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ENGAGING RETENTION STRATEGIES FOR NURSING PROFESSIONALS AT ZIMBABWE'S CHITUNGWIZA CENTRAL HOSPITAL (CCH): A PERSPECTIVE BY OUTSIDERS

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Abstract:
It can be argued that nursing professionals are the backbone of any healthcare system. The article grappled with the question of why nurses are resigning from Chitungwiza Central Hospital (CCH) in large numbers to the point of nearly crippling public healthcare service delivery at Harare's dormitory town situated 30 kilometres from the capital. Using survey methodology and application of SPSS, the study sought to identify both the root causes and possible solutions (retention strategies) for addressing the resignation of nursing professionals at CCH. Better remuneration, a safe work environment, increased internal communication, recognition and fulfilment of professional ambitions are some of the solutions identified through survey research for addressing the problem of resignation of nurses in large numbers.

Keywords: Zimbabwe, nursing professionals, retention strategies, resignations, health services

JEL: M12, M51, M54

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INTRODUCTION

High staff turnover of nursing professionals is a problem besetting Zimbabwe's Chitungwiza Central Hospital (Karengezeka, 2018; Washinyira, 2018). Among others, the problem is characterized by experienced nurses deserting the public healthcare system for so-called greener pastures in the region and abroad (Washinyira, 2018; Buwerimwe, 2022). Europe, North America and other countries in the so-called first world are the popular destinations for nurses abruptly resigning from Zimbabwe's healthcare institutions. CCH reportedly many vacant nursing positions as a result of the exodus (Karengezeka, 2018). The main aim of the study is to ascertain effectiveness of retention strategies for nursing professionals at CCH. Other objectives are engaging the effects of high staff turnover, and suggesting possible ways of addressing the issues behind the high turnover at CCH.

The article is organised as follows: after introduction, it engages on the theoretical basis for retaining skilled human resources. After this, there is a brief engagement of health delivery system in Zimbabwe. This is followed by brief discussion of the organisation and structure of Chitungwiza Central Hospital (CCH). Then it focuses on the research strategy. After this, the article engages on analysis of research results. Following this, the article introduces Maslow's hierarchy of needs

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theoretical framework, the objective being to apply it to the issue of plugging en-masse resignation of nurses which is potentially threatening to paralyse service delivery at CCH. Thereafter, the article presents its concluding remarks.

1. THEORETICAL BASIS

The article applies Stevan Hobfoll's "conservation of resources (COR) theory" to the issue of mass resignation of nursing professionals that is seemingly threatening to immobilise health service delivery at the Government of Zimbabwe owned CCH. The central tenet of the COR theory is that people have a natural compulsion to want to acquire, preserve, cultivate, and defend the things they most value. The theory proposes that people become stressed out when (a) important resources are at risk of going extinct, (b) important resources are stolen, or (c) important resources are not attained in spite of tremendous effort (Hobfoll, & Schumm, 2009; Hobfoll et al., 2018)

The theory falls into the genre of motivational hypotheses that focus on the evolutionary drive to gather and protect resources for life. COR theory also proposes that people must spend resources in order to protect against resource loss, make up for losses, and acquire resources. This includes both direct resource replacement and indirect resource investment to help staff cope with a challenging economic environment. In addition, the theory proposes that resource growth becomes more significant when considering resource loss. COR theory's fundamental tenet is that when people's resources are depleted or stressed, they enter a defensive mode to defend themselves (Hobfoll, & Schumm, 2009; Hobfoll et al., 2018)

Employee retention is the process used to encourage qualified and capable people to work for organisations for long periods of time (James and Matthew, 2012; Edwards, 2020; Balakrishnan and Vijayalakshmi, 2014; Hong et al., 2012). Employers can increase the number of qualified and competent people they employ by improving employees' working conditions and motivating them to stay for the longest period of time in an organisation (Van Dyk et al., 2013:59; James and Matthew, 2012). As a result, it is crucial for both profit and non-profit making organisations to set up efficient retention strategies in order to lower staff turnover (Kassa, 2015; Balakrishnan & Vijayalakshmi, 2014).

