Talent Management of International Staff in the New Zealand Public Health Sector

Pieter Nel, Department of Management and Marketing, Unitec Institute of Technology, Auckland. pnel@unitec.ac.nz

Wilfrid Rodriques, Health Alliance New Zealand Limited

Wilfrid.rodrigues@healthalliance.co.nz

Abstract: The major objective of the research reported in this article was to identify the factors that would encourage international employees to stay in their employment at the Auckland District Health Board (ADHB), thereby reducing staff turnover and retaining talent. This research draws from theoretical and organisational turnover models and a questionnaire sent to 200 international staff employed by the ADHB. The 107 survey responses were followed up by qualitative interviews conducted with ADHB management staff. The results disclose some unaddressed needs among international staff concerning job satisfaction, training, work/life benefits and organisational commitment. The results also reveal some discontent. These staff members indicated that there were few opportunities for occupational advancement, little intercultural communication and minimal integration of international staff into the ADHB workforce. By addressing these

issues, the ADHB could reduce turnover, retain talent and refine its strategic performance objectives for future international staff.

Keywords: Turnover, international staff, retention, rewards, talent management, health care

INTRODUCTION

It is common knowledge that economic prosperity, employment shortages and low unemployment go hand-in-hand during a boom period in many countries. The New Zealand (NZ) economy also experienced this phenomenon in both the private and public sectors between 2004 and 2008. Additional to this situation are increased staff turnover and requests for better remuneration from an organisation's staff, particularly in boom periods. Organisations consequently need to implement measures that will retain staff, in particular by focusing on talent retention and management, if they want to avoid facing severe skills shortages and being unable to achieve their objectives. Unemployment in NZ decreased between 2004 and 2007 from 4.2% to 3.8% during the economic boom. From 2008 to 2012, during the economic downturn, unemployment increased from 4.2% to 6.9% (Statistics New Zealand, 2014a). Since 2012, unemployment has been decreasing again due to the so-called "rock star" economic status NZ is currently experiencing. The NZ public health sector has also been subject to these factors during the above mentioned economic boom periods and has suffered from staff shortages during these times. The impact of these

issues on the Auckland District Health Board (ADHB) became the trigger for the research project reported on in this article.

The NZ public is dependent on the availability of highly qualified health workers to maintain public health at an acceptable standard. Because there is a shortage of such resources, exacerbated by an economic boom period, the application of a best practice talent management strategy has become even more important for Health Boards. Such practice is essential if Health Boards wish to attract, and more importantly retain, international workers in NZ. Attracting appropriate international talent is important in providing on-going quality health services to the NZ public across the country due to a shortage of local talent.

The ADHB is very committed, as a long term strategy, to retaining and managing talent by improving business performance and developing a strong health infrastructure. It also aims to reduce the cost of its operations because of the challenges it faces. Nel, Werner, du Plessis, Fazey, Erwee, Pillay… and Wordsworth, (2012) define talent management as "the management of the entire employee life cycle. The process of developing and integrating new workers, developing and retaining current workers, and attracting highly skilled workers to work for a company" (p.598).

The empirical investigation reported on in this article attempted to assess the ADHB's employment relationship with its international staff in order to stem the flow of voluntary

resignations, to enhance productivity and improve management capabilities and innovation (Abbasi & Hollman, 2000; Atkins, 2009; Markus, 2010; Nieto, 2014).

The major objective of this research was to determine the factors that would encourage international staff to stay in their employment at the ADHB and to apply appropriate interventions to achieve this aim. The core research question was: What were the factors that would encourage international staff to continue their employment at the ADHB? For the purpose of this article, this question was addressed by means of three supporting sub-questions, the results of which should make a significant contribution to current knowledge of HRM practices in NZ health care:

Q1.   *How do staff assess their employment needs with the ADHB?*

Q2.   *What are the factors influencing discontent with their employment?*

Q3.   *What retention strategy can the ADHB adopt to pre-empt voluntary resignation of international staff?*

LITERATURE REVIEW

The health care and social assistance industry has expanded 19.6% since 2006 and replaced manufacturing as the most common industry in NZ. In 2013, 1 in 10 employed people (191,694 people) worked in the health care and social assistance industry, including hospitals and medical care, residential care services, child care and other social services

(Statistics New Zealand 2014b). However, according to a survey executed at eight universities concerning where students in their final year would seek employment after their studies, a total of 16% selected health care and medicine as their preferred occupation. These potential healthcare workers are, however, insufficient because the ageing NZ population is expected to grow rapidly in the years to come (Eriksen, 2012). This shortage exists in spite of the increasing health care needs of the aging population being identified as early as 2004 by the NZ Government, when projections were made up to 2021 (Ministry of Health, 2004). Therefore, it is clear that more needs to be done by the authorities to address the future shortage of healthcare workers in NZ, such as by attracting more international health workers.

