

The Relevance of Herzberg's two factors Theory in Retention of Human Resource for Health in Tanzania Public Hospitals

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Abstract

Tanzania as many other developing countries has been affected by mass exodus of health staff from public hospitals in search of greener pastures inside and outside the country. This has had an adverse effect on service delivery in public hospitals, which again prompted the government to devise several means to ameliorate the situation. This paper examines the relevance of Herzberg two factor theories in explaining retention of human resources for health (HRH) in public hospitals in Tanzania. It is argued in the paper that although both intrinsic and extrinsic factors have positive influence on human resource retention, some factors do

matter more than others. The leading ones in the order of effect are working conditions, job security and salary. This is partly contributed by the fact that individual employees respond to different contexts differently. It is recommended that policy makers and hospital administrators to initiate and effectively implement HRH retention interventions based on both job and context related motivators in order to significantly address causes of HRH unhealthy turnover.

Key words: Herzberg Two Factor Theory, Retention, Motivation, Human Resources for Health

1.0 Introduction

Like other African and developing countries, Tanzania experiences problems of HRH retention. Studies and different reports have indicated that retention remain to be a recurring problem in Tanzania. For instance, the NHAR (2009) report indicates that in less than 15 years, the proportion of health workers to total Tanzanian population has fallen by 75 percent. A penetrating report by the AHSR (2010) portrays that, about 300 staff leaves the public health sector annually looking for alternative green pastures elsewhere. More evidence are also provided by Sikika (2010) report which indicates that 18 percent pharmacists, 15 percent medical doctors and 13 percent assistant doctors left their duty stations a few months after being employed in 2009. In quitting the job, various excuses such as asking for leave of absence and study leave have been used (Mohammad, 2013). In due regard, these evidences pre-suppose existence of high rate of turnover in Tanzanian public hospitals which requires

scientific inquiry for better interventions.

However, the government of Tanzania and other related health care related institutions have been taking measures to address not only shortages but also unhealthy staff turnover. As part of the initiatives, the government subscribed to various international agreements. Such agreements include; the WHO Health Workforce Decade (2006-2015) with a priority of retaining health workers; the Kampala Declaration (2008) and the Chiang Mai Declaration (2008) all of which stress on the importance of HRH retention and adherence to the codes of conduct contained in the agreements. Furthermore, in 2010 during the 63rd World Assembly, Tanzania among other countries adopted a new code of practice to stop international recruitment of health personnel without prior agreement with the originating countries.

In addition to subscribing to international agreements, the government of Tanzania has taken more strides by developing various policies aimed at combating the problem of HRH retention. These are; human resource policy guideline, 2005; health sector strategic plan 2003-2008/2008-2015 and primary health development programme (MMAM) 2007-2017. Other initiatives relate to raising and reviewing of salaries and compensation benefits. For example, in 2002 the government adopted the accelerated salary enhancement (SASE) scheme in the Tanzanian public service as a special payment package for staff working in hospitals. Other initiatives relate to motivating HRH staff. For example, the Mkapa Foundation, a government based organisation, offers to health workers special benefits such as free housing, air time and transportation (Sikika, 2013). Moreover, the government has improved the health workers extra work pay, workplace hazard allowance, on-call allowance, risk allowance,

housing allowance as well as increased opportunities for self-development (Kauzya, 2009). All these initiatives were taken deliberately as to curb the HRH retention problem.

However, a clear understanding of the root cause of insufficient HRH retention and which factors matter most in addressing the problem must be part of the best solutions. The paper has adopted Herzberg's two factor theory to examine its relevance when it comes to explaining HRH retention in Tanzanian public hospitals and what factors matter most. After this section on introduction, the paper presents the theoretical framework, methodology, results and discussion before providing conclusion and policy implication.