It is said that retaining nursing professionals is critical to guaranteeing the transformation of health care services and facilitating the provision of quality services (Tang and Hudson, 2019; Loan-Clarke, 2013; Makahlolo, 2017). Phillips and Connell (2003), cited in Guma (2012), are of the view that turnover has a detrimental impact on both the organisation and the personnel. In the same vein it is said that turnover which involves the departure of highly qualified and experienced employees has a negative impact on the objectives and clientele of organisations and organisations may need to hire and train new personnel for efficiency at high costs (Chikanda, 2012; Veloso et al., 2014; Chibango, 2013; Terera & Ngirande, 2014; Odubanjo, 2015).

Turnover of key and scarce talents is viewed as a severe issue by organisational stakeholders (Nkwocha 2012). It produces gaps that are challenging for organisations to fill. Retention's main goal is to prevent capable employees from exiting organisations which could hurt production and service quality (Chimbari et al., 2008; Chisholm et al., 2015; Kassa, 2015). In the same vein, low retention rates are viewed of as indication that not many people stick around long enough to advance in their positions of authority (Kossivi et al., 2016; Kassa, 2015). For health services to run smoothly and to deliver better health, ideal employee retention is essential (Lipinge et al., 2009; Russell, 2013; Bussin & Smit 2013)).

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2. THE ORGANISATION OF HEALTH SERVICES DELIVERY IN ZIMBABWE

Zimbabwe's health service delivery is structured into 5 ties. These are (1) the community level, (2) the rural health centre level, (3) the district level, (4) the provincial level and (5) the central level. At the community level is where the majority of services are provided by neighbourhood workers and locally based distributors of contraception pills and condoms. The emphasis at this level is on health education and prevention (Tarimo, 1999). The neighbourhood workers and locally based distributors of contraception pills and condoms act as a bridge between the community and the established healthcare system (Chetsanga, 2004).

The community level is followed by the rural health centre level. At this level, the community interacts for the first time with the formal healthcare system. The responsibility of rural hospitals and medical clinics is to provide minimal clinical, educational, and preventative programs (Tarimo, 1999). Health institutions at the district level come next. They are the first level of referral for clinical services. They include district and mission hospitals. At this level of the health care system, patients are now attended by a physician.

Rural health centers, hospitals, and other primary care level facilities are under the supervision of District Medical Officers who are government workers in the Ministry of Health. Following institutions at the district level are provincial hospitals which serve as reference hospitals for all district and missionary institutions as well as other qualified health institutions. These are followed by so-called central hospitals. They include Mpilo Central Hospital, the Chitungwiza Central Hospital, the Harare Central Hospital, and the Parirenyatwa Group of Hospitals. All provincial hospitals and other healthcare facilities across the nation refer patients to central hospitals (Tarimo, 1999).

3. CHITUNGWIZA CENTRAL HOSPITAL (CCH)

Established in 1984, CCH is a national government health care facility situated approximately 30kms from the City of Harare, along the Harare-Chitungwiza road. It is a provincial hospital that specialises in delivering tertiary health care services. Its catchment area includes Chitungwiza town, Epworth peri-urban and the nearby farming communities. CCH is divided into (1) healthcare, (2) diagnostics, (3) retail, and (4) hospitals divisions. The health care division offers patients services such as general consultations, medical examinations, health education, and specialist prescriptions. All oral health requirements are handled by the dental section, which offers services like routine check-ups, fillings, dental surgery, and orthodontic (CCH, 2022).

The diagnostics division provides a variety of medical examinations, including radiology, histology as well as more specialist assays like general chemistry, microbiology, and serology. The retail division is in charge of dispensing patients' prescription medications. CCH also provides services such as paediatric+ surgery, maternity care, operating rooms, and in-hospital pharmacies, all of which are available twenty-four hours a day. The employees of the hospital are grouped into functional departments of specialisation catering for finance staff, IT staff, nurses, doctors, laboratory technicians and drivers (CCH, 2022).

