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STAFF DISSATISFACTION AND REASONS LEADING TO EXIT: A STUDY OF EXIT INTERVIEW FORMS FROM 2017 - 2021 AT THE MINISTRY OF HEALTH AND MEDICAL SERVICES, FIJI

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ABSTRACT:

In the Pacific Island countries, including Fiji, staff attrition in the healthcare sector, particularly at the Ministry of Health & Medical Services (MOHMS), became a pressing issue from 2017 to 2021. This study examines the reasons for staff dissatisfaction and departure from MOHMS during this period. Using a quantitative descriptive cross-sectional approach, data from 249 exit interview survey forms were analysed. The primary causes of staff exit were migration, better job opportunities, pursuing further studies, and family-related factors. Dissatisfaction leading to some of the staff departures was mainly attributed to pay issues, working conditions, and supervisor-related concerns. The findings emphasize the need to address these factors to mitigate the increasing staff attrition trend. Given the recent challenges faced by the healthcare workforce, proactive measures are essential to retain healthcare professionals and prevent a worsening attrition problem. This study underscores the urgency of addressing these issues within MOHMS to maintain a stable and competent healthcare workforce.

Keywords: Staff dissatisfaction, Exit, Attrition, Fiji

INTRODUCTION:

Staff attrition, the phenomenon of employees leaving an organization, is a critical concern across various industries worldwide [1]. In the healthcare sector, particularly in the Pacific Island countries, the issue of staff attrition has become increasingly prevalent and concerning. Healthcare workers, including doctors, nurses, and other medical professionals, play a vital role in providing essential care and services to the population [2,3]. However, the high attrition rate

among healthcare workers in the Pacific Island countries poses significant challenges to the delivery of quality healthcare and negatively impacts the overall healthcare system [4].

The Pacific Island countries, encompassing a diverse group of nations such as Fiji, Samoa, Tonga, Vanuatu, and others, face unique healthcare challenges due to their geographic isolation, limited resources, and relatively small populations. Despite these challenges, these countries strive to provide accessible and

equitable healthcare services to their communities. However, the persistent and escalating attrition of healthcare staff poses a major obstacle to achieving this goal [5].

Several factors contribute to the high attrition rate among healthcare workers in the Pacific Island countries [6,7,8]. Firstly, limited career development opportunities and a lack of professional growth prospects can demotivate healthcare professionals, leading them to seek better prospects elsewhere. Inadequate infrastructure, limited access to modern medical equipment, and a scarcity of essential supplies further compound the challenges faced by healthcare workers, making their work environment less conducive to effective patient care [9,10].

Additionally, the pull factors from developed countries with higher wages and better working conditions can tempt healthcare professionals from the Pacific Island countries to migrate in search of better opportunities. The brain-drain resulting from the migration of skilled healthcare workers exacerbates the shortage of qualified professionals in the region, intensifying the strain on the remaining staff and compromising the overall quality of healthcare services [11,12]. Furthermore, the demanding nature of healthcare work, including long working hours, high patient loads, and limited support systems, contributes to burnout and stress among healthcare workers. The physical and emotional toll of the profession can lead to exhaustion and

decreased job satisfaction, ultimately leading to attrition [13].

Addressing the issue of staff attrition among healthcare workers in the Pacific Island countries requires a multifaceted approach. It involves efforts to improve working conditions, provide adequate resources and support systems, enhance career development opportunities, and implement strategies to retain skilled healthcare professionals within the region. By addressing these challenges, the Pacific Island countries can strengthen their healthcare systems, ensure the delivery of quality care, and promote the well-being of their populations [14,15].

This study explores the Staff Dissatisfaction and Reasons Leading to Exit from the Ministry of Health & Medical Services (MOHMS) from 2017 to 2021 by analysing the Exit Interview Forms that were filled as part of the procedure for the resignation of these staff.