2.0 Theoretical Framework

The paper adopts Herzberg's two factors theory (also known as Herzberg's motivation-hygiene theory) to address variables that are important in staff motivation and retention to determine their relevance in Tanzanian hospitals. Herzberg (1964) based on earlier works (Herzberg *et al.*, 1957; 1959), states that there are factors at workplace that cause job satisfaction, and other separate set of factors at workplace that cause job dissatisfaction. As such there are certain factors (motivators) that a business should introduce to directly motivate employees to work harder. Conversely, there are certain factors that may not motivate employees to work harder (Herzberg *et al.*, 1957. 1959; Herzberg, 1964; Herzberg *et al.*, 1974 and Herzberg *et al.*, 1979). To Herzberg *et al.* (1979), the former and intrinsic and the later are extrinsic factors. These factors are responsibility, achievement, recognition, personal growth, advancement and work itself as

intrinsic and working condition, supervisory style, job security, status, company policy and salary extrinsic factors respectively. The means that intrinsic factors tend to create motivation when present, while extrinsic factors may be present but will not necessarily motivate although their presence is important for retention of employees (Herzberg, 1959). The factors are described briefly as follows;

Responsibility

Responsibility is the degree to which an employee exercises power related to his job at a maximum degree. It is explained further as the ability of an employee to set organisation goals and structure so as to maximise professional concern (Ng'ethe *et al.*, 2012; Dockel, 2003). Studies by Re'em (2011) conclude that young employees who are at the bottom of the hierarchy are usually very motivated by receiving responsibility because they feel that they are given autonomy at work. Therefore, advocates of this factor suggest that managers who offer their employees responsibility should get off their tails and give them a real opportunity to deliver (Dockel, 2003, Buchan 2009, and Nge'the, 2012) if they want them to stay.

Achievement

Studies firmly suggest that goal setting is an extremely effective tool for public managers to motivate and improve performance of public employees (Re'em, 2011). Study by (*ibid.* 2005:41) reveals that vagueness goals and tasks in public service make it harder to point out the extent to which goals have been accomplished. When tasks are too wide or complex to achieve, then a set of intermediate goals (for example, milestone in the project) should be defined. This can motivate employees to achieve their goals,

hence encourage them to stay with that particular organisation (Greenberg and Baron, 2003).

Personal Advancement

Personal advancement may be referred to as a degree or extent to which an employee perceives his or her chances of being promoted and grow in terms of skills, knowledge and capacity within the organisation and thus challenging positions (Montana *et al.*, 2008) and opportunity to grow in organisations (Dockel, 2003). Feeling of stagnation in position according to Ng'ethe *et al.* (2012) discourages staying in organisations. Therefore, promotion offers opportunities for personal advancement in the job and also is one of Herzberg's motivators which can be used to enhance retention (Herzberg, 1978).

Recognition

Essentially, employee recognition is a timely, informal acknowledgment of a person or team's effort or business results that support the organisation's goals and values, which has clearly been beyond normal expectations (Buchan, 2009). Appreciation is a fundamental human need, which has positive connotation (Logan, 2000) with no costs involved, however underutilised (Re'em, 2011:37) by employers. Mckeown (2005:105) suggests that a good, useful and effective recognition plan should be designated and communicated to employees so as to improve their behaviours. Basically, employees tend to stay in an organisation when they feel that their capabilities, efforts and performance contributions are appreciated by others because they want a sense of accomplishment. Chiboiwa *et al.* (2005) study on retention strategy in private organisations in Zimbabwe concluded that

employees who were not recognised on their effort at work place which has fuelled the incidences of turnover in those companies

Work Itself

According to Phillips and Cornell (2003), work to be performed should be meaningful and sensible to those assigned to it. A good design which includes, giving employees proper tools and the end goals (Brian and Allison, 2014), employees will feel more satisfied and thus, higher degree of intent to stay with the organisation would be realised (Phillips and Cornell, 2003). This is particularly true for top employees who have a reasonable expectation that they were not hired to complete repetitive and uninspiring tasks (ibid).

Work Environment

Work environment is another important factor affecting employee's decision to stay or quit his job. Chaminde (2007) argues that outputs and efficacy are directly affected by how people work such that is equally affected by their working environment. While comfortable working condition tends to produce higher level of satisfaction among employees (Sinha, 2013), stressful working conditions results into high levels of dissatisfaction, thus prompting an employee to leave an organisation (Philips and Connell, 2003). As such, participation in decision-making, opportunity to grow and opportunities for their workmates regardless of race, sex or age (Michael and Chipunza, 2009) do matter. Studies indicate a direct link between job dissatisfaction, lack of motivation and intention to quit (Zurn *et al.*, 2005; Michael and Chipunza, 2009; Chiboiwa *et al.*, 2010; Graham, 1999; Lehman and Sandurs, 2002). According to Dambisya (2007), conducive work environment is one that

provides a well-maintained building, equipment, medical supplies, adequate staffing and security for staff, including their families.

