

An Analysis of the Reasons for Staff Turnover amongst Paramedics in South Africa

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ABSTRACT The objective of this study was to determine the factors that improve retention possibilities amongst paramedics, as well as verify the influence of demographic properties on retention possibilities amongst paramedics. Data was collected for this study through a job satisfaction scale, which was revised to accommodate a few unique elements to this study. Demographic properties of the subjects did not produce any striking statistical significance. Both men and women subjects found their professions exciting; the married and unmarried ones included. This study suggests that employers of paramedics are able to retain them as well as maintain good relations with them by providing a satisfying work environment where these employees can perform well and continue being productive. Future research can examine the degree of relatedness or otherwise of paramedics in different provinces within private and public health systems; and the proportion of resignations between males and females.

INTRODUCTION AND BACKGROUND

The main aims of this study, which focused on a provincial government's medical facility in South Africa, were three-fold, namely to determine the factors that improve retention within paramedic services, as well as determine the influence of demographic properties on paramedic retention. A third aim included offering suggestions on how to improve this condition.

Paramedic, as a profession, is evolving in South Africa. This perhaps justifies why Clarke (1998) noted that more training and certification was required in the profession. Beyond this though, studies have been conducted not only in South Africa, but around the globe, with the intention of determining why there is a high rate of attrition and absenteeism amongst paramedics. The rate at which reports of these studies are churned out suggests urgency. One can assume that the urgency derives from the significance of paramedic services in any country. As an integral part of the health care delivery system, paramedics provide access to emergency healthcare for twenty-four hours a day. Studnek and Mac Crawford (2007: 464) add that '*emergency medical service is a unique and diverse profession where individuals are asked to treat and transport sick and injured patients in times of great need.*'

In South Africa, the term paramedic is used as the job title for all emergency medical services (EMS) personnel, who are employed by a

variety of different organizations (SA Doctors nd). They may be employed as part of a public hospital system; in some cases working inside the hospital. They may be employed as part of a municipal emergency medical service, or part of some other public safety agency, such as fire, police, or the health department. They may also be employed by private companies, some of which may have contractual emergency service provision commitments to local municipalities, corporations, mines, air ambulances, racetracks or entertainment venues. Prehospital providers, as EMS practitioners are also known (Crill and Hostler 2005; MacFarlane and Benn 2003), are allied health professionals who are trained at the basic and or advanced life support level. Their tasks include the provision of out-of-hospital acute medical care as well as transport to definitive care for patients with illnesses and injuries (American College of Emergency Physicians 2010). The nature of their work thus places high physical demands on them by requiring them to physically carry both equipment and patients over significant distances or over multiple flights of stairs (Crill and Hostler 2005: 105). This paper uses the term paramedic to refer to all EMS personnel.

Health care organizations are regarded as places where those seeking health care should go to with confidence to obtain help from confident practitioners who work within efficient systems to deliver the objectives of healthcare. A report on the state of health care in South Africa

by Harrison (2010) hinted that the health sector workforce experienced significant low levels in job satisfaction. Significant low levels in job satisfaction could be a reason for the constant loss of paramedics and other health professionals to overseas organisations. Several reasons have however been provided for this constant loss of paramedics and these include a range of push and pull factors – working conditions, physical security, and remunerations (Govender et al. 2012). Hackland and Stein (2011) also outlined fifteen (15) factors that contributed to paramedics giving up their jobs. The first six factors on the list were salary dissatisfaction, poor locus of control, lack of promotion, lack of communication, dissatisfaction with benefits, and lack of employer appreciation.

In order to gain both specific and broad insight into this trend, the researcher not only examined South African based paramedic literature, but also literature from other South African sectors, notably nursing and medical practice. In some instances, literature from other countries was referred to.

Theoretical and Conceptual Framework of the Study

The framework for this study was developed following an extensive review of empirical accounts that related closely to the objectives of the study. It is important to note that while attention was focused on paramedic/emergency medical services' studies conducted in South Africa, references to key studies conducted elsewhere and in other sectors were also made so as to present relevant discourse as well as enlarge the understanding of the main focus of the study. However, the researcher made sure that only studies relevant to the aim of this study were utilised. This approach lends support to Michie and West's (2004: 93) opinion that those involved in healthcare research should make use of knowledge developed in other sectors rather than seeing healthcare as unique.

High staff turnover has been blamed on factors such as poor career opportunities, poor leadership and poor working conditions. These elements are referred to as facets of job satisfaction. Job satisfaction has almost become a hackneyed subject with the conversation dating as far back as seven decades. Despite the considerable interest in this subject, studies consis-

tently emerge to try and understand the degrees of influence that several aspects of the job content environment (Peters et al. 2010), employee personality (Okpara 2006; Ross and Van Eeden 2008) and demography (Jacobs and Roodt 2008) might have on employee satisfaction. This is so pursued in order that incidences of absenteeism, turnover, poor productivity, and employee unhappiness can be stemmed to a very manageable proportion. Working from a total of 248 completed questionnaires, which represented 31% of the dispensed questionnaires, Hennessy (2009) disclosed that the reason for investigating job satisfaction included high rates of absenteeism and lateness, low morale and negativity. She believed that job satisfaction was adversely affected by staff shortages, workload, frustrations with management, remuneration, lack of developmental opportunities and equipment.