There is a strong demand for skilled professionals and workers in the health care and medical sector in NZ. Hospitals and medical practices are constantly looking for doctors, midwives, surgeons and 29 other type of workers in health care occupations. NZ also needs 380 extra specialists every year to meet the Organisation for Economic Cooperation and Development (OECD) average by 2021. By the year 2030 they will need up to 25,000 more nurses to meet the health care skill shortages (Statistics New Zealand, 2015). From the preceding overview, it is clear that health care in NZ has been in a deteriorating position for a decade or longer and urgent steps need to be taken to address the skills situation with regard to the availability of health workers, now and in the future.

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Improving service and reducing costs is the primary objective of health care the world over. New developments in the study of the management of health care focus on the dynamics of the increased mobility of health care workers, who migrate to sources of labour that are more rewarding financially and offer better conditions of work. Various studies have focused on retaining health care workers who have been attracted from their country of origin, pointing out how this demands better human resource management (HRM) of talent by HR management practitioners (Hearnden, 2008; Hunt, 2007).

Thus the human resources (HR) discipline developments focus on what may be described as the reconceptualization of HRM; they are not practices but signals that management send to staff (Haggerty & Wright, 2009). A significant study in this regard was undertaken in Australia where the role of ward managers was found to be instrumental in the effective management of ward staff. The findings are consistent with the evolution of HRM, which has moved from focusing on HR practices to HR being an enabler of competitive advantage (Noe, Hollenbeck, Gerhart & Wright, 2013). With these developments in mind the construct of employee turnover has become a recurring and a widely studied theme in HRM research (Allen, 2008; Boxall, Macky & Rasmussen, 2003; Curtis & Wright, 2001; Holland, Sheehan & De Cieri, 2007; Machado & Davim, 2014; Nel et al. 2012; Steel & Ovalle, 1984).

Traditionally employee turnover has, however, been classified as either voluntary (control of the employee) or involuntary (beyond the control of the employee) (McBey &

Karakowsky, 2000; Morrell, Loan-Clarke & Wilkinson, 2001; Price, 1977). Voluntary turnover refers to an employee choosing to exit from an organisation. Involuntary turnover, in contrast, is controlled by the organisation where a 'cessation of membership' occurs. Social science research on involuntary turnover focuses on extrinsic aspects rather than intimate intrinsic involvement (Dess & Shaw, 2001). Mowday, Porter and Stone (1978) state that involuntary turnover may include the poor performance of the organisation, difficult economic periods, dismissal and individual circumstances, such as temporary/permanent disability or even death.

Voluntary employee turnover is regarded theoretically and in real business as an 'avoidable' cost to business (Mankin, 2009) that can be reduced with the provision of improved opportunities, training and rewards for staff. In this context, Abelson (1987) and Campion (1991) state that the extent to which voluntary turnover can be classified as 'avoidable' becomes important for the managers of organisations, particularly HR managers.

Employee turnover has also come to include the concept of organization withdrawal behaviour, which, according to reports by Hemingway and Smith (1999), is the immediate reaction of staff to distance themselves physically and mentally from unpleasant and unsafe work environments. Absenteeism, excessive sick leave, disruption in work-life balance, lateness and frequent annual leave are indicators of withdrawal behaviour and 'voluntary' employee turnover.

A study conducted by Firth, Mellor, Moore and Loquet (2004), also suggests that managers influence the behavioural patterns of staff, their employment choice and their intention to quit. Ming, Siong, Mellor, Moore and Firth (2006) further support the hypothesis that a lack of management support plays a significant role in reducing job satisfaction and increasing stress, leading to an increased intention to quit.

