

Rural Allowance and the Retention of Health Professionals in Selected Hospitals in the North West Province of South Africa

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ABSTRACT This paper sought to establish the extent to which the rural allowance for health professionals had the desired effect of retaining these professionals at the selected hospitals in the rural and to establish the challenges faced by these health professionals. A cross-sectional design was used in this study. Questionnaire for data collection had both closed and open ended questions. A sample of 40 participants was drawn from each hospital for each week. Majority of the respondents think insufficient salaries 58 (79.5%), lack of staff training 39 (53.4%), high workload due to shortage of staff 21 (28.7%), none payment of overtime 19 (26.0%), shortage of resources 18 (24.6%), distance from home 9 (12.3%), while minority 7 (9.5%) think because of lack of better schooling for children was responsible for lack of retention in the rural area.

INTRODUCTION

South Africa is characterized by an unequal distribution of healthcare professionals between rural and urban area (Reid 2004). The shortage of healthcare professionals in rural communities remains a difficult problem that poses a serious challenge to equitable health delivery (WHO 2003). Rural communities are on average sicker, poorer and not educated; they also have worse access to health care than people in urban areas. This discrepancy between health needs and service provision is captured by Hart's 'inverse care law', which states that those with the greatest health needs usually have the worst access to health care services (Hart 1971).

Every healthcare professional is an important part of the healthcare system and shortage in any area creates problems for other cadres of workers. Industry-wide shortages create the possibility that patients will receive sub-standard care or even be placed in danger. These shortages also create an environment that is not conducive to retaining the most qualified and experienced healthcare professionals. WHO (2006) reported that 57 countries, most of them in Africa and Asia, face a severe health workforce crisis. They estimate that over 2 million health service providers and 1.8 million management support workers are needed to fill the gap (WHO 2009). Factors influencing the global health worker shortage echo the Human Re-

source Health (HRM) in South Africa. Global skill imbalances, poor distribution of health workers and undesirable work environments are major impediments to appropriate service delivery (Chen 2004).

There is also a poor allocation of resources between public and private sector health workers and within the public sector. Physicians working in the private sector of South Africa's health system rose from 40 percent in 1980 to 79 percent in 2007, leaving many clinics in the public sector without direct supervision from physicians (Coovadia 2009). The unbalanced allocation between urban and rural areas leaves South Africa's rural dwellers (44 percent of total population) with only 19 percent of the country's physicians and 12 percent of its nurses (Department of Health 2011). It has been seven years since the new rural allowance was implemented as a national initiative instituted by the Minister of Health to address the problem created by the rural recruitment allowance instituted in South Africa (Reid 2004). The intention of the rural allowance was to attract and retain health professionals to work full-time in public health services in rural, under-served and other inhospitable areas identified by provincial health departments. Government awarded the rural allowance, a non-pensionable fixed percentage linked to the annual salary notch to most categories of health professionals including doctors, dentists, dieticians, pharmacists, psychologists,

radiographers, therapists and professional nurses with 4-year diploma or degree (Department of Health 2004). The policy excluded junior nurses (enrolled nurses with 2 years of training and nursing assistants with 1-year training). However, since the inception of this allowance its relationship with retention of health professionals in rural areas was never empirically tested. Thus the aim of this study was to assess whether the rural allowance as instituted has led to the retention of health professionals in the selected hospitals in Dr Ruth Segomotsi Mopati District.

Although the North-West Province is largely rural, other districts in the province do not experience a shortage of health care professionals such as experienced by this District (North West Department of Health 2005). According to the North-West Department of Health Annual Report of 2005, Health Districts such as Dr Kenneth Kaunda and Ngaka Modiri Molema, although allocated a high number of posts that are commensurate or proportional with the size of the institution, have a lesser vacancy rate as they are able to recruit and retain health professionals because they are less rural. The two selected district hospitals in the Dr Ruth Segomotsi Mopati District are far (approximately 480km) from the main city centres such as Pretoria and Johannesburg where both academic hospitals (including higher level of care hospitals) and more well-resourced institutions

The following are gaps identified which leads to poor retention of health professionals in the selected hospitals within the District; lack of facilities, lack of administrative and professional support and expertise, challenges with appropriate qualifications to do the tasks, and inadequate incentives.