Rasool et al. (2012) utilised factor analysis to reveal that employment issues, national policies, standards of living, poor quality of life as well as poor work opportunities were reasons why skilled talent left the country. In another study, Myburgh (2004:122) argued in favour of wage differentials as the main reason for a lack of retention of professional skills in South Africa, rather than some analysts' suggestion that racism and Affirmative Action played a role.

van der Ploeg and Kleber (2003), in a study of predictors of health symptoms amongst emergency medical services personnel, acknowledged that emergency medical personnel work in high risk environments replete with health symptoms such as fatigue, burnout, and post-traumatic symptoms, and that support from supervisors and adequate communication were some of the important ameliorating influences of these health symptoms. According to De Villiers and De Villiers (2004) as well as Wallis and Garach (2008) several government hospitals in South Africa are under-resourced. Equipment, drugs, medical service practitioners, and transport are in low supply. These researchers warn that it is important that factors, which satisfy or dissatisfy medical service practitioners, be identified and dealt with.

Roth et al. (2008: 158) paint a gloomy picture of the working conditions of emergency medical services workers thus: '*EMS providers are placed in high stress situations on a daily basis. They work in a variety of environments, in-*

cluding all types of weather (rain, heat, cold, wind and ice) and different terrain. Providers face violent patients or aggressive bystanders at the scene.' They went on to state that '... clearly these health threats are a source of stress that providers and families must struggle with on a daily basis'.

People want more than money (Pietersen 2005; Stilwell et al. 2004). They want to be needed, valued and appreciated — something a paycheck alone cannot do anymore. Something that Koch (1998) long argued went beyond a mere paycheck, but including elements such as respect (Clarke 1998) and growth opportunities (Govender 2006). These will no doubt eliminate and or reduce the high levels of job satisfaction which drive paramedics out of their jobs into other sectors or even out of South Africa.

Kerr-Phillips and Thomas (2009:86) state that a majority of their sample had confirmed that they had kept their jobs because their organizations had a high-performance culture and a well-structured development programme. These they said strengthened their commitment to their organizations. In the analysis of their findings, they discovered four common themes that attracted and kept their samples at their current jobs:

"Quality and depth of company leadership development programmes, including personal growth and development opportunities; high-performance workplace cultures that offer challenging and stimulating work opportunities; an attractive company brand and a culture that actively promotes people development and is ethical in its business approach; competitive remuneration packages".

Elsewhere, in Turkey, research shows that nurses were keen to quit because of inappropriate working hours (Yildiz et al. 2009: 116), whereas Luddy (2005: 104), in her investigation of health care workers in a Western Cape health facility indicated a nearly non-significant relationship with the job itself. However, owing to the type of patients at a Gauteng health facility, Hennessy (2009: 56) found out that health care workers felt severely stressed, demoralised and lacked genuine administrative and material support. Govender's (2006: 91) doctoral study of a military health facility in South Africa indicated differently. It emerged from her work that health care professionals at the military establishment enjoyed the actual nature of their work - 85% of the respondents indicated that their work made

a difference in the Department of Defence. De Witte (2005), Slabbert (2008) and Pillay (2009) are in agreement that health care providers in South Africa face a number of difficulties given the nature of their jobs. In a study, which dealt with job satisfaction of hospital nursing staff at a South African government hospital, Pietersen (2005: 22) found that the job itself was rated higher than some intrinsic factors such as promotion. Makie (2006: 102) and Smit (2006: 130) also confirmed that burnout, compassion fatigue, abuse by the sick and workload (insufficient staff) were responsible for the lack of satisfaction that South African health care professionals experienced. Although Pundit's (2006: 44) work seemed to suggest that nurses enjoyed their relationships with patients; public sector nurses had the bigger challenge of working with fewer resources.

In a study of macro and micro challenges for talent retention in South Africa, Kerr-Phillips and Thomas (2009: 87) mention the following factors as enabling retention possibilities for employees:

- ♦ Personal growth associated with participation in leadership development programmes;
- ♦ Unlimited career development opportunities;
- ♦ A value placement on skills and ability.

Slabbert (2008: 79) argues, however, that the above factors differed from person to person.

Several other studies (for example Pillay 2009; Ross and van Eeden 2008) however suggest that employee's reaction to a stimulus will depend upon a person's personality, culture, attitudes and beliefs. This suggests therefore that each worker will react differently to job satisfaction facets. Job satisfaction facets and motivation have been identified as critical to the retention and performance of health workers (Mbindyo et al. 2009: 47). Understanding how paramedics perceive the different facets of job satisfaction as well as organizational culture dimensions, as has been argued by several studies, may help in substantiating the degree of relatedness or points of difference among paramedics.