METHODOLOGY:

Study Design & Setting:

The study used a quantitative descriptive cross-sectional approach to investigate the number of staff that have left the Ministry of Health & Medical Services (MOHMS) from January 2017 to December 2021. The study examined the exit interview survey forms that staff had filled during their exit from the service. The exit survey was used to analyse and identify major factors that resulted in staff turnover and the underlying factors for staff departure from 2017 to 2021.

Exit interviews, provide information about the overall management style in the MOHMS. The total number of staff who had left the MOHMS from 2017 to 2021 was analysed quantitatively. The study was primarily conducted at the headquarters of the MOHMS based at Dinem house in Suva, Fiji and relied on the exit interview forms that had already been filled out by the staff during their exit from the service.

Study Population & Sample:

The participants of this study included all the health professionals that have permanently left the MOHMS from January 2017 to December 2021. The data was retrieved during the survey of the completed exit forms of the staff.

Inclusion Criteria: Data of the health Professionals that have permanently left the MOHMS between January 2017 to December 2021 was accessed from the personnel unit of the MOHMS.

Exclusion Criteria: General Wage Earners and administrative staff.

Study Setting:

The study was conducted at the Headquarters of the Ministry of Health & Medical Services, based at Dinem house, Suva for the exit interview data collection from the exit survey forms.

Sampling:

All data was collected retrospectively from the staff exit surveys between January 2017 to December 2021 using the convenience sampling method. Out of the 826 staff who had left the Ministry permanently during the study period, only 249 (30.1%) staff had filled out the Exit Interview Survey forms.

Ethical clearance and permission:

The study commenced after obtaining ethical approvals from the College Health Research & Ethics Committee (CHREC) at Fiji National University (FNU). Permission was also obtained from the Permanent Secretary for Health and Medical Services as well as the Director for Human Resources through the Health Research Unit of the MOHMS.

RESULTS:

Data was extracted from 249 filled Exit Interview Surveys.

Oral Health Cadre:

During the study period, a total of 55 staff members from the Oral Health section exited the Ministry of Health. Of these, only 18 (32.7%) completed the Exit Interview Template. Among the 18 respondents, the most common reason for leaving was pursuing further studies (6 staff, 33%), followed by migration (4 staff, 22%), better job opportunities (4 staff, 22%), personal reasons (2 staff, 11%), compulsory retirement (1 staff, 6%), and family reasons (1 staff, 6%).

Dietetics Cadre:

During the study period, a total of 20 staff members from the Dietetics section left the Ministry of Health. Of these, only 3 (15%) completed the Exit Interview Template. Among the respondents, one staff member (33%) left for better job opportunities, another (33%) left due to family reasons, and the remaining one (33%) left for migration.

Health Inspector:

During the study period, 26 Health Inspectors exited the Ministry of Health. Of these, only 2 (7.7%) completed the Exit Interview Template. Among the respondents, one staff member (50%) left due to family reasons, while the other (50%) migrated. Similar to the Dietetics cadre, there appears to be a lack of motivation among staff to complete the Exit Interview template.

Laboratory Staff:

During the study period, a total of 51 Laboratory Staff members exited the Ministry of Health. Of these, 24 (47%) completed the Exit Interview Template. Among the respondents, 8 staff members (33%) left due to migration, 7 (29%) for better job opportunities, 5 (21%) for family reasons, 3 (13%) to pursue further studies, and 1 (4%) due to retirement.

Medical Officers:

During the study period, a total of 86 Medical Officers exited the Ministry of Health. Of these,

only 15 (17%) completed the Exit Interview Template. Among the respondents, 6 staff members (40%) left due to migration, 3 (20%) for better job opportunities, 3 (20%) due to retirement, 1 (7%) for further studies, and 2 (13%) due to family reasons.

Nursing Cadre:

During the study period, a total of 496 Nursing Cadre staff exited the Ministry of Health. Of these, 163 (33%) completed the Exit Interview Template. Among the respondents, 67 staff members (41%) left due to migration, 41 (25%) for better job opportunities, 36 (22%) due to retirement, 8 (5%) to pursue further studies, 6 (4%) for family reasons, 4 (2%) for personal reasons, and 1 (1%) due to medical reasons.