This paper therefore established the extent to which the rural allowance for health professionals has had the desired effect of retaining these professionals at the selected hospitals in the rural and to establish the challenges faced by these health professionals.

METHODOLOGY

The study was conducted at two selected Hospitals in the Dr Ruth Segomotsi Mopati District, of the North-West Province. The two hospitals are district hospitals that play a pivotal role in supporting primary healthcare. Because they are relatively small hospitals, they provide

level 1 (generalised) service to in-patients and out-patients ideally on a referral from community health centres and clinics. The selected hospitals are in the rural areas within the Dr Ruth Segomotsi Mopati District, of the North-West Province. The conditions where these hospitals are situated are inhospitable and have been declared as such by the North-West Department of Health and health professionals in these areas qualify for rural allowance.

The study population consisted of all health care professionals at the selected hospitals from all departments and wards at the time the study was conducted. Most participants were females. The study population was multicultural, with mainly black and a few white people.

Due to the small number of the participants, the census survey was used for the present study. The researcher opted for census survey because it is accurate as it involves everyone in the population. The census survey in this study is composed of 10 medical officers, 60 nurses, 4 pharmacists, 2 radiographers, 2 dieticians, 2 psychologists and 2 occupational therapists from the two selected hospitals in the Dr Ruth Segomotsi Mopati Health District.

The inclusion criteria were all healthcare professionals at the hospital who were available at the time of the study and willing to participate. The exclusion criteria were those who were not available such as those who were on leave and those who decided to exercise

A structured questionnaire was used to collect data from the health professionals working at the two selected district hospitals in the Dr Ruth Segomotsi Mopati District. The questionnaire contained closed ended questions and open-ended questions all in line with the study objectives. The respondents answered based on the extent to which they agree or disagree with the statements in the questionnaire.

The questionnaire was divided into four sections. Section A sought the demographic information of the participants such as age, gender. Section B requested the socio-economic information of the participants such as household-income, number of people in the household, employment status. Section C sought the perceptions of the participants on recruitment and retention of health professionals and Section D sought the perceptions of the participants on job satisfaction factors. The questionnaire was self-administered for clarity purposes and to seek respondents' opinions.

The Statistical Package for Social Science (SPSS) version 20.0 was used to analyse the generated data. Data were also summarised using tables and graphic presentations for the interpretation of findings. Statistics were based on percentages and frequencies. Association between rural allowance and retention was assessed for statistical significance using the 'chi-square' test of association. The level of significance was set at 0.05.

RESULTS AND DISCUSSION

Socio-demographic Characteristics of Respondents

Health professionals from the two selected district hospitals in the Dr Ruth Segomotsi Mom-

Table 1: Socio-demographic characteristics of respondents

Variable	N	Percentage
<i>Gender</i>		
Male	21	28.8
Female	52	71.2
Total	73	100.0
<i>Age</i>		
<25	3	4.1
25 – 29	4	5.5
30 – 34	9	12.3
35 – 39	19	26.0
40 – 44	18	24.7
45 – 49	8	11.0
Over 49	12	16.4
Total	73	100.0
<i>Marital Status</i>		
Single	31	42.5
Married	21	39.7
Widowed	8	11.0
Divorced	5	6.8
Total	73	100.0
<i>Duration of Service in Facility</i>		
< 1 year	9	12.3
1 – 4 years	41	56.1
5 – 8 years	13	17.9
9 – 12 years	2	2.7
13 – 16 years	1	1.4
17 – 20 years	7	9.6
Total	73	100.0
<i>Duration of Service in Current Position</i>		
< 1 year	4	5.5
1 – 4 years	45	61.6
5 – 8 years	15	20.3
9 – 12 years	4	5.5
13 – 16 years	2	2.8
17 – 20 years	3	4.1
Total	73	100.0
<i>Job Title/Profession</i>		
Medical officers	10	13.7
Nurses	59	80.8
Pharmacists	3	4.1
Occupational therapists	1	1.4
Total	73	100.0

pati District participated in the survey and total of 73 health professionals were interviewed (Table 1). 70% of the health professionals were females, this gender distribution is in line with the demographics of health facilities where nurses (a profession employing females) are more than all other professional categories in health services. Professional categories of health professionals interviewed comprised of nurses in the majority (80.8%) followed by medical practitioners at 13.7%, the other categories made up the remaining percentage with 5.5% for pharmacist professional and occupational therapists.