In their study of factors, which are associated with back problems among emergency medical technicians, Studnek and Mac Crawford (2007) disclosed that overall physical fitness and satisfaction with current emergency medical services assignments were predictors of back problems. While hinting that physical fitness and

satisfaction with the job itself had some association with recruitment flaws, their study indicated increased odds of reporting back problems with decreased levels of satisfaction. This is a likely indication that the nature of a job also provides some arguments for the job holder's consideration to retain or not to retain his job (Nel et al. 2008; Robbins et al. 2009). Research findings of De Jonge et al. (2000) and Gevers et al. (2010) provide renewed empirical support for the view that high-strain jobs (high demand and low control) are conducive to ill-health (emotional exhaustion and health complaints). Further, it appears that active jobs (high demand and high control) give rise to positive outcomes (job challenge and job satisfaction). This seems to support the commonly held belief that routine jobs are boring, while jobs that are challenging in nature create a feeling of satisfaction.

Patterson et al. (2009) also maintain that poor working conditions, which emanate from transport, among others, were significant reasons for resignation considerations. Binks (2011) argued that no nation could afford to have ill-equipped and unhappy EMS personnel, especially against the backdrop of the long hours that they put in at work. Citing Pagett and Padarath (2007), Binks went on to say that when paramedics are unhappy, the poor, rural and under-served populations will be the ones to suffer.

Study Objectives

- (1) Determine the factors that improve retention possibilities within paramedic services;
- (2) Determine the influence of demographic properties on retention possibilities within paramedic services; and
- (3) Recommend, on the basis of study findings, the salient factors that cause low retention of paramedic services personnel.

RESEARCH DESIGN

This study employed the quantitative research method. Quantitative methods assist with careful and systematic collection, ordering, description and interpretation of data. Kitto et al. (2008), Liamputtong and Ezzy (2005), and Malterud (2001) support the idea of quantitative research because it explores the behavior, process-

es of interaction, meanings, values and experiences of purposefully sampled individuals and groups in their natural context. Simply explained, quantitative research involves the use of numerical values, which are used to count or measure variables derived from questionnaires. Questionnaires are reliable tools for quantitative studies (Lloyd et al. 2012: 145). They help in concealing identities of participants as well as assist in rounding up a large number of subjects unlike the interview method that takes a long time and expense to conduct (Rao 2010).

Data Collection Instrument and Procedure

Data collected for this study was made possible by Ugwuegbu's (1981) job satisfaction scale, which was revised to accommodate a few unique elements to this study. For instance, these items were added to the instrument: *Are you an African Black, Coloured, White, Indian or other? Is this organisation government owned? If your answer to the above is Yes, which government? Provincial or National?* From the information provided by the HR officer in charge of paramedics, some of the paramedics worked in different disciplines in the establishment for some years before signing up for paramedic work. It is possible that those who indicated that they had worked in the establishment for over 6 to 7 years are likely to be those who changed careers while in the employment of the establishment. As a result, the data collection instrument was further revised to ask participants to indicate specifically how long they had worked as paramedics in their current establishment. Given the revisions, a validity test was conducted, which realised a standardised Cronbach alpha of .85. Referring to Gay (1992), Chen et al. (2006) confirmed that a reliability coefficient exceeding .8 for any test could be relied upon.

The use of Ugwuegbu's (1981) study is justified given its recent application (Afolabi et al. 2010; Nwabuoku and Adebayo 2010) in the study of employee satisfaction.

The instrument had two sections namely a personal detail section and a second section, which required participants to read each item and tick 'X' in one of the rows to indicate their response. The rows following each item had options such as SA (strongly agree); A (agree); U (undecided); D (disagree); and SD (strongly disagree). The distribution of the questionnaires

was done via email. EMS personnel who had been employed for a year and above in the establishment were contacted through a duty manager on site. Responses were expected from 176 EMS staff, but out of 151 questionnaires that were mailed back to the researcher, only 122 (representing 69%) fully completed questionnaires were used. Data collection took approximately 4 weeks. To assure anonymity of respondents, participants were not asked to disclose their names.

Data collected was analysed with the help of NCSS (Version 7). Means and frequencies were used to describe the data while chi-square tests and *t*-tests were used to test for differences across samples.

Ethical Consideration

Permission to access the health establishment investigated was granted by the management of the establishment. The researcher’s institution first cleared the instrument for data collection before writing to the health facility utilised for the study to consider granting permission to the researcher to access the health facility. It was agreed that the results of the study would be disclosed to the authorities with the caveat that no names of participants would be disclosed.

FINDINGS AND DISCUSSION

Table 1 presents a descriptive statistics of participants’ demographics. Demographic Properties and Work Enjoyment (Work Enjoyment is Used to Describe Overall Job Satisfaction)

The subjects were in agreement that they enjoyed their job. The interesting revelation here is that more males (62%) than females (38%) indicated that they enjoy their work ($p=0.000183$) (See Table 2).

This finding perhaps situates well within the argument of Sterud et al. (2011: 2) who argue that ‘being female in a male-dominated working environment such as the ambulance services may be a risk factor for higher levels of job stress among ambulance women’. In fact, Courtney et al. (2013) wrote that despite regular narrative suggesting poorer health outcomes in female paramedics.... gender was not significantly associated with any of the variables they exam-

ined. This statement indicates that concerns have been or are even been raised with respect to female paramedics. Reporting the rate of fatalities within EMS, Nedham et al. (2010) mentioned that violence against female EMS personnel was a cause for concern. Govender et al. (2012) expressed an almost similar concern in their paper. They found among others that physical security was one of the reasons for advanced life support paramedics’ intention to migrate.

