

**Factors Affecting Recruitment of Nurses to the Republic of Nauru Hospital- A
Qualitative Study**

A Thesis

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Master of Health Service Management

by

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STUDENT DECLARATION

I, Marquita. Detabene, hereby declare that the research titled “Factors Affecting Recruitment of Nurses to the Republic of Nauru Hospital-A Qualitative Study” is my own hard has not been copied from any other paper except wherever acknowledged in the text. It does not contain any material which has been submitted previously to a university by someone else for a higher degree or qualification.

This project was undertaken under the supervision of the principal supervisor, Dr Ledua.T Tamani.



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LIST OF ACRONYMS

DAH	Director of Administration Health
DON	Director of Nursing
CAN	Certified nurse's assistants
CE	Continuing Education
ET	Education & Training
HE	Health executive
HR	Human Resource
MOH	Ministry of Health
NCD	Non-communicable disease
NGH	Nauru general Hospital
NPH	Naeoro Public Health
PICT	Pacific Island country Territories
RPC	Regional Processing Centre
SHMS	Secretary of Health and Medical Services
WHO	World Health Organization
NPH	Naeoro Public Health
RONH	Republic of Nauru Hospital
RON	Republic of Nauru
RA	Research Assistant
PR	Principal researcher

ABSTRACT

Introduction

The global shortage of health workers especially nurses and midwives represent 50 percent of the current shortage in health workers, so nursing shortage is one of the main challenges faced worldwide today which causes deteriorating health care provisions. Barriers in poor leadership and management, poor governance, poor career training and career development, and poor organizational culture are related factors responsible affecting nursing recruitment to the hospitals and has an impact on nurses and patient's health-related outcome. The aim of this qualitative study to explore the perception of registered nurses, human resource staff and health executive staff on factors affecting recruitment of registered nurses to the Republic of Nauru Hospital.

Methodology

The qualitative study was used to gather information using five (5) focus groups discussion (FGD) amongst 25 Registered Nurses (RN) and 1 Health Executive (HE) at the Republic of Nauru Hospital and 1 Human Resource (HR) staff under Chief Secretary Human Resource & Labor Division is responsible for recruitment of positions established under the Nauru Public Service. The data were collected through semi-structured open-ended questionnaires and were audio-recorded and was analysed by using thematic analysis process. Ethical approval was obtained from the College Health Research Ethics Committee (CHREC) in Fiji National University and from the Deputy Secretary of Health and Medical Services, Nauru.

Results

The study was comprised of 27 participants, which include 25 RN and 1 HE, and 1 HR. From the respondents amongst the focus groups RN, most of all the respondents (96%) were female and 4% were male. The respondents from HE was a female, and in the HR 100% was a female. The themes identified in the study were categorized into broad themes and sub-themes according to each target groups' perspectives on the factors affecting recruitment of nurses to the republic of Nauru Hospital and the overview of barriers and resolutions to resolve recruitment issues to alleviate the shortage of nurses. There were Two broad themes, and 6 sub themes were identified from results amongst the registered nurses. These included

Themes 1) Incompetent leadership and the Sub themes included poor human resource systems and management, lack of administrative capacity and support, power and conflict lead to bullying, poor governance structure and framework and Discrimination and biasness. Theme 2) Ineffective training strategies and programmes subthemes are ineffective and inappropriate training agenda. There were four (4) broad themes, and seven sub themes was identified from results amongst the health executive. These included themes 1) incompetent leadership Sub themes included poor collaboration and coordination and power play. Theme 2) Poor Governance and sub themes included no accountability and ownership, poor health laws and lack of human resource policy in health. Theme 3) Lack administrative capacity and support Sub theme was non-conducive environment. Theme 4) Competition and the sub theme is limited nurse supply. And finally, themes and sub themes were identified from the results among the Human Resource Staffs which were four broad themes, and nine sub themes were three. These included Theme1) Lack of Human Resource Networks. Sub theme included Lack of linkage in information systems Theme 2) lack infrastructure and capacity. Sub themes is Lack of Infrastructure, workforce, capacity, and capabilities. Theme 3) Lack of Human resource laws for health perspective and sub themes Included lack of policies, procedures, and guidelines. Theme 4) overview of barriers and resolutions identified to resolve nursing recruitment issues to the republic of Nauru Hospital were to strengthen inter country arrangements, networking, regional and international links, build a strong Human resource and develop Huma resource capital, capacity, and training.