4. RESEARCH STRATEGY

The study employed positivism thus enhancing critical, social and organisational understanding of issues driving high staff turnover and the strategies likely to be effective in reversing the loss of critical health care personnel at CCH. Secondary data from CCH records, periodicals, annual reports, books and articles was used to gain more insight of the study at hand. Primary data was gathered from questionnaires and interviews. The study drew from an interview procedure with scripted, open-ended and closed-ended interview questions to gather participants' experiences and perspectives on the issues of retention techniques and approaches.

A self-administered questionnaire was delivered to 424 of the CCH's 1400 health staff who included state registered nurses, nurse aides, doctors, and managers. Purposive sampling was used to select the study population. Pilot testing meant to test the feasibility of research techniques, methods, questionnaires and interviews in providing the required results was carried out before the actual larger research study was done. Applying the *Slovene formula, the* number of respondents for analysis was calculated as follows:

n - Sample size'; **N** - Total population (424) and **e** - Degree of errors at 0.05 level of significance (deviation of sampling)

$$\mathbf{n} = \frac{N}{1+ Ne^2}$$

$$= \frac{424}{1+424^{(0.05)2}}$$

$$= \frac{424}{1+ 1.0152}$$

n = 210 respondents for analysis

SPSS statistical software was used to analyse the questionnaire. The objective was to derive the retention factors seen as essential by CCH health personnel. Frequencies and percentages were computed for analysis and data was organised and arranged by coding. After coding and editing was done, data was analysed through software statistical methods. Frequencies, percentages, means and standard deviations were used to determine the proportion of respondents choosing the various responses. According to assessment, the research questions could be relied on in terms of accuracy in obtaining data from CCH staff. The coefficient of 0.914 illustrates that high quality data was supplied by CCH staff. The reliability of the questions was assessed as follows:

Table 1. Reliability of results

Reliability of the retention questions

Cronbach's Alpha	Items tested
0,914	**52**

Source: findings: Marumahoko et al., 2022/3

5. FINDINGS AND ANALYSIS

This section of the article presents and analyses research findings. This is achieved through analysis of gender of subjects, age profiles, level of education, position of respondents in the organisation, years of experience, intention to resign by position, reasons behind staff resignation, effects of staff resignation, knowledge of existing staff retention and perceptions of nursing professionals on employee retention strategies.

5.1 GENDER OF PARTICIPANTS

According to Table 2 below 210 respondents participated in the study. Of this number, 57.1% were female and 42.9% were male. This is seemingly consistent with gender profiles in Zimbabwe where females dominate the nursing profession. The demographic data is not gender biased since there

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was participation of both genders. Participation of both genders seems to imply that implementation of employee retention strategy may benefit both genders fairly and equally.

Table 2. Gender of respondents

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Female	120	57.1	57.1	57.1
	Male	90	42.9	42.9	100.0
	Total	210	100.0	100.0	

Source: Marumahoko et al., 2022/3

5.2 RESPONDENTS' AGE PROFILE

Demographic analysis suggests that 38.1% of the responses were dominated by those aged between 18-30 years. This was followed by the 31-40 years age group which constituted 28.6% of the population. The findings revealed that the hospital staff had a significant number of young personnel that have more service years ahead of them before they plan retirement. The least populated age group is those (above 50 years) who represent 14.3% of professionals with relevant years of experience. Among others, this age group may need prioritisation as the knowledge it acquired over many service years may be the basis for delivery of quality services going forward.