Table 1: Participants’ demographics (N=122)

Variable	Categories	Frequency	Proportion (%)
Age	18-25	4	3.28
	26-35	93	76.23
	36-45	18	14.75
	46 and above	7	5.74
Gender	Male	76	63.1
	Female	46	36.89
Ethnicity	African Blacks	21	17.2
	Coloureds	34	27.87
	Indians	19	15.57
	Whites	48	39.3
Tenure	1-5years	110	90.16
	6-10years	12	9.8
Marital Status	African Blacks (M)	7	5.7
	African (UM)	14	11.48
	Blacks		
	Coloureds (M)	4	3.28
	Coloureds (UM)	30	24.6
	Indians (M)	11	9.0
	Indians (UM)	8	6.56
	Whites (M)	13	10.66
	Whites (UM)	35	28.69

M= Married; UM= Unmarried

Table 2: Demographic properties and work enjoyment

		Question: [I Find Real Enjoyment With My Work]		
		SA	A	Total
Gender	Female	6	40	46
	Male	35	41	76
	Total	41	81	122
Marital Status	Married	12	22	34
	Unmarried	29	59	88
	Total	41	81	122
Ethnicity	Black	9	12	21
	Coloured	13	28	41
	Indian	5	7	12
	White	14	34	48
	Total	41	81	122

In terms of marital status, it was clear that both married (28%) and unmarried (72%) EMS personnel were happy with their jobs ($p=0.806$)

239). Of significance was that unmarried EMS personnel felt more strongly towards their jobs than the unmarried ones ($p=0.002$). This result aligns well with the studies of Roth et al. (2008) who feared that the nature of paramedic service might be a source of stress for families. The sense to draw from this is that paramedic service might favour the unmarried a bit more. Mean scores for married was 32.06, while unmarried EMS personnel achieved 31.35. Essentially, there were more unmarried subjects in the study (Mean scores: 32.06/31.35).

There is no significant statistical difference ($p=0.649199$) among the different ethnic groups with regard to work enjoyment. This indicates that members of the different ethnic groups sampled were happy with their jobs.

Age and Tenure vs. Work Enjoyment

There is no significant statistical difference between age and work enjoyment ($p=0.06$) as well as tenure and work enjoyment ($p=0.06$). This is an indication that age and tenure do not influence the way they perceive job satisfaction.

Work Enjoyment and Salary (Inappropriateness, Insufficient, Enough)

Overall, there is no significant difference between work enjoyment and salary ($p=0.003241$; 0.000130 ; and 0.045042). Those who said salary was not satisfactory felt strongly about it. However, there was an indication that they enjoyed their work irrespective of their consideration for salary. Essentially, the stronger they felt about their work enjoyment, the stronger they felt about the inappropriateness of the salary.

Work Enjoyment and Wanting to Stay on the Job/Profession

Item 8 of the questionnaire sought to know if subjects would rather get a job outside their current profession as a result of not wanting to identify with the profession. The response indicated a strong disagreement (78.9%; $p=0.000412$). Nirel et al. (2008) achieved a 60% response rate in favour of staying in the profession if there was appropriate pay, recognition for academic achievement and a wage scale that befitted the profession. However, Patterson et

al. (2009: 86) report that approximately six percent of their sample indicated that they would not spend more than a year within the profession (Table 3).

Table 3: Cross tabs for keenness to remain on the job/profession against work enjoyment

		<i>Question: [I Find Real Enjoyment With My Work]</i>		
		SA	A	Total
<i>Question:</i>	A	0	1	1
<i>[Staying with the</i>	D	16	60	76
<i>Profession/Job]</i>	SD	25	20	45
Total		41	81	122

Workload and Work Enjoyment

Initial frequency distribution report showed that subjects were of the opinion that their workloads were too much (Item 10 of questionnaire). Crosstab analysis finds that workload has a significant difference ($p=0.481484$) with work enjoyment. To some extent, this finding supports an earlier one (Table 2) which indicated that married EMS personnel showed a significant dislike for the nature of their job. Sofianopoulos et al. (2012) had a similar result when they undertook a literature review to investigate the impact of shift work on pre-hospital emergency providers.

Ability to Work Independently

When asked if they could work independently without any necessary supervision if given adequate training (Item 13 of the questionnaire), the subjects indicated a strong positive response. In a Crosstab, the result shows no significant difference ($p=0.045815$). An earlier result (Table 3) indicated that subjects were willing to identify with the profession. The subjects' keenness to stick to their profession suggests that they are proud of the profession, yet more training and development will be needed to keep the excitement going. This interpretation aligns with Bhandari et al.'s (2010) finding which insists that tapping one's potential leads to greater job satisfaction, higher levels of motivation, fulfilment of higher order needs and ultimate happiness (Table 4).