Pharmacy Staff:

During the study period, a total of 54 Pharmacy Staff members exited the Ministry of Health. Of these, only 13 (24%) completed the Exit Interview Template. Among the respondents, 4 staff members (31%) left due to migration, 8 (62%) for better job opportunities, and 1 (8%) due to family reasons.

Physiotherapy cadre:

During the study period, a total of 7 staff members from the Physiotherapy Cadre exited the Ministry of Health. Of these, only 1 (14%) completed the Exit Interview Template. The sole respondent (100%) indicated migration as the reason for leaving.

Radiography Cadre:

During the study period, a total of 31 staff members from the Radiography Cadre exited the Ministry of Health. Of these, 10 (32%) completed the Exit Interview Template. Among

the respondents, 4 staff members (40%) left due to migration, 3 (30%) for family reasons, 2 (20%) for better job opportunities, and 1 (10%) to pursue further studies.

The results are summarised in Table 1.

Table 1: Shows the reasons for exit of staff from the MOHMS

	Oral Health	Dietetics	Health Inspectors	Laboratory Staff	Medical Officers	Nursing	Pharmacy	Radiography	Physiotherapy
Further Studies	6 (33%)	0	0	3 (13%)	1 (7%)	8 (5%)	0	1 (10%)	0
Migration	4 (22%)	1 (33%)	1 (50%)	8 (33%)	6 (40%)	67 (41%)	4 (31%)	4 (40%)	1 (100%)
Personal Reasons	2 (11%)	0	0	0	0	4 (2%)	0	0	0
Compulsory Retirement	1 (6%)	0	0	1 (4%)	3 (20%)	36 (22%)	0	0	0
Family Reasons	1 (6%)	1 (33%)	1 (50%)	5 (21%)	2 (13%)	6 (4%)	1 (8%)	3 (30%)	0
Better Job Opportunities	4 (22%)	1 (33%)	0	7 (29%)	3 (20%)	41 (25%)	8 (62%)	2 (20%)	0
Medical Reasons	0	0	0	0	0	1 (1%)	0	0	0

Furthermore, staff dissatisfaction caused by many factors were also found in the exit forms. The causes of dissatisfaction ranged from discrimination, pay issues, supervisor issues, working conditions and type of work being done. The results of these are summarised in Table 2.

Table 2: Shows the causes of dissatisfaction of staff leading to Exit within the MOHMS

	Oral Health Cadre			Dietetics Cadre			Health Inspectors			Laboratory Staff		
	Yes	No	No response	Yes	No	No response	Yes	No	No response	Yes	No	No response
Was a singles event responsible for your decision to leave	1	6	11	0	0	3	0	0	2	2	9	13
Did anyone in the Organisation discriminate against you, harass you, or cause hostile working conditions	0	7	11	0	0	3	0	0	2	3	8	13
Location	1	6	11	0	0	3	0	0	2	3	8	13
Supervisor	2	5	11	0	0	3	0	0	2	3	8	13
Pay	5	2	11	0	0	3	0	0	2	9	2	13
Working Conditions	4	3	11	0	0	3	0	0	2	6	5	13
Type of Work	4	3	11	0	0	3	0	0	2	6	5	13

	Medical Officers			Nursing Cadre			Pharmacy Staff			Physiotherapy Cadre			Radiology Cadre		
	Yes	No	No response	Yes	No	No response	Yes	No	No response	Yes	No	No response	Yes	No	No response
Was a singles event responsible for your decision to leave	0	3	13	5	40	118	1	6	6	1	0	0	1	3	5
Did anyone in the Organisation discriminate against you, harass you, or cause hostile working conditions	0	3	13	5	40	118	1	6	6	1	0	0	1	3	5
Location	0	3	13	5	40	118	1	6	6	1	0	0	1	3	5
Supervisor	0	3	13	5	40	118	2	5	6	1	0	0	1	3	5
Pay	0	3	13	13	32	118	4	3	6	1	0	0	1	3	5
Working Conditions	1	2	13	8	37	118	2	5	6	1	0	0	1	3	5
Type of Work	1	2	13	8	37	118	0	7	6	1	0	0	1	3	5