Almost three quarters (68.4%) of the health professionals who participated in the study have worked in their respective health facilities for a period of less than 5 years as compared to a quarter (31.6%) whose length of service is between 5 and 20 years.

Family and Children of Participants

In Table 2 it is indicated that most of the respondents (63%) did not live with family near their workplace, whereas 37% lived with their families near their workplace. It is also revealed in Table 2 that 87.7% of the participants had children, only 12.3% did not have children. Since the majority had children only a few percent of those who have children (16.4%) made sure that their children go to school near their place of work.

Salary Categories of the Respondents

Figure 1 indicated that 27.4% of the respondents earned between one hundred and twenty thousand rand and one hundred and sixty thousand rand and 23.3% of the respondents earned above two hundred and ninety thousand rand. About 68.5% of the respondents received rural allowance while 31.5% of the respondents did not receive rural allowance.

Adequacy of Rural Allowance of Respondents

Figure 2 revealed that about 74% of the respondents indicated that the rural allowance was not quite adequate or not adequate at all. While 9.6% of the respondent agreed that rural allowance was quite adequate or adequate. In contrast, 16.4% of the respondents didn't know how to rate the adequacy of rural allowance.

The results indicated that 68.5% of participants agreed that if they had to choose a career again, they would choose the same career (Table 3). Over 75% respondents did not think that their income was the reflection of the job they do. While a total of 52.0% of the respondents believed that there was personal growth in their work, about 36% did not experience any personal growth. Nearly forty per cent 39.7% agreed that they enjoyed their work, with another 20.5% saying they strongly agreed they enjoyed their work, while only 11.0% strongly disagreed. About 52.1% of the respondents indicated that in general they were satisfied with their jobs.

Recruitment and Retention Factors

- Improvement of accommodation facilities – 20 (31.5%) of the respondents.
- Increase current rural allowance – 20 (27.3%) of the respondents.
- Payment of rural allowance to all nursing categories – 20 (27.3%) of the respondents.
- Availability of recreational facilities like gymnasiums, internet and entertainment facilities – 18 (24.6%) of the respondents.
- Ensure availability of working resources – 15 (20.5%) of the respondents.
- Clear communication channels between management and staff – 9 (12.3%) of the respondents.
- Provision of training to improve skills – 9 (12.3%) of the respondents.
- Payment of overtime worked – 8 (10.9%) of the respondents.
- Recognition of good performance by provision of rewards – 2 (2.7%) of the respondents.

Table 2: Family and children of participants

Questions	Yes		No	
	N	%	N	%
Does your family live with you near your place? of work?	27	37.0	46	63.0
Do you have any Children?	64	87.7	9	12.3
Do your children go to school near your place?	12	16.4	61	83.6