Promotional Opportunities and Work Enjoyment

Items 16, 17 and 18 of the questionnaire contained constructs that intended to find out about

promotional opportunities, which the subjects unanimously agreed were minimal in the establishment that was studied. However, this finding does indicate a dislike for their job ($p=0.296416; 0.377044$) when cross tabbed with work enjoyment. This means that there is a significant difference between promotional opportunities and work enjoyment. This finding is supported by Oosthuizen (2005) and Rasool et al. (2012).

Table 4: Crosstabs for ability to work independently and work enjoyment

<i>Question: [I Find Real Enjoyment With My Work]</i>			
<i>Question:</i>	SA	A	Total
<i>[Ability To Work SA</i>	29	42	71
<i>Independently] A</i>	12	39	51
Total	41	81	122

Promotional Opportunities and Work Enjoyment

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Interpretation and Implications of the Findings

In general, demographic properties of the subjects did not produce any striking statistical significance. Both men and women subjects found their professions exciting; the married and unmarried ones included. However, it is of empirical importance to underscore the fact that unmarried ones related to the nature the profession better. Paramedics spend inordinate amounts of time at work; often spending long hours either at hospitals or sites of accidents, resulting in estranged relationships between them and their families. This is consistent with Roth and Moore (2009) as well as Williams and Boushey (2010) who found that emergency med-

ical services' work strained relationships in families. There was also a strong indication that the subjects are keen to keep their jobs on the basis of the affection they offer to the people they attend to. However, the subjects, one can infer, desire more up-skilling projects, perhaps for better self-efficacy (Iwu et al. 2012).

Albert Bandura's self-efficacy philosophy refers to the belief in one's capabilities to organize and execute courses of action, which are required to manage prospective situations (Robbins et al. 2009: 504). According to Covey and Merrill (2006:9, 10) belief in ones capabilities (competence-based trust) comes with trust from management and constant communication. Improving non-monetary incentive frameworks (such as continuous training, supervision, appropriate equipment) faced by health personnel will improve motivation and thus productivity and quality of the health workforce (Liese et al. 2003). Daviaud and Chopra (2008: 49) report an interesting example of how Thailand successfully utilized a system of peer review and recognition (non-monetary incentives) to motivate its health workers. EMS personnel are health-related professionals, whom Stander and Rothman (2010) as well as Koekemoer and Mostert (2006) argue would experience lesser stress and burnout if their self-efficacy levels were high. Essentially, Coetzee and Schreuder (2010) insist that job satisfaction in this case would reflect a critical work outcome such as feelings of fulfilment from the job and the work setting. According to Strydom and Roodt (2006: 22), the prestige attached to health-related professions offers an intrinsic satisfaction. They also found out that self-efficacy predicted job satisfaction when it interacted with internal climate dimensions such as specialist qualification.

There was a unanimous agreement that promotional opportunities were minimal in the establishment studied. Promotional opportunities are traditionally based on aspects such as work performance history and meritorious work-related grounds, thus issues around promotion will lead to a lot of debate and unhappiness (Swanepoel et al. 2008: 413). The mere disclosure of a lack of promotional opportunities is a concern that should be taken seriously by health establishments. The impact of a lack of promotional opportunities in a health establishment will include poor self worth, poor salary and poor image (Coetzee and Schreuder 2010). Luthans and

Peterson (2002) found that a strong psychological commitment emanated from employees whose work environment was emotionally and cognitively engaged. Oosthuizen (2005: 195) linked reasons for emigration to esteem and self-actualisation needs which are derived from the desire for promotion and career advancement. Essentially, employees experience satisfaction when they believe that their future prospects are good. If their future prospects are good, it may then translate into opportunities for advancement and growth in their current workplace, or enhance the chance of finding alternative employment. Conversely, if people feel that they have limited opportunities for career advancement, their job satisfaction may decrease.

The Basic Ambulance Assistant (BAA), a 4 week qualification and of which there are +55000 nationally registered with the Health Professions Council of South Africa (HPCSA) make up +/- 80% of the workforce. Opportunities for promotion at this level are impossible. The Advanced Life Support (Critical Care Assistant or 3 Year National Diploma or BTech graduates), of which there are approximately 1300 registered with the HPCSA, are in high demand all over the world and countries like Qatar would pay +R60000 per month to employ these graduates. In fact, Cullinan (2005) revealed that by 2001 more than 23 000 South African-born health employees were working abroad in countries such as Britain, the USA, Canada, Australia and New Zealand. Opportunities for career advancement are scarce and expensive (for example, a 12 week AEA course in the private sector can cost +R45000). Job opportunities in the EMS sector for BAA qualified personnel are limited. In South Africa, the public sector employs just over 1200 EMS personnel and every year 6000-7000 BAA's are de-registered by the HPCSA primarily due to non renewal of membership; a consequence of unemployment. Little wonder then why developed economies; with attractive salary packages, better working conditions and a more developed EMS career development programmes, seem to pull South African paramedics.