There is no universally accepted rationale or model of measurement to explain why people choose to leave their employment (Lee & Mitchell, 1994). This limits the understanding of the turnover phenomenon due to the limited contact with staff that have left the organisation. Also, the lack of an accepted means of gauging an individual's decision to leave in the future prohibits the prediction of turnover. The reviewed aspects in this section formed the backdrop for the current research study and focused on voluntary turnover at the ADHB only. However other appropriate contemporary research studies have been taken into account as well. (Townsend, Wilkinson, Bamber & Allan, 2009; Pillay, 2009).

METHOD

The methodology consisted of an approach that uses two methods to collect data, namely a survey using a questionnaire, followed by interviewing management staff. The research study thus utilized the "mixed" methods approach to gather data at the ADHB for analysis purposes, in order to reach conclusions and make recommendations.

The two criteria for eligibility were that participants had to be international staff possessing a legal work permit granting them permission to work in NZ and they needed to work for the ADHB. Participants were employed in diverse occupations within the ADHB. Refer to Table 1 for the occupations given by the actual respondents, for example, non-clinical staff, allied health professionals, nurses and technical professionals.

Readers should also note that the research project was approved by the Research Ethics Committee of the relevant educational institution as well as the ADHB research office.

Survey Questionnaire Compilation

The questionnaire was compiled from various relevant and validated survey instruments such as the Mobley (1982) Intermediate Linkage Model; Mobley, Griffith, Hand and Meglino (1979) Expanded model; Maslach and Jackson (1986) Maslach Burnout Inventory (MBI). Additional aspects such as employee trust, employee culture communication and burnout were used to measure dissatisfaction with personal accomplishment at work. Lastly, the ADHB exit interview questionnaire was also referred to in order to align the research study to the ADHB approach regarding retention of staff.

The survey questionnaire thus consisted of the following groupings: (a) job satisfaction, (b) personal growth and professional growth, (c) trust in management, (d) promotion

opportunities, (e) career progression, (f) performance appraisal, (g) work-life balance opportunities, (h) wages, (i) intentions to quit, (j) comparison of alternatives, (k) search intentions, (l) safety at work, (m) conflict resolution processes, (n) cultural differences, and (o) value of international qualifications.

The following are examples of actual statements included in the job satisfaction grouping: "My job is very exciting and challenging to me". "I take an interest in how well I do my job".

The last section of the survey contained seven demographic questions to establish the following: The country of birth and the country where the respondents accumulated their maximum work experience, their age, gender, years employed, the nature of their employment contract and the position employed at the ADHB. These demographic elements were the major dependent variables used to assess the impact of the questionnaire groupings listed above.

Survey Information

The survey utilized the 5 point Likert scale, where '1' means strongly disagree and '5' means 'strongly agree'. According to Leedy and Ormrod (2005), "rating scales developed to assess people's attitudes are useful when behaviour, attitude or other phenomenon of interest needs to be evaluated." (p.185).

For the pilot study, the questionnaire was circulated to four randomly selected individuals employed by the ADHB with a request to provide feedback on the comprehensibility and structuring of the questions. Some questions were then refined prior to the questionnaire being distributed. The questionnaire was distributed via the internal mail delivery system of the ADHB to 200 international staff members, and a return envelope was enclosed to enable the respondents to remain anonymous. The survey was also publicised in the Nova Mail (internal E-newspaper) of the ADHB two weeks prior to commencement to explain the intent of the survey. The survey was available for completion for a period of 8 weeks, and a reminder was included in the Nova Mail towards the end of the period to remind eligible staff to participate in the survey. A total of 107 staff provided useable responses, returning a 53.5% response.

The data gathered from the survey was entered into an Excel spread sheet. The formatted data was then exported to the Statistical Package for Social Sciences (SPSS) programme to execute descriptive analysis (Coakes, 2005).

Interviews

The second phase of the research entailed interviews with staff who represented the management of the ADHB. For confidentiality purposes, the positions of management staff who were interviewed cannot be revealed, except that they represented the employer. Eight management staff were provided with an information sheet as well as the confidentiality statement before they were interviewed.

The interview questions were categorised on the following basis: (a) Sense of belonging, (b) Safety, (c) Performance appraisal, (d) Alternative job opportunity, (e) Work-life balance, (f) Job opportunities, (g) Career progression, (h) Trust, (i) Multicultural workforce, (j) Wages, and (k) Communication.