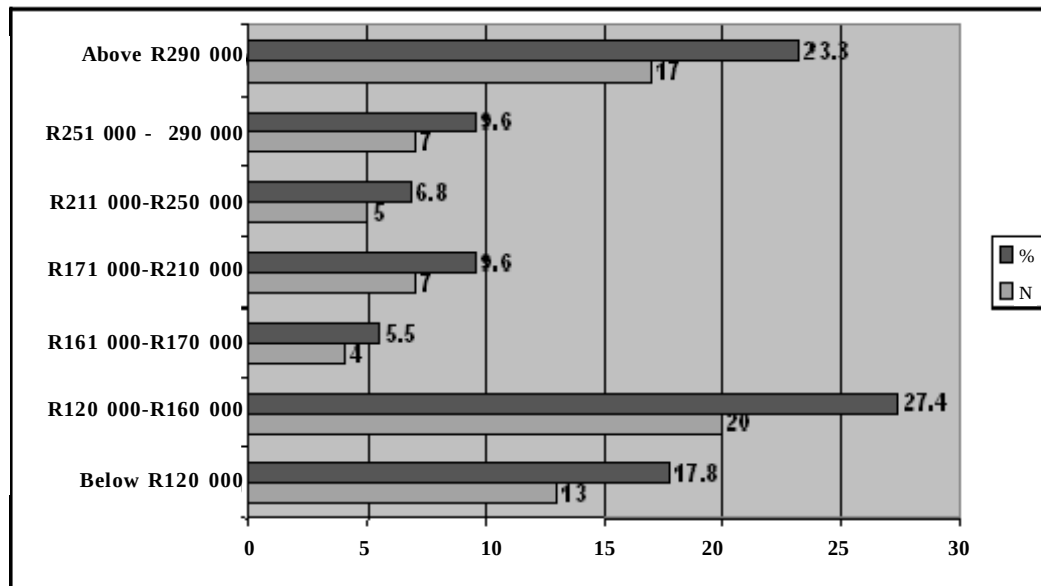


Fig. 1. Salary categories of the respondents

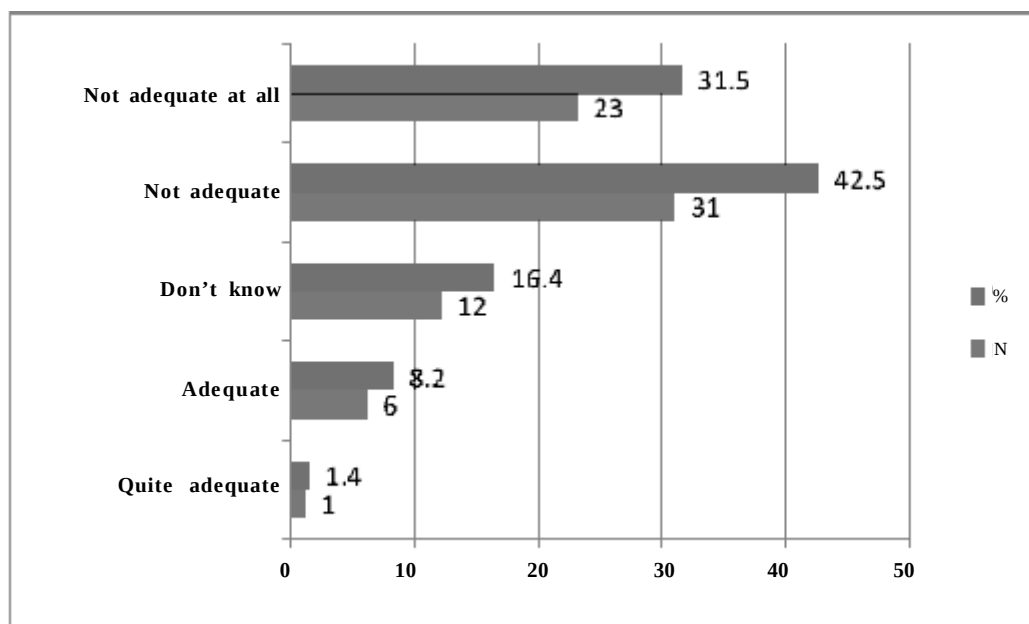


Fig. 2. Adequacy of rural allowance of respondents

Table 3: Levels of general satisfaction

Variables	N	Percentage
<i>Choice of Career</i>		
Strongly Agree	20	27.4
Agree	30	41.1
Uncertain	10	13.7
Disagree	7	9.6
Strongly Disagree	6	8.2
<i>Income</i>		
Strongly Agree	1	1.4
Agree	13	17.8
Uncertain	1	1.4
Disagree	38	52.1
Strongly Disagree	20	27.4
<i>Personal Growth at Work</i>		
Strongly Agree	9	12.3
Agree	29	39.7
Uncertain	9	12.3
Disagree	23	31.5
Strongly Disagree	3	4.1
<i>Work Enjoyment</i>		
Strongly Agree	15	20.5
Agree	29	39.7
Uncertain	9	12.3
Disagree	12	16.4
Strongly Disagree	8	11.0
<i>Overall Job Satisfaction at Work</i>		
Strongly Agree	8	11.0
Agree	30	41.1
Uncertain	3	4.1
Disagree	31	42.5
Strongly Disagree	1	1.4

- Offer promotion opportunities.

Factors that were Important to Participants in the Selection of Present Posting to the Facility

The following various factors were listed by respondents:

- Nearer home – 35 (47.9%) of the respondents.
- To contribute to the wellbeing of the rural community – 17 (23.2% of the respondents.
- Attracted by rural allowance – 6 (8.2%) of the respondents.
- Contractual bound after receiving bursaries from the department – 4 (5.4%) of the respondents.