CONCLUSION

Health establishments can attract as well as retain paramedics by providing a satisfying work environment where these employees can perform well and continue being productive. Em-

ployee dissatisfaction impacts negatively on both a paramedic and his establishment. Paramedics experience major challenges in their day-to-day duties and these can lead to severe distress, burnout or physical illness and to a decrease in quality of life and service provision. When any of these is experienced, establishments can experience increased absenteeism and turnover. Increased absenteeism and turnover can subsequently lead to increased workload, poor response to suffering or dying patients and organisational problems and conflicts. Furthermore, since a greater proportion of females indicated that workload was too much, it might help for health establishments to consider preferential workload favouring females.

While this study has not indicated any significant influence of demographic properties on retention possibilities, it is worth noting that unmarried paramedics felt more strongly towards their jobs. Considering previous studies, one can argue that paramedic service might be a source of stress for families. The recommendation therefore could be the introduction of family-friendly work practices such as flexible work schedules, dependent care assistance, leave arrangements, counseling and referral services. This paper argues that these can help paramedics achieve a good balance between their work and family, but more importantly, improve attitudes towards their jobs as well as minimize intentions to leave the profession.

What is also clear from this study is that while facets such as income, working conditions, relationship with supervisors and co-workers did not reveal any significant statistics, the fact that promotional opportunities typically stood out for the subjects is an indication that paramedics at this institution felt so much was lacking. This view stems from the connotative nature of the concept of promotional opportunities. Research has shown that promotional opportunities attract higher wages, better life style, and a much more committed workforce.

RECOMMENDATIONS FOR FURTHER STUDY

Considering that the subjects came from one provincial health facility, generalisation of the results needs to be done with great caution. Therefore, further study could consider a much enlarged population comprising paramedics from

several provincial health facilities and if possible an equal number of the different ethnic groups. Further study on this subject and in particular within the South African practice community may also want to look at the degree of relatedness or otherwise of paramedics in different provinces; be them public or private paramedic service personnel. It might be helpful in future to utilise both interviews and questionnaires to extend such studies – if guarantees are given that paramedics would have the time to participate. It may also be necessary to look at the proportion of resignations between males and females because of the revealing indication that more males than females enjoy their work.

LIMITATIONS

Beyond the rigour of obtaining access to the health establishment studied, it was also challenging for the duty manager to get the paramedics to fill out questionnaires. Questionnaires were considered ‘extra’ work and may not have been persuasive enough for everyone in the population to participate.

REFERENCES

- Afolabi OA, Awosola RK, Omole SO 2010. Influence of emotional intelligence and gender on job performance and job satisfaction among Nigerian policemen. *Current Research Journal of Social Sciences*, 3: 147-154.
- Bhandari P, Bagga R, Nandan D 2010. Levels of job satisfaction among healthcare providers in CGHS dispensaries. *Journal of Health Management*, 12(4): 403-422.
- Binks F 2011. *Retention Strategy of Paramedics in South Africa*. MBA Thesis, Unpublished. Pretoria: University of South Africa.
- Chen S, Yang C, Shiau J, Wang H 2006. The development of an employee satisfaction model for higher education. *The TQM Magazine*, 18(5): 484-500.
- Clarke ME 1998. Emergency medicine in the new South Africa. *Annals of Emergency Medicine*, 32: 367-372.
- Coetzee M, Schreuder D (Eds.) 2010. *Personnel Psychology: An Applied Perspective*. Cape Town: Oxford.
- Courtney JA, Francis AJP, Paxton SJ 2013. Caring for the country: Fatigue, sleep and mental health in Australian rural paramedic shiftworkers. *Journal of Community Health*, 38(1): 178-186.
- Covey SMR, Merrill R 2006. *The Speed of Trust: The One Thing That Changes Everything*. New York: Free Press.
- Crill MT, Hostler D 2005. Back strength and flexibility of EMS providers in practicing prehospital providers. *Journal of Occupational Rehabilitation*, 15(2): 105-111.
- Cullinan K 2005. Framework: No cure for health employee's ills, but a tonic for talks. *Cape Times*, August 8, 2005, P.11.
- Daviaud E, Chopra M 2008. How much is not enough? Human resources requirements for primary health care: A case study from South Africa. *Bulletin of the World Health Organization*, 86(1): 46-51.
- De Jonge J, Dollard MF, Dormann C, Le Blanc PM, Houtman ILD 2000. The demand-control model: Specific demands, specific control, and well-defined groups. *International Journal of Stress Management*, 7: 269-287.
- De Villiers MR, De Villiers PJT 2004. Doctors' views of working conditions in rural hospitals in the Western Cape. *SA Family Practice*, 46(3): 21-26.
- De Witte H 2005. Job insecurity: Review of international literature on definitions, prevalence, antecedents and consequences. *SA Journal of Industrial Psychology*, 31(4): 1-6.
- Gevers J, Van Erven P, De Jong J, Maas M, De Jong J 2010. Effect of acute and chronic job demands on effective individual teamwork behaviour in medical emergencies. *Journal of Advanced Nursing*, 66(7): 1573-1583.
- Govender K, Grainger L, Naidoo R, MacDonald R 2012. The pending loss of advanced life support paramedics in South Africa. *African Journal of Emergency Medicine*, 2: 59-66.
- Govender V 2006. *Job Satisfaction Among Healthcare Professionals in Area Military Health Unit, KwaZulu Natal*. MBA Thesis, Unpublished. Durban: University of KwaZulu Natal.
- Hackland S, Stein C 2011. Factors influencing the departure of South African advanced life support paramedics from pre-hospital operational practice. *African Journal of Emergency Medicine*, 1: 62-68.
- Harrison D 2010. An Overview of Health and Health Care in South Africa 1994-2010: Priorities, Progress and Prospects for New Gains. *A Discussion Document Commissioned by the Henry J. Kaiser Family Foundation to help inform the National Health Leaders' Retreat*, Muldersdrift, January 24 to 26 2010, pp.1-40.
- Hennessy E 2009. *Job Satisfaction of Nurses in a Public Hospital with a High Number of HIV and AIDS Patients*. MSc Thesis, Unpublished. University of Witwatersrand, Johannesburg.
- Holman D, Wall TD, Clegg CW, Sparrow P, Howard A 2003. *The New Workplace: A Guide to the Human Impact of Modern Working Practices*. Sussex: John Wiley.
- Iwu CG, Allen-Ile CO, Ukpere WI 2012. Key factors of employee satisfaction for the retention of health-related professionals in South Africa. *African Journal of Business Management*, 6(39): 10486-10506.
- Jacobs E, Roodt G 2008. Organisational culture of hospitals to predict turnover intentions of professional nurses. *Health SA Gesondheid*, 13(1): 65.
- Kerr-Phillips B, Thomas A 2009. Macro and micro challenges for talent retention in South Africa. *South African Journal of Human Resource Management*, 7(1): 82-91.
- Kitto SC, Chesters J, Grbich C 2008. Quality in qualitative research. Criteria for authors and assessors in the submission and assessment of qualitative research