Salary

Understandably, attractive remuneration packages are one of important factors of retention. This is due to financial and material desire by an individual (Belbin, 2011; Hijazi and Rowaida, 1999). Many studies from less developed countries indicate that half of employees in organisations were satisfied with their salaries (Rosser, 2004) which may easily influence their intention to stay or leave (Kearney, 2009; Baghaei, 2011:152). However, it is emphasised that it is not the absolute amount paid that matters, rather it is one's perception of fairness that attracts and retains staff (Brooks, 2005). The argument is that increases in salary will not necessary lead to substantial retention and that not all people leave their jobs for the sake of money (Asnake, 2007:102). According to Asnake (*ibid*), there are two important reasons/facts; first, meagre salary may prompt workers to leave the job for more money, because it is about survival issues. Second, the rest of workers associate salary with fairness, that is, the manner the available profit is shared. Workers tend to be dissatisfied when they feel that the generated profit is unfairly distributed within the organisation or when it does not seem to match with the weight of the job and the employee's efforts (Baghaei, 2011). Therefore, improving HRH's take home salaries is one of very important satisfiers (Yumkella and Swai, 2007). Besides, studies conducted in Uganda (Onzubo, 2007) and Mali (Dieleman *et al.*, 2006) also identified low salaries as a major factor that could make workers decide to leave their current jobs.

Supervisory Style

Supervisory style is a crucial element in leadership (Ng'ethe *et al.*, 2012) which influences employees' decisions to remain or quit. Employees are likely to remain with an organisation if they believe that their managers are interested and concerned with their welfare, if they know their duties, if they are given a role that matches with their ability and if they receive positive feedback or recognised (Mbah and Kemetuna, 2012). Quality of relationship between employee and his/her immediate supervisor may extend his stay in an organisation (Dockel, 2003) because negative behaviour by managers and peers at workplaces can lead to dissatisfaction (Lyn, *et al.*, 2005). More so is the ability of manager to address conflict among employees otherwise they may feel dissatisfied and thus withdraw or depart from the organisation (Dovlo and Relonyo, 2003).

Job Security

Notably, job security provides employees with a sense of stability from their jobs and the organisation they work for, by giving them an opportunity to make plans, buy homes and achieve sense of confidence in their own future (Phillips and Cornell, 2003). It is argued by some scholars that, if there is no security of tenure, employees may leave the organisation at any time. Therefore, employees need to feel they are working at a secure job that will be there for them in years to come. In an era of corporate downsizing, mergers and acquisitions, job stability is a critical investment strategy in human capital (Van-Wart, 2008, Belbin, 2011 and Bukuwa *et al.*, 2013). Lack of job stability diminishes the employee's sense of attachment and responsibility to an organisation (Phillips and Cornell, 2003).

According to the theory, hygiene factors are the most important motivators as they are more related to the actual job itself. Therefore, in order to improve job attitudes and output, managers must identify and attend to both sets of features and should stop assuming that an increase in satisfaction leads to a decrease in unwanted dissatisfaction (Hackman *et al.*, 1976).

The implication is that, if employers wish to increase satisfaction, they should be concerned with the nature of the work, related opportunities, empowering employees, delegating some responsibilities and attaining self-realisation. On the other hand, if employers wish to control dissatisfaction, then they must focus on job policies, procedures, supervision and working conditions. In order to command a satisfied and productive workforce, employers must pay attention to both set of job factors (Brian and Allison, 2014). Despite the theoretical efficacy in explaining retention, the theory has met two major criticisms. First, it has been questioned on its reliability because satisfaction and dissatisfaction cannot exist in a separate scale. Inadvertently, separation of satisfaction and dissatisfaction has been shown to be a relic of the critical technique used by Herzberg to record events (Re'em, 2011). Secondly, the theory does not allow for individual differences such as personality traits, which tend to affect an individual's unique response to motivator or hygiene factor (Hackman, et al., 1976). However despite such criticisms, the theory is still relevant and has had a major impact over several generations of managers and employers (Re'em, 2011). Notably, employers and managers have widely used the theory to improve their working environment by providing motivation to satisfy and retain employees for a longer period of time (Sandiya and Kumar, 2011).