Factors that can be Improved to Attract Health Professional to Rural Areas

The following factors were listed by the respondents:

- Improved accommodation facilities – 27 (36.9%) of the respondents.
- Improved infrastructure like roads – 27 (36.9%) of the respondents.

- Increased salaries in rural areas – 22 (30.1%) of the respondents.
- Increased rural allowance – 18 (24.6%) of the respondents.
- Offer transport allowance – 8 (10.1%) of the respondents.
- Better schooling facilities for children – 7 (9.5%) of the respondents.
- Poor road infrastructure – 37 (50.6%) of the respondents.
- Lack of rewards and appreciation for good performance – 8 (10.9%).
- Inadequate remuneration – 58 (79.5%) of the respondents.
- Lack of transportation – 8 (10.9%) of the respondents.
- Insufficient working resources like medical equipment – 64 (87.7%) of the respondents.

Professional Support to be Offered to Health Professionals

Majority 53 (72.6%) indicated that by recruiting more staff to curb shortage which results in burn-out, half of the respondents suggests offering of counseling or debriefing sessions for staff 37 (50.6%), offering training and workshops to improve skills 32 (43.8%), payment of rural allowance to all nursing categories including junior nurses 41 (56.1%), reward good performance and by conducting staff satisfaction survey frequently 26 (35.6%), recreational facilities, introducing educational opportunities for rural areas and payment of overtime 25 (34.2%).

Reasons for Consideration Leaving the Present Job or Posting

Some of the respondent's reasons for considering leaving the job are shortage of staff resulting to work overload 21 (61.7%), insufficient salaries 19 (55.8%), non-payment of overtime 19 (55.8%), poor management 18 (52.9%), insufficient working resources 18 (52.9%), poor accommodation facilities 15 (44.1%) while others stated that they did not have enough time to spend with their families 11 (32.3%).

Contributing Factors for Health Professionals for Leaving Rural Areas

The following factors were listed by the respondents:

- Shortage of staff – 53 (72.6%) of the respondents.
- Poor hospital management – 18 (24.6%) of the respondents.
- Poor accommodation facilities – 36 (49.3%) of the respondents.
- Lack of development opportunities – 39 (53.4%) of the respondents.
- No segregation of duties – 41 (56.1%) of the respondents.

Personal Challenges in Working in this Rural Area

Majority of the respondents think insufficient salaries 58 (79.5%), lack of staff training 39 (53.4%), high workload due to shortage of staff 21 (28.7%), none payment of overtime (19 (26.0%)), shortage of resources 18 (24.6%), distance from home 9 (12.3%), while minority 7 (9.5%) think because of lack of better schooling for children.

What Could be Done by Authorities to Improve the Conditions of Your Professional Life in this Area that you Work in?

The respondents suggested that the following variables can improve their professional lives: providing enough working tools 64 (87.7%) and increase salaries 58 (79.5%), increasing rural allowance 54 (73.4%), recruiting more staff 41 (56.1%), provision of better accommodation facilities 36 (49.3%) payment of overtime 19 (26.0%) and clear communication between staff and management 18 (24.6%).

Association between Receipt of Rural Allowance and Adequacy of Allowance

The results showed that there is significance association between the two variables. Over eighty per cent (81.0%) of respondents receiving rural allowance found it not adequate and not adequate at all (Table 4).

Association between Rural Allowance and Duration Working in Facility

The results indicate that there is no significant association between the two variables (Table 5).

The results in Table 6 indicate that there is no significant association between the two variables.

This paper sought to establish the extent to which the rural allowance has had the desired effect of retaining the healthcare professionals in the selected hospitals in the Dr Ruth Segomotsi Mompati District and to establish the challenges faced by these healthcare professionals.

Recruitment and Retention Factors

Factors that the respondents cited were review of salary scales; they feel their scales are too low as they also contend with the situation of staff shortage due to resignation of health professionals who are not retained. The result agrees with those of Tetty (2005), which indicated that dissatisfaction with salaries is a key factor undermining the commitment of academics to their institutions careers and as a result their decision or intent to leave.