Conclusion

The nurses at the Republic of Nauru hospital have sound knowledge about shortage of nurses and have identified that recruitment was an issue and have identified factors that affected the recruitment of nurses to the republic of Nauru hospital as well as resolutions were mentioned to improve the recruitment to alleviate nursing workforce shortage. The findings of this study would be useful and helpful to Human resource staffs, directors and the managers at the decision-making level or policy makers to improve the recruitment issues to improve and alleviate nursing workforce shortage in the future. Moreover, further research is required to further determine the in-depth effects of a broader concept in nursing workforce shortage on patients and the intervention to address it more efficiently and effectively.

GLOSSARY OF TERMS

Term	Definition
Recruitment	Recruitment is the first step in building an organization's human capital. At a high level, the goals are to locate and hire the best candidates, on time, and on budget.
Conceptual Framework	A theoretical structure of assumptions, principles and rules that holds together the ideas comprising a broad concept.
Policy	A course or principle of action adopted or proposed by an organization
Registered nurse	A registered nurse (RN) is a licensed medical professional who provides hands-on care in different medical and community settings
Human Resource	Human resources (HR) are the division of a business that is charged with finding, screening, recruiting, and training job applicants, and administering employee-benefit programs.
Workforce	The workers engaged in a specific activity or enterprise the factory's workforce
Recruitment Process	Recruitment process is a process of identifying the jobs vacancy, analysing the job requirements, reviewing applications, screening, shortlisting and selecting the right candidate.

CHAPTER 1: INTRODUCTION

1.1 Chapter Overview

The introductory chapter will cover the information on the factors affecting recruitment of nurses to the Republic of Nauru Hospital. Also, the overview provides the background information and the geographical location of Nauru, followed by the background of the recruitment of nursing, nursing workforce, problem statement, significance and benefits of the study, conceptual framework, aims of the study and finally the research questions.

1.2 Introduction

There has been an existing widespread of global health workforce crisis which has contributed to the collapse of the health systems in some countries. The World Health Organization (WHO) stated that individuals working together for health ask on how would a country solve the myriad and complex problem of human resource for health, so through use of tools or technical framework, the government and national health workforce planners could assist to develop and be able to implement a comprehensive strategy in a more systemic way to overcome health workforce crisis (WHO, 2016). However, many individuals fail to realize the importance of health system building blocks whereby not only nurses are struggling but other cadre of staffs are failing to keep up as well and the problem is believed to be the process of recruitment. Recruitment may take place internally and externally, however, efficiency in the recruitment processes generates productivity that builds a good working environment and good relations between the employees (Kapur, 2006). Moreover, nurses are important players in an increasing competitive global market and thousands of nurses migrate each year in search of better working conditions, better salary, career mobility, and a boost in their professional development, better quality of life, novelty and adventure (Kingma, M., 2007). Hence, nursing management at the Republic of Nauru Hospital has been facing a lot of challenges in respect to the shortage of nurses over the years until to date and recruitment has remain open to address this chronic problem.

On a global level, 50 percent of nurses and midwives represents the current shortage in health workers (WHO, 2020) and the World Health Report in 2006 illustrated that health worker shortages are collectively reflected in critical phase. The global shortage is about 2.4 million doctors, nurses and midwives which has affected both the private sector health care

organizations and governmental public health agencies (Yeager & Wisniewski, 2017). However, Nurses has a vital and critical role in promoting health, disease prevention and delivery primary and community care, secondary and tertiary care as well as in emergency settings to the community. Moreover, a report written by Yeager and Wisniewski anticipated that there was shortage of public health nurses and a quarter of the problem was having difficulty in hiring nurses which was recruitment (Yeager & Wisniewski, 2017). The report mentioned challenges that was raised in recruiting nurses to work for government public health was due to government budgets not being able to compete with compensation and the challenge was further exacerbated by today's highly competitive recruitment environment that was influenced by the ongoing shortage of nursing professional in general (Yeager & Wisniewski, 2017). Therefore, it was vital and essential to understand factors affecting nurses in recruitment so that information could be used to inform strategies to retain nurses and fill health workforce gaps.

In the Pacific, the Health workforce data for health professionals are listed in the World Health Organization (WHO) statistical table shown below in Table 1.