In regards to retention, scholars contend that there is no secret code or formula that explains precisely as to what is employee retention. As such the term has been defined differently by different writers. Some say it is all about keeping right people on right jobs for every organisation. It is all about keeping good people and it has much to do with culture and how people get treated (Mckeown, 2005). Others say, it is a voluntary move of an organisation to create environment which engage employees for a long term (Chaminde, 2007). Further, explanations are linked to its antonym that is employee turnover which essentially refers to as the percentage of employees leaving the organisation for whatever reason in a particular period of time (Phillips and Connel, 2003). In practice, managers are mostly concerned with estimating the rate of voluntary departures by employees who choose to leave on their own. People may leave an organisation for many reasons such as retirement, , health problems, illness, being fired or forced redundancy (Philips and Connel, 2013). Such involuntary separation is usually excluded from the calculation of the employees turnover rate (Leslie Mckeown 2005). Thus, this paper focuses on the factors for employees' retention from the perspective of Herzberg two factor theory.

3. Methodology

Data on which the article is based were collected through cross sectional survey design which covered Dar es Salaam, Lindi and Mbeya regions. Probability and non probability sampling techniques were used to get a sample of 278 respondents from the three regions. Interviews, questionnaires and documentary review were the main methods of data collection. Data are analysed by using both descriptive and analytical statistics.

4. Results and Discussion

4.1 Demographic and other characteristics of respondents

A total of 278 interviews were conducted to health workers who work in public health facilities and 22 interviews were conducted to health workers who had left the public health sector. The sample compositions were almost equally divided between sexes and people of different characteristics as shown in Table 1.

Table 1: Demographic and other characteristics of respondents in the public hospitals (N: 278).

Item	Number	Percentage
Gender		
Male	160	57.6
Female	118	42.4
Age		
18 – 25	18	6.5
26 – 35	80	28.8
36 – 45	82	29.5
46 – 55	81	29.1
56 above	17	6.1
Education		
Primary education	15	5.4
Secondary education	50	18.0
Diploma	126	45.3
First degree	65	23.4
Master's and above degree level	22	7.9
Marital status		
Married	198	71.2
Single	61	21.9

Item	Number	Percentage
Window/divorced	19	6.8
Position/ cadre		
Medical specialist	6	2.2
Medical officer	48	17.3
Clinical/medical assistant	59	21.2
Dentist	6	2.2
Nurse officer	63	22.7
Assistant nurse	58	20.9
Other specialist/cadre	38	13.7
Year of working experience		
4 Years	65	23.4
5-15 years	103	37.1
16-25 years	61	21.9
26 years and above	49	17.6

Source: Questionnaire data

29.5% the respondents aged between 36 and 45 while 29.1% were of 46 and 55 years of age. Over two thirds of the respondents were married. In the education level of the respondents from public health facilities is presented in Table 1. The table shows that the majority of respondents from public hospitals had diploma and first degree as their education attainment. Health workers who had left for the private hospitals were 22. Out of this number, 54.5% were males while 45.5 % were females. The majority of respondents from this group were aged between 36 and 45; few respondents came from 18, 25, 56 and above age groups. Of the respondents who had left the public hospitals, 50% had 5 to 15 years of working experience and 13.6% of the respondents had four years of working experience.

4.2 Results

A number of statistical tools were deployed to examine the power of each of retention factors as follows:

4.2.1 Descriptive Statistics

Typically, the mean, standard deviation and number of respondents (N) who participated in the survey are given. The results indicate that **working condition** with a mean of 4.30 was very important factor in influencing retention of human resource for health. **Job security** with a mean of 4.15 and **salary** with a mean of 3.79 followed in matter of importance. Interpersonal relation was ranked at low level variable with a mean of 2.92, suggesting that this variable is not very important in explaining retention of employees as shown in Table 2.