Ta„ble 3. Age of respondents

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	18-30	80	38.1	38.1	38.1
	31-40	60	28.6	28.6	66.7
	41-50	40	19.0	19.0	85.7
	Above 50	30	14.3	14.3	100.0
	Total	210	100.0	100.0	

Source: Marumahoko et al., 2022/3

5.3 EDUCATIONAL LEVEL OF RESPONDENTS

The data on demography in Table 4 below suggests that 33.3% of the participants had certificates, 100% diplomas, 30% bachelor degree holders and 10% masters' degrees. This appears to suggest that the study sample population had good academic background and that they could comprehend and interpret questions posed to them with ease. In the same vein, it implied that data collected could be relied on for analysis and drawing conclusion as the participants were literate enough.

Table 4. Educational level

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Certificate	70	33.3	33.3	33.3
	Diploma	100	47.6	47.6	80.9
	Degree	30	14.3	14.3	95.2
	Masters	10	4.8	4.8	100.0
	Total	210	100.0	100.0	

Source: Marumahoko et al., 2022/3

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5.4 POSITION OF RESPONDENT

The majority of the respondents were nurses consistency with the focus of the study. According to Table 5 below, 91.9% of the respondents identified themselves as paediatric, neonatal, labour and delivery and oncology nurses. The category "other" positions included general and specialist medical doctors and those in management. The "other" constituted 8.1% of the respondents. In a nutshell, the study analysed all the critical positions at the hospital.

Table 5. Current job position of respondent

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Paediatric nurses	60	28.6	28.6	28.6
	Neonatal nurses	40	19.0	19.0	47.4
	Labour & delivery nurses	30	14.3	14.3	61.9
	Oncology nurses	63	30.0	30.0	91.9
	Other	17	8.1	8.1	100.0
	Total	210	100.0	100.0	

Source: Marumahoko et al., 2022/3

5.5 YEARS OF EMPLOYMENT AT CCH

Majority of the respondents were employed for a period ranging between 1 and 5 years and constituted 42.9% of the subjects under study. Of the respondents, 21.4% had served for 11-15 years, 11.9% had been employed for less than 1 year. Those with 16-20 years and 6-10 years of service each constituted 9.5% of the total population. The classification by years of service suggests that the answers of participants might be considered as reliable.

Table 6. Years of service

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Below 1	25	11.9	11.9	54.8
	1-5.	90	42.9	42.9	42.8
	6-10.	20	9.5	9.5	64.3
	11-15.	45	21.4	21.4	85.7
	16-20.	20	9.5	9.5	95.2
	21 and more years	10	4.8	4.8	100.0
	Total	210	100.0	100.0	

Source: Marumahoko et al., 2022/3

5.6 INTENTION TO RESIGN BY POSITION

According to responses in Table 7, all nursing categories were at risk of resigning. Of the nurses surveyed, intention to resign post was as follows: 27.8% for paediatric nurses, 37.3% for oncology nurses, 20.6% for neonatal nurses and 9.5% for labour and delivery nurses. In the same vein, 4.8% of the respondents who included doctors and management indicated that they were also considering resigning post in search of better paying jobs. The statistics suggest that the hospital is encountering problems retaining employees with critical skills and that service delivery is prone to decline going ahead.

Table 7. Consideration to leave by position

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Paediatric nurses	35	27.8	27.8	27.8
	Neonatal nurses	26	20.6	20.6	48.4
	Labour & delivery nurses	12	9.5	9.5	57.9
	Oncology nurses	47	37.3	37.3	95.2
	Other	6	4.8	4.8	100
	Total	126	100.0	100.0	

Source: Marumahoko et al., 2022/3

5.7 PROBLEMS CAUSING STAFF TO RESIGN

According to Table 8, the majority of CCH staff perceive uncompetitive salaries, unfavourable policies, lack of competitive employee benefits and incentives, and poor working terms and conditions as the major problems driving staff to resign from CCH. Among others, the results revealed that 83.3% of combined respondents agree that inadequate salary is a major driver of the resignations. In the same vein, inadequate benefits and incentives, non-recognition of outstanding performance and poor working conditions at 62%, 66.8% and 59.5% respectively are considered as the other reasons behind exodus of professional nurses. In fact, majority of respondents agree that all prior listed issues are major reasons prompting employees to resign from CCH.