- articles for the Medical Journal of Australia. *Med J Aust*, 188: 243–246.
- Koch J 1998. Satisfy them with more than money. *Workforce*, 77(11): 40-43.
- Koekemoer FE, Mostert K 2006. Job characteristics, burnout and negative work home interference in a nursing environment. *South African Journal of Industrial Psychology*, 32(3): 87-97.
- Liamputtong P, Ezzy D 2005. *Qualitative Research Methods*. Melbourne: Oxford University Press.
- Liese B, Blanchet N, Dussault G 2003. *Background Paper: The Human Resource Crisis in Health Services in Sub-Saharan Africa*. The World Bank.
- Lloyd CE, Roy T, Begum S, Mughal S, Barnett AH 2012. Education and psychological aspects measuring psychological well-being in South Asians with diabetes; a qualitative investigation of the PHQ-9 and the WHO-5 as potential screening tools for measuring symptoms of depression. *Diabet Med*, 29: 140–147.
- Luddy N 2005. *Job Satisfaction Amongst Employees at a Public Health Institution in the Western Cape*. MCom Thesis, Unpublished. University of the Western Cape, Cape Town.
- Luthans F, Peterson SJ 2002. Employee engagement and manager self-efficacy: Implications for managerial effectiveness and development. *Journal of Management Development*, 21(5): 376-387.
- MacFarlane C, Benn CA 2003. Evaluation of emergency medical services systems: A classification to assist in determination of indicators. *Emergency Medicine Journal*, 20(2): 188-191.
- Makie VV 2006. *Stress and Coping Strategies Amongst Registered Nurses Working in a South African Tertiary Hospital*. MCom Thesis, Unpublished. University of the Western Cape, Cape Town.
- Malterud K 2001. Qualitative research: Standards, challenges, and guidelines. *Lancet*, 358: 483–488.
- Mbindyo PM, Blaauw D, Gilson L, English M 2009. Developing a tool to measure health worker motivation in district hospitals in Kenya. *Human Resources for Health*, 7: 40-51.
- Michie S, West M 2004. Managing people and performance: An evidence based framework applied to health service organizations. *International Journal of Management Reviews*, 5/6(2): 91-111.
- Myburgh A 2004. Explaining emigration from South Africa. *The South African Journal of Economics*, 72(1): 122-148.
- Nedham I, Mckenna K, Kingma M, Oud N (Eds.) 2010. *Violence in the Health Sector: From Awareness to Sustainable Action*. Amsterdam: Kavanah.
- Nel PS, Werner A, Haasbroek GD, Poisat P, Sono T, Schultz HB 2008. *Human Resources Management*. 7th Edition. Cape Town: Oxford.
- Nirel N, Goldwag R, Feigenberg Z, Abadi D, Halpern P 2008. Stress, work overload, burnout, and satisfaction among paramedics in Israel. *Prehospital and Disaster Medicine*, 23(6): 537-546.
- Nwabuoku UC, Adebayo SO 2010. Burnout, empowerment and job satisfaction in human services: A comparative and correlational study of women. *The Social Sciences*, 5(4): 276-279.
- Okpara JO 2006. Gender and the relationship between perceived fairness in pay, promotion and job satisfaction in a sub-Saharan African economy. *Women in Management Review*, 21(3): 224-240.
- Oosthuizen MJ 2005. *An Analysis of the Factors Contributing to the Emigration of South African Nurses*. Doctor of Literature and Philosophy Thesis, Unpublished. University of South Africa, South Africa.
- Patterson PD, Moore CG, Sanddal NO, Wingrove G, La Croix B 2009. Characterizing job satisfaction and intent to leave among Nationally Registered Emergency Medical Technicians: An analysis of the 2005 LEADS survey. *Journal of Allied Health*, 38(3): 84-91.
- Peters DH, Chakraborty S, Mahapatra P, Steinhardt L 2010. Job satisfaction and motivation of health workers in public and private sectors: Cross-sectional analysis from two Indian states. *Human Resources for Health*, 8(27): 1-11.
- Pietersen C 2005. Job satisfaction of hospital nursing staff. *South African Journal of Human Resources Management*, 3(2): 19-25.
- Pillay R 2009. Work satisfaction of professional nurses in South Africa: A comparative analysis of the public and private sectors. *Human Resources for Health*, 7(15): 1-10.
- Pundit P 2006. *Work Satisfaction Among Nurses in South Africa: A Comparative Analysis between Public and Private Organisations*. MBA Thesis, Unpublished. Cape Town: University of Cape Town.
- Rao TB 2010. *Research Methodology*. 3rd Edition. New Delhi: Paras.
- Rasool F, Botha CJ, Bisschoff CA 2012. Push and pull factors in relation to skills shortages in South Africa. *Journal of Social Science*, 30(1): 11-20.
- Robbins SP, Judge TA, Odendaal A, Roodt G 2009. *Organisational Behaviour: Global and Southern African Perspectives*. Cape Town: Pearson.
- Roos W, van Eeden R 2008. The relationship between employee motivation, job satisfaction and corporate culture. *South African Journal of Industrial Psychology*, 34(1): 54-63.
- Roth SG, Moore CD 2009. Work-family fit: The impact of emergency medical services work on the family system. *Prehospital Emergency Care*, 13(4): 462-468.
- Roth SG, Reed RA, Zurbuch H 2008. The effects of working in emergency medical services on family life. In: MR Blakely, SM Timmons (Eds.): *Lifestyle and Health Research*. New York: NovaScience Publishers.
- SA Doctors nd. All About Paramedics. From <<http://doctors-hospitals-medical-cape-town-south-africa.blaauwberg.net/details.php?id=728>> (Retrieved 29 October 2012).
- Slabbert Mon 2008. *An Analysis of Staff Turnover in the Optometric Industry*. MBA Mini Dissertation, Unpublished. Potchefstroom: North West University.
- Smit JA 2006. *The Influence of Coping and Stressors on Burnout and Compassion Fatigue Among Health Care Professionals*. PhD Thesis, Unpublished. University of Free State, Bloemfontein.
- Sofianopoulos S, Williams B, Archer F 2012. Paramedics and the effects of shift work on sleep: A literature review. *Emergency Medicine Journal*, 29: 152-155.