Table 2: Descriptive statistics for intrinsic and extrinsic factors

Factor	Mean	Std Deviation	Analysis N
Intrinsic factors			
Recognition	3.34	1.41	278
Work itself	3.28	1.28	278
Personal growth	3.22	1.30	278
Responsibility	3.14	1.33	278
Achievement	3.19	1.29	278
Advancement	3.17	1.24	278
Extrinsic factors			
Supervisory and leadership style	3.10	1.27	278
<i>Working condition</i>	4.30	0.95	278
<i>Salary</i>	3.79	1.24	278
Company policy	3.25	1.21	278
<i>Job security</i>	4.15	1.05	278
Interpersonal relation	2.92	1.34	278
Status	3.24	1.23	278

Point scale: 1: Very low, 2: Low, 3: Neutral, 4: High, 5: Very high

4.2.2 Interviews and observation

Interview data from health workers who had left the public health sector reveal that working condition in most of public hospitals is inadequate and very hostile for safety. 15 out of 20 (75%) of health workers who had left health facilities supported the view above.

On the issue of salary, all 20 (100%) interviewees pointed out that, salary in public hospitals is inadequate and discourages human resource for health to continue working in public hospitals. For example; one nurse in Lindi regional hospital had this to say;

My brother, the working life here is very pathetic, it is only God who knows how we manage to continue surviving in this hazardous environment, leave alone poor working environment we are subjected to, but the salary that we get does not meet even our basic needs, it is discouraging (A nurse interviewed in Lindi on 10/02/2014).

4.2.3 Factor analysis

Bartlett's Test of sphericity was significant (approximated to be $\chi^2=1144.579$, df:78, $p<0.001$) and the Kaiser-Meyer-Olkin (KMO) was acceptable at 0.847, providing evidence for the factor analysis. Table 3 shows the variables extracted using varimax (orthogonal) rotation.

Table 3: Rotated component matrix for extraction of variables

Rotated Component Matrix^a			
	Component	Component	Component
	1	2	3
Achievement	.812		
Advancement	.807		
Personal growth	.759		
Responsibility	.692		
Supervisory and leadership style	.506	.502	
Interpersonal relation	.493	.445	
Recognition		.797	
Status		.702	
Work itself		.626	
Working condition			.786
Salary			.678
18			

Rotated Component Matrix^a

	Component	Component	Component
Job security			.628
Company policy			.493
Extraction Method:	principal	component	analysis.
Rotation Method: varimax with kaiser normalization.			

a. Rotation converged in 6 iterations.

The idea of rotation is to reduce the number of factors which variables under investigation have high loadings. Rotation does not actually change anything but makes the interpretation of the analysis easier. Variables were rationally grouped into three components and indicated that achievement, advancement, personal growth, responsibility, supervisory, leadership style and interpersonal relation are substantially loaded on Factor (Component) 1, while recognition, status, and work itself are substantially loaded on Factor 2. Furthermore, working condition, Salary, job security and company policy are substantially loaded on Factor 3. Factor or component 1 was generally named achievement, factor 2 was named recognition and factor 3 was named working environment. This means that grouping variables into one factor and the relative importance of variables in the group are equalized. These factors can be used as variables for further analysis.

4.2.4 Regression analysis

Summated scales of the three factors that emerged from the factor analysis were calculated, and stepwise multiple linear regressions were done. Stepwise multiple regressions were conducted to investigate the best predictors of human resource for health retention. The relevant predictors for human resource for health retention include; achievement, recognition and working environment as shown in table 4.

Table 4: Stepwise multiple linear regression for retention factors

	unstandardized coefficients		standardized coefficients	P-value
	B	Std. Error	Beta	
Constant	3.106	.260		.000
Working environment	1.072	.114	.715	.000
Recognition	.379	.125	.230	.003

Working environment and recognition were significantly associated with retention of human resource for health retention. Conversely, achievement did not show any evidence, that it is associated with retention of human resource for health retention, thus was removed from the model. However, results indicate that recognition increases the likelihood of HRH to remain in public health sector, because the coefficient is positive. Statistically, as one unit increase in recognition (i.e. from low to high), we expect a 0.379 increase in the level of retention if all other variables in the model are held constant. This means that high level of recognition in public health hospitals increases the probability of staying in public hospitals.