Table 8. Problems prompting staff to resign

Statement	Agree	Strongly Agree	Neutral	Disagree	Strongly Disagree	Total	Mean	Std Deviation
There is lack of employee benefits & incentives	80 38.2%	50 23.8%	20 9.5%	20 9.5%	40 19.0%	210 100.0%	2,5	2,45
Salary is not competitive to the market	90 42.8%	85 40.5%	20 9.5%	5 2.4%	10 4.8%	210 100.0%	1,9	1,62
Outstanding performance is not recognised	80 38.2%	60 28.6%	35 16.6%	15 7.1%	20 9.5%	210 100.0%	2,2	2,08
Innovation is not encouraged	70 33.3%	40 19.0%	30 14.3%	20 9.5%	50 23.8%	210 100.0%	2,7	2,67
There is no opportunity for career development	60 28.6%	70 33.3%	13 6.2%	17 8.1%	50 23.8%	210 100.0%	2,7	2,6
Working terms and conditions are not favorable	75 35.7%	50 23.8%	15 7.1%	40 19.0%	30 14.3%	210 100.%	2,5	2,46
Institution policies and procedures are not favourable	80 38.1%	60 28.6%	25 11.9%	30 14.3%	15 7.1%	210 100.0%	2,2	2,1

Source: Marumahoko et al., 2022/3

5.8 EFFECTS OF STAFF RESIGNATION

According to survey results in Table 9, 38.1% of the participants are of the opinion that mass resignation is associated with non-delivery of services to the public, 19% associate it with loss of skilled and experienced personnel, 47.6% link it to understaffing, another 47.6% associate it with plummeting morale and increased workload. In the same vein, 42.9% of the respondents associate staff resignation with increaseed recruitment, training and induction costs and decreased institutional perfomance.

Table 9. Effects of staff resignation to CCH

Statement	Agree	Strongly Agree	Neutral	Disagree	Strongly Disagree	Total	Mean	Std Deviation
Non delivery of services to the public	80 38.1%	40 19.0%	30 14.3%	40 19.0%	20 9.5%	210 100.0%	**2,4**	**2,33**
Loss of skilled and experienced staff	40 19.0%	30 14.3%	60 28.6%	40 19.0%	40 19.0%	210 100.0%	3	2,85
Understaffed and semi-skilled staff	100 47.6%	30 14.3%	10 4.8%	40 19.0%	30 14.3%	210 100.0%	2,4	2,39
Recruitment, training and induction cost increase	20 9.5%	30 14.3%	50 23.8%	60 28.6%	50 23.8%	210 100.0%	3,4	3,15
Lower morale and increase of workload of remaining staff	100 47.6%	40 19.0%	30 14.3%	20 9.5%	20 9.5%	210 100.0%	2,1	2,07
Remaining employees feel urge to resign	90 42.9%	50 23.8%	50 23.8%	10 4.8%	10 4.8%	210 100.0%	2	1,85
Institutional performance decreases	70 33.3%	60 28.6%	60 28.6%	5 2.4%	15 7.1%	210 100.0%	2,2	2

Source: Marumahoko et al., 2022/3

5.9 KNOWLEDGE OF EXISTING RETENTION STRATEGIES

According to analysis, 60% of the respondents were not aware of existence of a retention strategy at CCH. Only 30% professed existence of some form of retention strategy for nursing professionals. The remainder 10% professed ignorance when asked whether they were aware of existence of a retention policy for nurses. The majority of those who answered in the affirmative were nevertheless skeptical about its implementation. Seemingly, the responses made by the population were not biased.