- Stander M W, Rothman S 2010. Psychological empowerment, job insecurity and employee engagement. *South African Journal of Industrial Psychology*, 36(1): 1-8.
- Sterud T, Hem E, Lau B, Ekeberg 2011. A comparison of general and ambulance specific stressors: Predictors of job satisfaction and health problems in a nationwide one-year follow-up study of Norwegian ambulance personnel. *Journal of Occupational Medicine*, 6:10.
- Stilwell B, Diallo K, Zurn P, Vujicic M, Adams O, Dal Poz M 2004. Migration of health-care workers from developing countries: Strategic approaches to its management. *Bulletin of the World Health Organization*, 82(8): 595-599.
- Strydom A, Roodt G 2006. Developing a predictive model of subjective organizational culture. *SA Journal of Industrial Psychology*, 32(4): 15-25.
- Studnek JR, Mac Crawford J 2007. Factors associated with back problems among emergency medical technicians. *American Journal of Industrial Medicine*, 50:464-469.
- Swanepoel BJ, Erasmus BJ, Schenk HW 2008. *South African Human Resource Management: Theory and Practice*. Lansdowne: Juta.
- U.S National Library of Medicine nd. Emergency Medical Services. From <<http://www.nlm.nih.gov/medlineplus/emergencymedicalservices.html>> (Retrieved on March 24, 2010).
- Ugwuegbu DCE 1981. The impact of cultural predisposition on employees work satisfaction. In: DCE Ugwuegbu (Ed.): *Organisational Behaviour and Management. A Psychological View*. Ibadan: University of Ibadan Press, pp. 35-47.
- Van der Ploeg E, Kleber RJ 2003. Acute and chronic job stressors among ambulance personnel: Predictors of health symptoms. *Occupational Environmental Medicine*, 60(Suppl 1): 140-146.
- Wallis LA, Garach SR, Kropman A 2008. State of emergency medicine in South Africa. *International Journal of Emergency Medicine*, 1(2): 69-71.
- Williams JC, Boushey H 2010. *The Three Faces of Work-Family Conflict*. San Francisco: Center for American Progress/WorkLife Law.
- Yildiz Z, Ayhan S, Erdogmus S 2009. The impact of nurses' motivation to work, job satisfaction, and socio-demographic characteristics on intention to quit their current job: An empirical study in Turkey. *Applied Nursing Research*, 22: 113-118.