Examples of interview questions to management staff were as follows: "What promotion opportunities exist at the ADHB?" and "Do you think the ADHB performance appraisal process is fair?"

The Interviews were analysed using NUDIST 7, which enabled qualitative data to be reduced to major factors (Rouse & Dick, 1994). Since the participant group was not large, complex analytical procedures were not used.

RESULTS

The results are summarised in terms of the research sub-questions 1 (Needs) and 2 (Discontent), which are presented first. Thereafter sub-question 3 (ADHB retention strategy) is discussed.

Overall Respondent Profile

The overall profile of the respondents is summarised in Table 1, the detail of which is briefly outlined below.

Table 1: Overall Profile of Respondents

Employees identified by place of origin	107 respondents from 22 countries, namely Canada, USA, China, England, India, Sri Lanka, South Africa, Philippines, France, Germany, Fiji, Scotland, Denmark, Cyprus, Colombia, Zimbabwe, Australia, Singapore, Northern Ireland, Tuvalu, Hong Kong and Cyprus
Technical Skills	80% respondents acquired skills outside of NZ, 20% from within NZ
Countries work experience gathered in	UK - 33%, India - 6.5%, NZ – 40.5%
Age	36.9% (18-30 yrs) 37.9% (31-40 yrs) 18.7% (41-50 yrs) 6.5% (51-60 yrs)
Gender	72.9% (Female) 27.1% (Male)
Tenure of Service with ADHB	43.9% (Less than 12 months), 25.3% (12 to 24 months), 16.8% (24 to 36 months), 3.7% (36 to 48 months), 10.3% (48 to 60 months)
Type of employment contract	86% (Permanent) 2.8% (Casual) (Fixed Term) 6.5% and 4.7% (Temp)

Position employed in at Auckland District Health Board	Non clinical employees (18.7%), allied health professionals (16.8%), nurses (15%), Technical professionals (14%), Consultants (2.8%), Registrars (2.8%), Midwives (4.7%), Sr. Medical officer (0.9%), Healthcare Assts. "other " such as Kitchen staff and technicians represented (24.3%)

Since this is a study focusing on international respondents, Table 1 shows that 22 countries are represented, including a number of commonwealth countries. Their technical skills were mostly acquired overseas – as can be expected of immigrant workers. Only 20% reported acquiring some technical skills while working in NZ. The major country outside NZ where work experience was gained was the United Kingdom (33%); however, 40.5%

of this group also gained experience while working in NZ. As can be expected, the age profile reflects younger workers and 74.8% were under 40 years of age. International staff were mainly females, namely 72.9%. The tenure period is low due to the respondents being immigrant workers. It is also interesting to note that 69.2% of staff were in the service of the ADHB for 24 months or less, with only 30.8% continuing with employment for 24 months or more. This in itself is an important indicator of the level of turnover at the ADHB, and it is discussed in more detail elsewhere in this article. The majority are permanent as far as their employment position is concerned, and lastly the usual range of medical care occupations is represented. The overall profile is representative of international staff in health care in NZ.

In Table 2, only the mean and standard deviation of responses by participants to the 27 survey questions is shown. Respondents had to rate their level of agreement or disagreement on a 5 point Likert scale. The 11 themes were obtained after the analysis of the responses was completed and meaningful groupings identified.

The identified themes were: Job Satisfaction, Training, Career Path, Work conditions, Characteristics of staff experiences, Unionisation, Intent to leave, Alternative job opportunities, Commitment to the ADHB, Culture awareness and Trust in superiors.