The issue of healthcare professionals' salaries in South Africa, especially in the public sector, has been of great concern. In most cases hospital managers in the public sector have no ultimate decision-making authority on financial incentives to motivate employees to perform better. The respondents identified poor relations with management as a reason for wanting to leave.

The majority of respondents (79.5%) cited low salaries as a push factor; they suggest better remuneration as a step that may help retain health professionals in rural areas.

Most respondents (61%) indicated that they need specialist support.

Poor accommodation facilities, poor infrastructure like roads and lack of better schooling facilities were amongst the factors that respondents felt they need to be improved in order to retain them at rural areas. While the literature in many cases shows a relationship between quality of living conditions and keenness to move to or stay in a particular area, there was much less evidence in the literature that this knowledge has led to an efficient and wide-spread efforts to improve living conditions in areas that struggle to attract or retain staff.

There are no visiting specialists from provincial hospital to these district hospitals and health professional feel this should happen in order to improve patient management.

Respondents (32%) identified the need to have adequate medical equipment in their facilities. The findings are consistent with Loewenson and Thompson (2003), who outlined factors that may lead to health personnel staying despite the push factors to go as lack of job satisfaction where health workers are dissatisfied with other factors than monetary, for example, being de-motivated by poor infrastructure and bad health management.

Respondents also identified factors like separation with families and poor support from management as impeding the recruitment and retention of health professionals to rural areas. Due to shortages of staff experienced in the two selected hospitals, respondents indicated that they experience high workload and payment of over-

Table 4: The association between receipt of rural allowance and adequacy of allowance

			Rate the adequacy of rural allowance					Total
			Quite	Adequate	Don't	Not	Not	
				adequate	know	adequate	adequate	
						at all		
Do You Receive Rural Allowance?	Yes	Count	1	3	2	25	19	50
		% Do you receive rural allowance	2.0	6.0	4.0	50.0	38.0	100.0
		% Rate adequacy of rural allowance	100.0	50.0	16.7	80.6	82.6	68.5
	No	Count	0	3	10	6	4	23
		% Do you receive rural allowance	0.0	13.0	43.5	26.1	17.4	100.0
		% Rate adequacy of rural allowance	0.0	50.0	83.3	19.4	17.4	31.5
Total		Count	1	6	12	31	23	73
		% Do you receive rural allowance	1.4	8.2	16.4	42.5	31.5	100.0
		% Rate adequacy of rural allowance	100.0	100.0	100.0	100.0	100.0	100.0

P value = 0.001

Table 5: Association between rural allowance and duration working in facility

			<i>How long have you been placed in the facility?</i>						<i>Total</i>
			<i>< 1 year</i>	<i>1 – 4 years</i>	<i>5- 8 years</i>	<i>9 – 12 years</i>	<i>13 – 16 years</i>	<i>17 – 20 years</i>	
<i>Do You Receive Rural Allowance?</i>	Yes	Count	8	27	7	2	1	5	50
		% Do you receive rural allowance?	16.0	54.0	14.0	4.0	2.0	10.0	100.0
		% Duration in the facility	88.9	65.9	53.8	100.0	100.0	71.4	68.5
	No	Count	1	14	6	0	0	2	23
		% Do you receive rural allowance?	4.3	60.8	26.0	0.0	0.0	8.6	100.0
		% Duration in facility	11.1	34.1	46.2	0.0	0.0	28.6	31.5
<i>Total</i>	Count		9	41	13	2	1	7	73
	% Do you receive rural allowance?		12.3	56.1	17.8	2.7	1.4	9.6	100.0
	% Duration in facility		100.0	100.0	100.0	100.0	100.0	100.0	100.0