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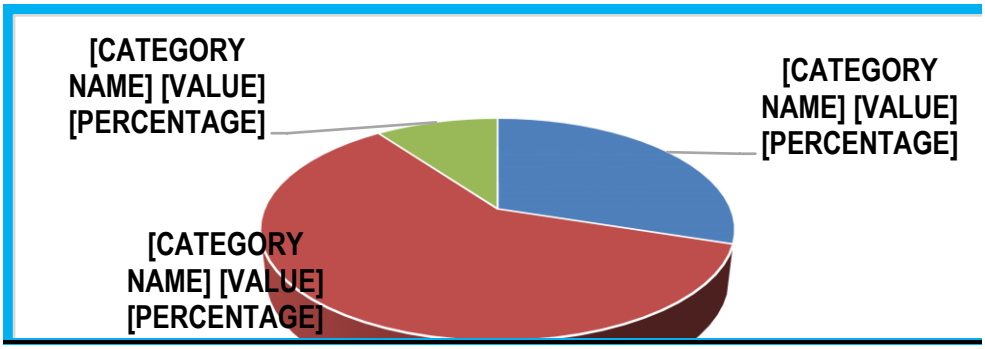
Figure 1. Knowledge of existing retention strategies



Source: Marumahoko et al., 2022/3

5.10. EMPLOYEE RETENTION STRATEGIES

Table 10. Retention strategies to reduce staff turnover

Statement	Agree	Strongly Agree	Neutral	Disagree	Strongly Disagree	Total	Mean	Std Deviation
Financial incentives related to good performance	60 28.6%	60 28.6%	32 15.2%	28 13.3%	30 14.3%	210 100.0%	3.4	3.0
Attractive working terms and conditions	100 47.6%	68 32.4%	30 14.3%	6 2.9%	6 2.9%	210 100.0%	4.2	2.7
Succession planning & internal talent consideration on filling vacancy	80 38.1%	60 28.6%	20 9.5%	30 14.3%	20 9.5%	210 100.0%	3.7	2.8
Competitive salary packages and benefits	120 57.1%	60 28.6%	20 9.5%	5 2.4%	5 2.4%	210 100.0%	4.4	2.4
Opportunities for personal development and career enhancement	70 33.3%	60 28.6%	30 14.3%	20 9.5%	30 14.3%	210 100.0%	3.6	2.9
Job enlargement and continual skill development	80 38.1%	70 33.3%	10 4.8%	30 14.3%	20 9.5%	210 100.0%	3.8	2.8
Non-financial incentives for excellent performance	92 43.8%	60 28.6%	28 13.3%	10 4.8%	20 9.5%	210 100.0%	3.9	2.7
Effective performance management and appraisal policy	45 21.4%	50 23.8%	35 16.7%	30 14.3%	50 23.8%	210 100.0%	3.0	3.0
Open door policy and involvement of staff in decision making	75 35.7%	60 28.6%	35 16.7%	22 10.5%	18 8.6%	210 100.0%	3.7	2.9
Job and family balance	120 57.1%	90 42.9%	0 0.0%	0 0.0%	0 0.0%	210 100.0%	4.6	2.7

Source: Marumahoko et al., 2022/3

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Table 10 below indicates that 57.2% combined respondents (Agree and Strongly Agree) are of the opinion that competitive salary packages and benefits can be used as an effective retention strategy by preventing excessive staff turnover. In the same vein, 100% perceived job and family balance as important considerations for reducing staff resignation. Attractive working terms and conditions were viewed by 80% of the respondents as crucial in reducing staff resignation at CCH). Of the respondents, 71.4% were in consideration of job enlargement and continual skills development as viable strategies to reduce turnover. In addition, 72.4% of the respondents were of the opinion that non-financial incentives for excellent performance was a good strategy of retaining nursing professionals. In fact, agreement was strong for almost all the tools suggested to reduce staff turnover based on their experiences and perceptions.

6. INTRODUCING MASLOW'S HIERARCHY OF NEEDS FRAMEWORK

Effective application of Abraham Maslow's Hierarchy of Needs Framework may go a long way in enhancing staff retention at CCH. The framework is organised around the five so-called hierachy of needs whose fulfillment may motivate the health professionals not to contemplate resignation and the search for better paying job opportunities else. These are: (1) physiological needs, (2) safety and security needs, (3) belonging and love, (4) self-esteem and (5), self-actulisation.