Table 2: Mean Value and Standard Deviation of the identified themes

Sr. No	Themes	Questions	Mean Value	Standard Deviation
1.	Job Satisfaction	Strong sense of belonging	3.55	0.996
		Sense of personal satisfaction	3.67	0.833
		My job is challenging to me	3.62	1.006
		Takes interest how well I do my job	3.32	0.853
2.	Training	Training enables personal growth	3.47	1.040
		Professional growth with the ADHB	3.41	1.049
3.	Career Path	Promotion opportunities as good	3.18	1.071
		Periodically how I am performing	3.44	1.057
		Identified career path	3.82	1.003
4.	Work condition	Job security in my employment	3.84	0.913
		Wage is reasonable for the work I do	2.80	1.161
		In general employees treated fairly	3.55	0.827
		Personal safety at work	2.46	1.276
		Employees with work/life balance	3.36	1.022
5.	Characteristics	Inter-personal clashes	1.87	0.921
		Overseas experience/qualifications	3.38	1.167
6.	Unionisation	Conflicts resolved by discussion	3.58	0.847
		Collective employment agreement	3.61	0.770
7.	Intent to leave	Leaving in near future (less than 12 months)	2.57	1.331
		Leaving in near future (more than12 months)	2.51	1.166
8.	Alternative	Alternative job opportunities	3.35	1.197
9.	Commitment	Recommend the ADHB to work	3.75	0.912
		Valued as an employee of the ADHB	3.45	0.954
10.	Culture	Culture difference hinder integration	2.40	0.996
		Integration went very smoothly	3.51	0.917

	Adapting to new work environment	3.64	0.894
11. Trust	I can trust my superiors at the ADHB	3.62	0.928

Participants were requested to rate their level of Agreement or Disagreement about what encourages them to work for the ADHB on a 5-point scale where 1 = Strongly Disagree and 5 = Strongly Agree.

A summary of the results regarding the needs and discontent of staff at the ADHB that influence retention are presented in Table 3 below. The following were the identified needs of staff: Job Satisfaction, Training, Work/Life Benefit and Unionisation. The following were the identified discontent issues of staff; Promotion opportunities, Wages and Performance Appraisal.

Table 3: Summary of major results regarding needs and discontent of international staff

Needs of international staff		
Job Satisfaction	Satisfied 85%	Dissatisfied 15%
Training	Satisfied 75%	Dissatisfied 25%
Work/Life Benefit	Satisfied 40%	Dissatisfied 60%
Unionisation	Satisfied 90%	Dissatisfied 10%
Discontent of international staff		
Promotion Opportunities	Satisfied 70%	Dissatisfied 30%
Wages	Satisfied 45%	Dissatisfied 55%
Performance Appraisal	Satisfied 82%	Dissatisfied 18%

The results of the interviews are summarized below. A total of 50% exhibit a strong sense of belonging, 63% feel that safety procedures are adhered to, 37% are unhappy about

reasonable wages (preferably linked to performance), 63% consider that training is adequate to suit their personal and professional requirements, 25% cannot juggle their work-life balance, 50% would prefer an alternative opportunity, 63% are personally satisfied with their jobs, 63% accept that management have a healthy respect for collective forums and express trust, 63% prefer to resolve issues through a discussion, and 63% find their job challenging. On the other hand, serious considerations have been raised around issues such as 25% being dissatisfied with promotion opportunities, 75% claim that an identified career path will reduce the chances of quitting and 13% face difficulty with cultural integration. These results are integrated into the discussions below, but actual verbatim comments are very sparingly used.

DISCUSSION

The results are discussed with regard to the themes listed, as well as the needs and discontent of international staff, expressed as either "satisfaction" or "dissatisfaction", as shown in Tables 2 and 3. Lastly, based on the discussion of the sub-research questions, strategies the ADHB can embark upon to encourage international staff to continue their employment at the ADHB are presented.

Needs and Discontent of International Staff

Job Satisfaction: Overall, staff were satisfied. However, 15% of the staff expressed dissatisfaction with some aspect of their employment. Griffeth, Hom and Gaertner (2000)

confirm that a correlation exists between the level of employee job satisfaction and intention to stay.

Training: The non-clinical staff and technical professionals indicated that the training provided was unhelpful and since 25% were dissatisfied, would encourage them to seek alternative employment. This view is confirmed by Forrier and Sels (2003) who conclude in their study that an employee's future employment status depends on the extent of organisational commitment to training.

Career Path: Staff indicated that an identified career path will reduce their chances of leaving the ADHB. Alatrista and Arrowsmith (2004) in their study validated the potential value of a well identified career path.

Work Conditions: Martin (2003) explains that wages are inversely related to employee turnover. The results indicate that staff were satisfied with the conditions of work, with the exception of wages and work/life balance, and that this would have a significant impact on employee retention programmes (shown in Table 3).

Characteristics of staff: The majority of staff indicated that inter-personal clashes were rare and that their overseas qualifications were recognised.