DISCUSSION:

The apparent shortage of healthcare professionals in developing countries, as well as the potential effects this shortfall may have on such nations' capacity to combat disease and deliver necessary, life-saving services, have recently received a great deal of attention [16]. This study investigated some of factors which influenced the staff to permanently leave the health Ministry. Two of the most common reasons cited during the Exit Interview was noted to be migration and better job offers. Although medical professionals and nurses only make up a small part of professional migrants, the loss of human resources for the health sector in developing nations typically leads to a loss of the ability of the health system to provide equitable access to healthcare. However, evidence to back up statements about the scope and effects of migration in poor nations is uneven and frequently anecdotal, relying on small databases with wildly divergent definitions of education and skill sets [13]. Skilled professionals have continually moved abroad in search of new and better chances for their personal and professional lives. The ease of international travel, access to information and communications brought about by globalisation, as well as the greater harmonisation and interdependence of various countries' economic and employment systems, all considerably assist shifting patterns of migration [18].

Every nation in the world is concerned with increasing the workforce's retention in rural and remote areas. As competencies are developed, team dynamics are improved, and relationships between health workers and local populations are strengthened, increased retention of health professionals helps to ensure the delivery of high-quality healthcare. Contrastingly, low staff retention or high staff turnover harms the health care sector by raising burden, depleting team morale, producing delays and inefficiencies in work processes, and wiping out institutional knowledge [19]. Health professionals' decisions to remain in or quit their positions are influenced by a variety of circumstances. Low remuneration, unsatisfactory career paths, a shortage of postgraduate training options, and subpar living and working conditions are a few of these. The difficulty in retaining health professionals is greatest in rural and remote areas because they frequently have higher workloads, unsustainable work environments, and inadequate infrastructure, which leads to their departure from the workplace in search of better living and working conditions in cities or abroad [20,21,22,23].

Healthcare workers' burnout and low wellbeing are becoming a bigger issue. Three factors—emotional tiredness with work, depersonalization or disengagement from patients, and low personal accomplishment—are combined to characterise the negative job-related attitudes known as burnout. Well-being

is a more holistic concept that encompasses facets of mental health, physical health, and stress. Higher levels of burnout are closely associated with lower levels of well-being in healthcare staff, and both states have a negative impact on patient care [24,25]. Concerns about high levels of burnout and poor well-being in healthcare staff are an international phenomenon. A study of 61168 nurses across 12 countries found that in nine countries, a quarter or more of the nursing workforce was burnt-out, with rates as high as 78% in Greek nurses [26]. These rates may be rising; in a survey of 6880 USA physicians, burnout prevalence increased from 46% in 2011 to 54% in 2014 [26].

CONCLUSION:

Healthcare workers are the backbone of any health sector as they are in the forefront when it comes to disease prevention, control as well as care for patients. The findings of this study highlighted the importance of acknowledging and addressing the factors that lead to staff dissatisfaction and exit from the workforce to prevent further aggravation of the attrition issue, which shows an increasing trend. This turnover may worsen because of the intense challenges that the health workforce has faced over the past two years, so pre-emptive efforts should be implemented to retain healthcare workers. During the study, it was seen that the exit interviews were being conducted in the Ministry of Health, however, the response rate was poor.

It also seemed like most of the times the staff may have filled the forms as a requirement just to get through their exit and most of the times the forms were partially filled or not filled at all and the information that were provided might not be true. This factor on its own entails the much-needed information for the reasons of staff exits which can become a vital tool for MOHMS in preventing staff exit if done well.

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