Physiological needs: Things required for human survival are among the basic physiological necessities. Food, water, warmth, and love are some of the pillars of life. We cannot survive as humans without these essentials. They are also known as basic necessities and are essential to human existence. For instance, in a job setting, their absence puts our lives in danger and makes it challenging for us to focus (Maslow, 1943).

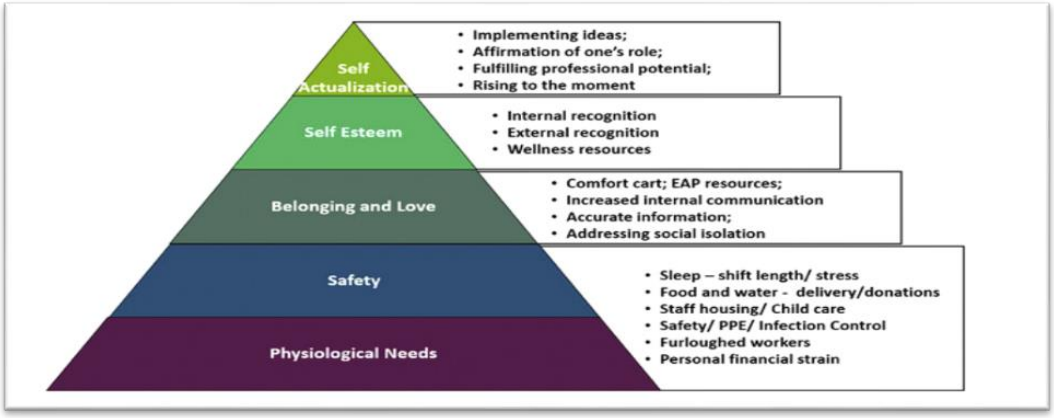
Safety needs: The demands for safety and security are referred to as the next set of prerequisites in Maslow's hierarchy of desires. In essence, they discuss issues like stability, law, and protection. For instance, workplace safety and security is a significant employee motivator. Employee engagement in a company is maintained by the knowledge that they will continue to get paid and that their labour is valued (Maslow, 1943).

Belonging and Love: Maslow asserts that if their basic needs are satisfied, people are more open to friendship, connection, family, and a sense of belonging. To manage the fast-changing environment and the worry and dread that arose in the thoughts of health professionals, it was essential to strengthen current internal communications. For instance, regular, succinct, and obvious communication strategies are required given the availability of conflicting and evolving knowledge on preventative norms (Maslow, 1943).

Self-esteem: Maslow's self-esteem needs, which are the fourth level in his hierarchy and comprise respect, self-worth, and accomplishment, are an illustration of esteem needs. Maslow divided the need for respect into two categories: the first was the need for respect for oneself (dignity, accomplishment, mastery, independence), and the second was the need for respect or reputation from others (e.g., status, prestige). A person serves as an example for others, is aware of the knowledge and skill gaps in their repertoire, and has confidence in their aptitudes (Maslow, 1943).

Self-actualisation: Maslow contends that self-actualisation is the peak of human potential and that it cannot be achieved until all other phases have been fully realised. According to Maslow, self-actualisation sits at the top of a hierarchy above the physiological, safety/security, love and belonging, and esteem needs (Maslow, 1943; Vinney, 2018). For example, on the verge of self-actualisation, a nurse might practice to the utmost, displaying traits that enable them to be creative and adaptable while also managing and mentoring employees.

Figure 2. Maslow's hierarchy of needs framework



Source: Maslow's hierarchy of needs framework extracted from Kwan 2021

Applying Maslow's framework to CCH

In Table 11 below, opinions of respondents are classified as: "strongly agree", "agree", "nuetral", "disagree", and "strongly disagree". The opinions are sought against statements adapted from Maslow's hierarachy of needs framework. Based on the responses, the researchers applied Maslow's framework to gain insight into what the employees thought of CCH's attitude towards staff retention and what in their opinions they thought could be appropriate interventions for addresssing the problem of unprecented staff resignations.