Unionisation: Most of the staff are affiliated to unions and prefer the current working arrangement. Head and Lucas (2004) report that the extent of unionism is associated with lower employee turnover. A total of 90% of respondents expressed their satisfaction with the union presence and the support they received from the union (shown in Table 3).

Intent to Leave: The results show that nearly 23.5% of the staff indicated that they would prefer to leave within 12 months. This percentage decreased slightly to 22.1% of staff preferring to leave after 12 months.

Alternative job opportunities: Most staff expressed interest in alternative job opportunities so that they could continue working at the ADHB. In their study, Griffeth et al., (2000) reported that the extent of alternative opportunities is a predicator of employee turnover.

Commitment to the ADHB: Most of the staff are committed to their jobs, but have serious concerns around promotional opportunities and performance appraisal. In their study, Lee and Corbett (2006) highlighted that these factors have a noticeable impact on employee turnover and retention strategies. A management staff interview response was: "I don't see any promotion opportunities in the next 24 months" and "There aren't really any promotion opportunities with the job that I do".

Culture: The cultural integration of staff is an issue, as the respondents reported an inability to bond. Mixed responses were given and are further highlighted in the recommendations

section below. An interview comment was: "Language barriers are particularly unhelpful in an emergency situation".

Trust: The majority of the staff trust the ADHB and their employer. However, the interviews show that opinions differ among the management staff.

Recommendations

The recommendations are divided into specific and strategic categories. In light of the results discussed above, specific recommendations are made first and then strategies to retain international staff are identified. They also include recommendations based on the findings from Table 3 and relate to the needs and discontent of international staff. Needs relate to Job Satisfaction, Training, Work/Life Benefits and Unionisation. Discontent relates to Promotion, Opportunities, Wages and Performance Appraisal. All these referenced aspects are integrated into the recommendations made below.

Specific Recommendations. Job satisfaction was high overall, but the staff felt that their jobs were not challenging or interesting enough. They experienced low wages, as well as a lack of personal satisfaction, which was also reported in the interviews. Therefore, tasks could be redesigned to incorporate more challenging aspects, which should prove to be more motivational as well.

The ADHB could review the processes that support new recruits during the critical first few weeks on the job. Such a review should incorporate clear career pathways for advancement, support staff development, encourage affiliations to recognised unions and include collaborative communication and consultation with staff. The review should also consider entry level orientation and induction training to help all new staff to settle into a foreign environment.

From the results shown in Table 3 regarding work-life benefits, a total of 60% of respondents were dissatisfied. In terms of gender, this aspect is worth commenting upon, since the majority of ADHB staff are female, namely 73% as shown in Table 1. It can be inferred that the lack of work/life benefits can be considered a potentially strong factor that could lead to the intention to quit regarding female staff. It is recommended that the HR department of the ADHB would benefit from reviewing its policies in this area and could, for example, consider variable childcare support based on the mothers' requirements and free pregnancy healthcare. The research of Haar (2007), for example, also supports the importance of flexitime as a contributor to work/life balance in organisations.

A timely schedule for self-evaluation and performance appraisal feedback by the employer, which focuses on the efforts made by the staff, could be considered. Provisions for staff to set their own performance goals and receive feedback on an annual basis could also be considered. The fact that there are limited opportunities for advancement in their jobs should be addressed, since this is a contributing factor in their intention to quit.

It is recommended that the ADHB should also offer a more attractive employee benefits package, keep wages on par with appropriate market rates, promote programmes that reward retention related behaviours, permit extra flexi-time options, balance social and work related events, seek greater input from staff on policies and procedures, give opportunities to work from home, and have compensatory time-off facilities. These performance recommendations are also supported by the findings of research executed by Nel and Boyd (2008) at the Waitemata District Health Board. These challenges to enhanced retention should also be aligned to a revised remuneration strategy for ADHB staff.

The following strategic issues have been identified as warranting consideration as recommendations:

Culturally Appropriate Strategies. A total of 17% of respondents indicated that cultural differences hindered their integration at the ADHB. It is recommended that two aspects of strategic importance need to be addressed, namely intercultural communication and integration. The primary management intervention during the entry period for international staff could be used for both language acquisition training (popularly called 'intercultural communication') and cultural adjustment (known as 'intercultural integration). A course focused on these two aspects should be officially provided to all new international staff because it could have a significant impact on the intention of health workers to remain in their employment, as outlined by Hearnden (2008).