The findings also indicate that working environment increases the likelihood of human resource for health to stay in public health sector, because related coefficients are positive. This means that, one unit increase in working environment (i.e. from low to high), leads to 1.072 increase in the level of retention if all other variables in the model are held constant. This means further that

higher level of working environment in public hospitals, increases the probability of HRH staying in public hospitals.

4.2.5 Interviews and checklist

Lack of medical facilities in Lindi, Mbeya and Dar es Salaam presupposed adverse conditions among interviewed respondents who said that:

I was not employed in the public hospital as an observer of people dying for lack of drugs. As a professional, I thought I was employed to treat patients and not observing them dying because of the lack of medicine. Therefore, I had to quit the public service to utilise my expertise effectively (Interview Carried on 15/08/2013 in Dar es Salaam)

Again, it was hard to find housing services for doctors and nurses near the hospital. Lack of housing impinged the frequency emergence of medical services. Doctors can not immediately respond to emergence calls especially in Dar es Salaam where there is high traffic. One respondent opined that:-

I stay in Mbagala, working at Mwananyamala Hospital, a distance of almost 30 kilometres. How do I attend to the emergency call with this traffic jams? At some instance, I have to switch off my phone to be inaccessible. After all, even when I attend to the call, they do not pay me my on call allowances on time, this discourages me

Therefore, I think of looking for another employer.

Despite of working conditions and recognition being very important factors and significant to retention of human resource for health in public hospitals, analysis from observation schedules in all health facilities consulted (which represent 100% of all 7 health facilities) revealed that the working environment is very poor. In particular, poor buildings, dilapidated toilet, inadequate of protective gears such as gloves in most of dispensaries, inadequate office space and wards against the recommend standards. However, in two regional referral hospitals consulted (Lindi and Mbeya regional referral hospitals) things were quite different. Findings from these referral hospitals, show good working environment and adequate facilities, unlike in other 7 health centers consulted.

Another notable misnomer was registered through interview, whereas 12 out of 20 staff (60%) revealed that, to a great extent public hospitals do not at any rate meet and satisfy human resource for health basic needs. The results imply that in public hospitals the government has failed to satisfy and meet basic needs for human resource for health. Regarding the issue of recognition, 14 out of 20 HRH (70%) interviewed had the view that their efforts were not valued despite the fact that they work in difficult conditions. One assistant medical officer in Mwananyamala revealed his grievances that:

The government does not value our work, we are not valued, neither recognise our status as doctors, see how the Tanzania Revenue Authority (TRA) staff and Bank of Tanzania (BOT) employees are being remunerated!!. We cannot even ask why and

how all this discrepancy of payments happens, they will catch and put you into grave ... see what happened to Dr. Ulimboka. It is like we are nothing to the government when it comes to demanding our rights,...look how we are deprived,... it is a shit job, (interviewed with the assistant medical officer in Dar es Salaam).

Furthermore, through checklist it was noted that in the consulted 6 health facilities out of 7 (86%), it was observed that employees were not paid for extra work, risk allowances, on call allowances, workplace hazardous allowances and house allowances. However, in district hospitals, regional referral hospitals and consultant hospitals it was noted that on call allowances are given occasionally and without any clear set of criteria. For example, it was noted that some human resource for health are paid TSH 100,000/: others are paid 200,000/: or even 300,000 for the same work done. This inequality in terms of available fringe benefits creates mixed feelings among HRH in public hospitals in Tanzania.

4.3 Discussions

This study has examined the extent to which Herzebeg's intrinsic and extrinsic factors influence human resource for health retention in public hospitals in Tanzania. The findings offer some insights which serve one to understand the factors associated with human resource for health in public hospitals in Tanzania. The findings reveal that working environment (this include working condition, salary, job security and company policy) and recognition(recognition, status, and work itself) were significantly

associated with retention of human resource for health in the Ministry of Health and Social Welfare from government hospitals. The reports revealed that poor working environment and inadequate working condition (such as poor salaries, working facilities, housing allowances and inadequate drugs) were found to be the central critical issues and major themes in those reports (MOHSW, 2013).

