
30	28	260	155	1 600	310
35	32	270	159	1 700	313
40	36	280	162	1 800	317
45	40	290	165	1 900	320
50	44	300	175	2 000	322
55	48	320	181	2 200	327
60	52	340	191	2 400	331
65	56	360	196	2 600	335
70	59	380	205	2 800	338
75	63	400	210	3 000	341
80	66	420	217	3 500	346
85	70	440	226	4 000	351
90	73	460	242	4 500	354
95	76	480	248	5 000	357
100	80	500	260	6 000	361
110	86	550	265	7 000	364
120	92	600	274	8 000	367
130	97	650	278	9 000	368
140	103	700	169	10 000	370
150	108	750	186	15 000	375
160	113	800	201	20 000	377
170	118	850	214	30 000	379
180	123	900	234	40 000	380
190	127	950	254	50 000	381
200	132	1 000	269	75 000	382
210	136	1 100	285	1 000 000	384

**Source:** Sekaran and Bougie. (2013:268).



MRS A KISTEN  
10 VALEFORD ROAD  
SUNFORD  
PHOENIX  
4068

Date:19-FEB-2021

**TO WHOM IT MAY CONCERN**

This is to certify that MRS A KISTEN registered at the Durban University of Technology as per the details listed below:

Student Number	20101823
ID/Passport Number	8303080265085
Registration Year	2021
Block	POST-GRAD ANNUAL REGISTRATIONS
Qualification	M MANAGEMENT SCIENCES (HUM RES)
Offering Type	Durban Campus Part-time
Study Period	Study period 3

**Subjects:**

RPHR531 RESEARCH PROJECT AND DISSERTATION (3RD REG)

\_\_\_\_\_  
Signature



## Employee Retention Strategies in the context of Organisational Change at a selected Private Healthcare Provider in Durban, Kwa-Zulu Natal.

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**EDITING LETTER**

696 Clare Road  
Clare Estate  
Durban  
4091  
27 November 2021

To: Whom it may concern

**Editing of Master's Thesis: Asthera Kisten**

**Employee Retention Strategies in the context of Organisational Change at a  
selected Private Healthcare Provider in Durban, Kwa-Zulu Natal**

This letter serves as confirmation that the aforementioned thesis has been language edited.

Any queries may be directed to the author of this letter.

Regards

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