It is recommended that in order to increase interaction between groups of staff and improve commitment, management should also form cross-functional teams since employee involvement constitutes a crucial means of promoting cultural diversity (Rodriques, 2008). Other initiatives such as information sharing, engaging in communication channels, lifelong learning programmes, formal dispute resolution procedures and training and retraining would further be ways to improve retention.

Professionally Trained Health Care Managers. It is recommended that the ADHB could revisit the value of utilising highly trained professional managers with specialised operational and people skills who have a meaningful understanding of their role, an in-depth business mastery and a purposeful attitude towards staff and employer needs. In their case study of an Australian hospital, Townsend (2009) identified the role of ward managers for improving staff relations, even though they are not HR professionals and are generally not chosen for their HR skills. However, sufficient training would significantly improve their role as de facto non-professional HR practitioners. Gentry, Kuhnert, Mondore and Page (2007) also state that managers and supervisors with a professional approach supported by some training can influence a supervisory support climate. This would assist managers to be sensitive towards issues such as racial bias, ethnic gatherings, language polarity and cultural groups, and in so doing would help to support a climate of equal opportunity so that international staff can attain professional success.

Goal Setting Retention Strategies to Be Used By the ADHB. It is recommended that the strategies for goal setting for the retention of international staff be revisited. The purpose of this reassessment could be to aid management to map each task and provide the requisite resources to individual supervisors and team leaders to state their plan of assessment. The strategy could be tailored for an individual employee or groups/teams of staff working in the area with respect to employees' aims and objectives. The process of goal setting is an important aspect of motivation as it helps to increase effectiveness. Goals need to be quantifiable and precise in order to measure the rate of success.

Understanding the intricacies of the employment relationship processes and outcomes is central to the development of goal setting strategies to retain the talented staff that are needed at the ADHB.Greater understanding of this process implies a more focused approach to talent management and takes control by asking the question, "What can we do with what we have?", converting the response into appropriate goals. Empowering employees through effective talent management entails giving them accountability and ownership of individual and team achievements by means of appropriate goal setting.

The recommendations outlined above could contribute significantly to improving international employees' trust in the ADHB and possibly reduce actual labour turnover as well.

Limitations

This research project collected data at a single point in time and in a particular phase of the NZ economic cycle. Future studies could be executed in a down-turn phase of the economy to reflects less buoyant conditions and gauge their effect on the turnover and shortages of international staff in the health sector. A further study during an additional boom period could also provide valuable longitudinal results for the health sector as well.

A single health board formed the focus of the current study. Future research could benefit from sampling multiple district health boards, as well as executing longitudinal research to identify trends in international staff retention.

This study only superficially addressed the impact of culture on turnover and retention. Future research projects on healthcare could exclusively focus on appropriate culture specific processes that integrate international staff at the ADHB.

Future research studies would also benefit from comparisons of local staff versus international staff in NZ to identify similarities and differences regarding turnover, given that local staff were not addressed in this research study at all.

CONCLUSION

The objective of the research reported in this article was to identify factors that would encourage international staff to remain in their employment at the ADHB and reduce their intention to quit. To identify the factors, it was necessary to understand the constructs of employee turnover and then identify new ways to deal with these issues. However, it also

became clear that the notion of HR in the current literature, reconceptualised as 'signals' sent from management to workers, is most appropriate in the health sector. Management being unambiguous on the signals they send to staff would impact positively on many of the HR related health care issues outlined in this article. Management should perhaps also clearly define the role and skills of managers in critical functions where the patient interface is intensive. This should be augmented by being sensitive to the issues outlined in the overall talent management basket of concepts, as this would contribute to bottom line effectiveness in health care in NZ and lead to higher levels of international staff retention.

The research recommendations that addressed the three research questions regarding needs, discontent and retention strategies could lead to increased retention of international staff and better talent management if they are utilised appropriately by the ADHB.

The conclusions reached in this article suggest that alternative solutions to health care management exist to complement standard HR practices and the activities of HR practitioners in the healthcare field in particular. Finally, it is hoped that these research findings will assist human resource planning within the four major hospitals acting under the aegis of ADHB to, in the long term, reduce employee turnover among international staff and enable the retention of the right mix of talent.

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