Working environment is one of the most important factors for smooth operation in any organisation, which may ultimately influence retention of employees. The findings concur with Ng'ethe *et al.*, (2012) also Phillips and Connel (2003) contentions that without favourable working environment, staff are not likely to stay in public offices. These quantitative results are supported by interview responses which affirm the need for favourable working environment. However, working condition in the health sector seems to be inadequate. Hospitals in Lindi lack office space where one office would accommodate three doctors at a time negating the need for privacy among patients as per WHO standards. Emerging from this information, the working conditions in all three regions remain pathetic and thus do not encourage HRH retention. Thus, the findings negate Dambisya (2007) and Dieleman *et al.*, (2006) who acknowledge the necessity of good working condition as prerequisite for HRH retention.

Motivation theories consider job security as an extrinsic factor for retention. In this study it emerged as the most important factor under work environment in explaining human resource for health retention. The findings again concur with findings echoes by Phillips and Connel (2003) who thought that job security proves

an opportunity to make plans buy homes and attain a sense of confidence in their future. Lack of perceived job security, is common for professionals (doctors and nurses) in Lindi to engage in other income generating activities like fishing and agriculture to subsidize their meagre salaries and benefit for survival. The implication is that, doctors and nurses will never spend most of their time at work place, thus ,they will go for more paying business, the salary paid by the government becomes a subsidy instead of being basic income. As such health staff may not quit the work place physically but remain absent psychologically.

Salary to workers in any organisation is an important factor which may influence retentions The findings indicate that salary is importance for retention. The findings are in line with other studies which found that respondents were not satisfied with their current salary scale (Belbin, 2011; Hijaz and Rowaida,1999; Rosser, 2009 and Kearney, 2009).Recognition formed the second cluster under intrinsic and extrinsic variables in explaining human resource for health retention. The findings reveal that recognition is statistically significant on human resource for health retention in public hospital. These findings agree with the view by management gurus like Van Wart (2005) and Re'em (2011) who recognise the need for staff recognition in terms of appreciation expressed through good work, good behaviour or actions. While recognition is important for staff retention, responses from Dar es Salaam and Mbeya provided opposite views. They categorically made it clear that their contribution in health field is not recognised. They believed that they were not recognised by the government (employers) and politicians. They are labelled as ones who cause lack of medicines in hospitals by stealing, something they refuted with dismay. These allegations demotivated them

from staying in public offices, as is the highest level of derogatory attacks on the medical profession. These allegations do not motivate them to stay in public hospitals. Instead, they become truants and psychologically withdrawn from office as observed by Shaban *et al.* (2013).

Work design is yet another factor contributing to human resource for health retention. In short, work design, refers to the perception on how the work is organised its sensitivity and its meaningfulness to real life. Basically, positive thinking of the work itself becomes part and parcel of work design. It has the highest probability in influencing human resource for health retention. In visited areas, work design appeared to be pathetic. The design was in terms of availability of working tools, and the danger involved in performing their duties. The existence of precipitating factors to HIV and AIDS pandemic made it more provoking. The findings concur with McKeown (2005) Philips and Connel (2003) who maintain that, better designed jobs have higher productivity and more satisfaction, thus higher degree of intent to stay.

5. Conclusion and policy implications

The paper examined the extent to which Herzberg two factor theory influence HRH retention in public hospitals in Tanzania. There are two major conclusions. First, the Herzberg two factor theory has proved to be a powerful tool to explain retention issues in public hospitals in Tanzania. The results indicate that working environment working condition, salary; job security and company policy, recognition, recognition, status, and work itself are significantly associated with HRH retention. It is also interesting

to note that the assumptions of the theory seem more applicable in some areas than others. Working conditions, salary, and motivation and work itself were strongly associated with retention in Dar es Salaam than it was the case in Mbeya and Lindi where other factors appeared more important than Herzberg factors. As such, differential perception of what motivates one to stay in public hospital differs since people have different interests given different contexts. It is also worth noting that conventionally, many interventions and related policies to motivation and ultimate retention are neither participatory nor based on local working environment. In order to achieve maximisation of ownership and empowerment, all government intervention strategies to achieve employees' retention should be developed jointly by all key stakeholders between the government and health employees in their local context. By considering local context, the HRH will be able to determine the form and content of the retention strategies that will accommodate itself to the value, interest, aspiration and social institutions which are important to life of employees. The government should stress the need for home grown model of self-reliant development strategies or intervention which can only come if the government learn to build and consider contextual issues in different regions and districts.

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