According to Table 11, 80.9% of the respondents underscore the need to address perceived neglected physiological needs of nursing professionals. One respondent was quoted saying that she would reconsider resigning if CCH addressed issues around staff housing, shift length and stress management. Similarly, 76.2% of the respondents bemoaned that safety issues such as provision of ppes, infection control and job security were not receiving prioritisation. In the same vein, 80.9% of the respondents were of the opinion that issues of belonging and love such as increased internal communication, accurate information, addressing social isolation were also neglected. On the issue of facilitating self-esteem, 76.2% of the respondents were of the opinion that CCH was not doing enough to address issues around internal recognition, external recognition and wellness resources, among others. Similarly, 85.7% of the respondents were of the view that the environment at CCH did not facilitate self actulisation. One respndent was quoted saying that the énvironment does not "failitate full realisation of my potential".

Table 11. Maslow's framework applied to Chitungwiza Central Hospital

Statement	Agree	Strongly Agree	Neutral	Disagree	Strongly Disagree	Total	Mean	Std Deviation
Physiological needs (food, staff housing, sleep- shift length/ stress)	100 **47.6%**	70 **33.3%**	10 **4.8%**	20 **9.5%**	10 **4.8%**	210 **100.0%**	**4.1**	**3.7**
Safety (safety in terms of environment , PPE, Infection Control and Job security)	90 **42.9%**	70 **33.3%**	16 **7.6%**	24 **11.4%**	10 **4.8%**	210 **100.0%**	**4.0**	**3.6**
Belonging & love (increased internal communication, accurate information, addressing social isolation etc)	120 **57.1%**	50 **23.8%**	10 **4.8%**	15 **7.1%**	15 **7.1%**	210 **100.0%**	**4.2**	**3.8**

Statement	Agree	Strongly Agree	Neutral	Disagree	Strongly Disagree	Total	Mean	Std Deviation
Self-esteem (Internal recognition, external recognition, wellness resources)	90 **42.9%**	70 **33.3%**	9 **4.3**	31 **14.8%**	10 **4.8%**	210 **100.0%**	**3.9**	**3.6**
Self-actualization (implementing ideas, fulfilling professional potential)	140 **66.7%**	40 **19.0%**	10 **4.8%**	9 **4.3%**	11 **5.2%**	210 **100.0%**	**4.4**	**4.0**

Source: Marumahoko et al., 2022/3

7. CONCLUSION

The article scrutinised staff retention efforts at Chitungwiza Central Hospital (CCH) against the background of exodus of thousands of its nursing professionals. Among others, survey results suggested inadequate current retention efforts, endemic disatisfaction aggravating an already dire resignation pattern, doubt among staff about commitment of management to tackle the problem and a perceived lack of a program of action to tackle issues perceived by health professionals as the root causes of mass staff resignation. Of the nursing professionals deserting post for so-called greener pastures, the majority are the educated, they have many years ahead of them before they contemplate retiring and they constitute the youngest age group of the nursing professionals under scrutiny. Application of Hobfoll's conservation of resource theory and Maslow's hierarachy of needs framework may form the basis for the authorities at CCH beginning to tackle staff resignations on a more effective and sustained basis. Many of the issues of concern raised by disgruntled nursing professionals fall within the basic tenets of the Hobfoll's conservation of resource theory and Maslow's hierarachy of needs framework. Hobfoll's theory and Maslow's framework of analysis underscore the significance of skills retention in organisations. On that score applying them at CCH may possibly reduce high staff turnover of nursing professionals.

AUTHORS CONTRIBUTIONS

The author/authors listed have made a substantial, direct and intellectual contribution to the work, and approved it for publication.

CONFLICT OF INTEREST STATEMENT

The authors declare that the research was conducted in the absence of any commercial or financial relationships that could be construed as a potential conflict of interest.

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