P value = 0.628

Table 6: Association between rural allowance and duration in current position

			<i>How long have you been placed in the facility?</i>						<i>Total</i>
			<i>< 1 year</i>	<i>1 – 4 years</i>	<i>5- 8 years</i>	<i>9 – 12 years</i>	<i>13 – 16 years</i>	<i>17 – 20 years</i>	
<i>Do You Receive Rural Allowance?</i>	Yes	Count	3	29	10	4	2	2	50
		% Do you receive rural allowance?	6.0	58.0	20.0	8.0	2.0	2.0	100.0
		% Duration in current position	75.0	64.4	66.6	100.0	100.0	66.6	68.5
	No	Count	1	16	5	0	0	1	23
		% Do you receive rural allowance?	4.3	69.7	21.7	0.0	0.0	4.3	100.0
		% Duration in current position	25.0	35.5	33.3	0.0	0.0	33.3	31.5
<i>Total</i>	Count		4	45	15	4	2	3	73
	% Do you receive rural allowance?		5.5	61.6	20.5	5.5	2.7	4.1	100.0
	% Duration in current position		100.0	100.0	100.0	100.0	100.0	100.0	100.0

P value = 0.872

time worked can also serve as an incentive and appreciation of performance by health professionals. These findings are consistent with the two-factor theory proposed by Herzberg and Mausner (1959), which lists the following factors as motivators resulting in satisfaction: responsibility, achievement, recognition and opportunities to develop. Reasons for dissatisfaction in this study were also found to be in line with the hygiene factors responsible for job dissatisfaction, which include salaries, quality of

supervision and working conditions. Adams and Bond (2000) reports on proposals to further increase salaries, provide hospital accommodation, ensure career progression, provide continuing professional development, increase support by consultants, improve hospital infrastructure/rural referral systems, ensure the availability of essential medical services and medicines, strengthen management and increase doctor involvement in management. Also under consideration are better and longer leave benefits, im-

provements in the hospital environments, the provision of recreational facilities and greater recognition and appreciation for rural doctors (Coetzee and Cooper 2006).

General Levels of Job Satisfaction

The study showed that 43.9% of respondents were dissatisfied with their job while less than a third (15.1%) was satisfied. Overall dissatisfaction among health professionals at the two selected hospitals is the cause for concern, given that job satisfaction has implications for the efficiency, effectiveness and sustainability of the South African system. The results suggest that working conditions at the two selected hospitals do not meet the values and aspirations of healthcare professionals.

The results above are in line with Ayers (2005), who suggests that work environment should motivate employees to perform at their best and show commitment to the organisation, enhancing working conditions to support the organisation's mission and thus impacting on job satisfaction. The conditions under which jobs are performed can have as much on people's effectiveness, comfort and safety as the intrinsic details of the job itself.

Factors Associated with Job Satisfaction

The findings from this study indicate that 56.2% of respondents were not satisfied with their opportunity to develop. Career opportunities allow individuals the prospect of developing their careers further. A number of studies have shown that career development significantly reduces turnover and effective strategies for motivation and retention ought to be based on creating a stimulating and challenging environment. The present study also indicated that the respondents were dissatisfied with their income, lack of resources and lack of involvement in decision-making.

Rural Allowance

The findings from the study indicated that the majority of respondents (68.5%) received rural allowance and over three thirds (74.4%) felt rural allowance was not enough. The respondents suggested that rural allowance should be increased by a margin of 20% to 30%.

It was further suggested by the respondents that rural allowance should be paid to all nursing categories including junior nurses since this was only paid to professional nurses. This was seen by the respondents to be conflict-ridden as the policy excluded junior nurses (Enrolled nurses and assistant nurses). The excluded categories also felt that they are not appreciated and are dissatisfied, thus affecting team spirit. They indicated that this causes conflict between the professional nurses and the junior nurses who are sometimes required to perform duties above their scope due to shortage of staff.

The respondents also alluded to the fact that rural allowance was not linked to the remoteness of rural areas. Health professionals working in remote rural areas received no more than those in semi-rural areas. The health professionals in Vryburg hospital, which is in rural town, were getting the same amount that a health professional in Ganyesa hospital which is extremely rural.

The study revealed that there was a significance association between rural allowance and the adequacy. The majority (81.1%) of health professionals in the selected hospitals were not satisfied with the rural allowance and suggested an increase that will assist in retaining them in the rural area they are working at. There was no evidence found in the literature on the association between the two variables.

CONCLUSION

The rural allowance is not sufficient as a strategy to recruit and retain health professionals to rural areas of Dr Ruth Segomotsi Mopati District. Though health professionals were not satisfied with the rural allowance and suggested that it be increased, they also pointed to other factors that challenge health professionals who work in rural areas.

Though the rural allowance was the key problem identified in retaining health professionals in the Dr Ruth Segomotsi Mopati District, there were other important factors that were identified as necessary for retaining health professionals in facilities in the Dr Ruth Segomotsi Mopati health district.

The findings also revealed that working conditions, career development opportunities, and appropriate infrastructural issues are still core factors affecting an individual's motivation for

rural work. This calls for an urgent and comprehensive review and accommodation of issues related to staff motivation.

RECOMMENDATIONS

Future studies should also take into account the different contexts and settings in which the inequitable distribution of health care professionals occur, for example, the type of health care professional, the presiding cultural expectations and social pressures, the type of intervention, the location of the underserved community (that is, rural versus urban) and the income or development status of the country.

The current study forms a foundation for further research about rural allowance effect and retention strategies at other hospitals in rural areas. This study focused only on two selected hospitals in the Dr Ruth Segomotsi Mompati. Clearly other health facilities and hospitals within the Dr Ruth Segomotsi Mompati in the North West Province also play a significant role in ensuring the patient needs are met. Therefore this study should be expanded to these health facilities as well.

Health professionals who responded to the study identified factors that impede the recruitment and retention of health professionals to rural areas and recommendations that follow are in line with their responses:

Government and the Department of Health need review the salary structure of health professionals in order to attract and retain them at rural health facilities. Health professionals should mandate their labour organisation to negotiate and agree on a reasonable salary package in view with the challenges faced at rural areas.

Hospital Management should invest in improving the environment and working conditions of health professionals, for example, fill vacant positions and recruit spouses of health professionals to work in these institutions so that the health professional's family life may be enhanced.

Hospital Management should review their budget and prioritize the provision of modern medical equipment.

The provincial department of Health should ensure that specialist like gynaecologists, or-

thopaedic surgeons; anaesthetists have a regular programme to visit peripheral and rural health facilities to ensure that health professionals at rural areas have adequate professional support.

Further research needs to be undertaken at other hospitals within the Dr Ruth Segomotsi Mompati District to establish whether similar factors affect the retention of healthcare professionals.

Further study is also recommended with larger sample size and different sample design to improve generalisation of the findings.

REFERENCES

- Adams A, Bond S 2000. Hospital nurses' job satisfaction: Individual and organisational characteristics. *Journal of Advanced Nursing*, 32(3): 536-543.
- Ayers K 2005. Creating a responsible workplace. *Human Resource Magazine*, pp. 1-3.
- Chen L, Evans T, Bouford J I, Brown H, Chowdhury M 2009. Human resources for health: Overcoming the crisis. *The Lancet*, 364(9449): 84-90.
- Coetzee T, Cooper I 2006. What interventions do South African qualified doctors think will retain them in rural hospitals of Limpopo Province of South Africa. *Rural Remote Health, Rural and Remote Health*, 9(1060): 61-69.
- Coovadia H, Jewkes R, Barron P, Sanders D, McIntyre D. 2009. The health and the health system of South Africa: historical roots of current public health challenges. *The Lancet*, 374(9692): 835-846.
- Department of Health 2004 April. About Us. Department of Health. Fom <<http://www.doh.gov.za>> (Retrieved on July 26, 2012).
- Department of Health 2011. About Us: Department of Health. From <<http://www.rhap.org.za>> (Retrieved on May 18, 2012).
- Ghauri P, Grohaug K 2005. *Research Methods in Business Studies*. London: Prentice Hall.
- Hart T J 2008. The inverse care law. *Lancet*, 1971 (12): 405-412.
- Herzberg F, Mausner B, Snyderman B B 1959. *The Motivation to Work*. New York: John Wiley and Sons.
- Oslen C, George MM 2004. *Cross-sectional Study Design and Data Analysis, the Young Epidemiology Scholars Program*. Chicago: University of Chicago.
- Reid S 2004 . About Us: Health Systems Trust. Health Systems Trust. From <<http://www.hst.org.za>> (Retrieved on May 30, 2012).
- Tetty WJ 2005. Staff Retention in African University: Elements of Sustainable Strategy. *Report Submitted to the World Bank*, Washington DC.
- World Health Organisation. 2006. *Working Together for Health*. Geneva: World Health Report.
- World Health Organisation. 2009. *Working Together for Health*. Geneva: World Health Report.