Table: 1: Health Workforce Numbers and Density by Selected PICs in 2000 - 2009

Country	Doctors		Nurses and midwives	
	Number	Density (per 10 000 Population)	Number	Density (per 10 000 Population)
Australia [^]	68 689	33	272 741	130
Fiji	380	5	1660	20
Kiribati	20	2	260	30
Nauru	10	8	63	48
Papua New Guinea	275	1	2841	5
Solomon Islands	60	1	630	13
Tuvalu	10	9	50	45
Vanuatu	30	1	360	17

Source: WHO World Health Statistics 2010 [5]. [^]Australia Institute of Health and Welfare 2010 [16,17] (Note: figures are for 2008. The density per 10 000 was obtained by dividing the figures by total population of 21 million).

Source: Adopted from Asante et al. Human Resources for Health, 2012

The above Table 1, indicated that on an average, the pacific island country such Papua New Guinea (PNG) has five (5) nurses as per 10000 population compared to 130 nurses per 10000 population for Australia which indicate shortage in nursing in some of the pacific island countries. The shortage of nurses was believed to driven by insufficient training opportunities, migration, and attrition (Pacific Perspectives, 2013). Hence, the overarching objective of the Pacific health workforce was to inform policy development and strategies that strengthen and was to sustain a Pacific health workforce and was able to respond to a

unique health and service needs of the Pacific peoples and their communities which in turn contributed to their improved health outcomes.

The size of the health workforce in Nauru has progressively increased over the past 10 years whereby the organization in 2009 went through an organizational reform which led to the successful recruitment of fourteen (14) medical officers with eighty (80) registered nurses along with nursing aides that has resulted in health care personnel to population ratios of 1.4 doctor and 7.8 nurses per 1000 population and a nurse to doctor ratio of 8.1 whereby Nauru has achieved and even exceeded the WHO recommendations for different professional cadres to population ratios with favorable ratios. The Human Resource for Health Plan 2016-2020 emphasized that the favorable ratios were mainly due to increase of expatriate health professionals that was up to fifteen (15) percent of the workforce in Nauru (MOH-Republic of Nauru, 2016). Importantly, The Government of Nauru has aim to be self-sufficient through having a sustainable local health workforce development (MOH, 2016). From that favorable ratio that followed the 2009 reforms, shortage of registered nursing staff was still felt, compelling the Ministry of Health and Medical Services (MOHMS) to re-evaluate their situation; especially in the face of significant constraints relating to absenteeism, staff turnover, professional nurse registration requirements, recruitment procedures, processes and practices; and the dependency on expatriate recruitment for specialty nursing services.

Until to date, no study has been conducted on the factors affecting recruitment of nurses to the RON that is why it is very important to conduct this study research. In this study research, a qualitative method study was utilized as this will be the first study conducted in Nauru, the PR wanted a feasible and cost-effective approach. The aim of the study was to explore the perception of registered nurses, human resource staff and health executive staff on factors affecting recruitment of registered nurses to the Republic of Nauru Hospital using a qualitative study.

To add, the assigned study method was a qualitative research study, this approach was very important to answer the 'how' and "why" and enables to ask questions that was not easy to put into numbers and to have a deeper and better understanding of the nurse's real experiences that is in context to Nauru. So, this research study was able to explore some key factors that are affecting the nursing recruitment to the Republic of Nauru (RON) Hospital as well as other issues affecting the nursing recruitment. Understanding these factors and current issues surrounding practices in the recruitment of nurses is an integral part of nursing

management for this study to address. Although this research study will primarily focus on recruitment and process as a mean to alleviate shortage of nurses and the way forward to address the shortage of nurses in the Republic of Nauru Hospital, through existing nursing personnel and using human resource management practices.

1.3 General overview of Republic of Nauru

The Republic of Nauru (RON) was an island nation in the central Pacific Ocean, lies northeast of Australia, 42 kilometres south of the equator having an area space of 21 square kilometres and has 14 districts. In 1968, Nauru had managed to gain independence from Australia, New Zealand, and British-administered United Nations trusteeship. The population of Nauru is 14,540 and has an approximate 34.6% of the population was less than 15 years of age, this was a clear indication that the population is rapidly growing whereas the trend will continue to increase when those currently aged younger than 15 years enter their reproductive years. At current, there was less than 5% of the population that goes beyond the age of 60 years, which was an indication of the low life expectancy and having relatively high mortality rates (WHO, 2012)

Figure 1: Map of the Republic of Nauru (RON)



Source: Adopted from vector eps city maps and wall maps

Historically, Nauru has two existing hospitals located at Denigomodu which was named Nauru General Hospital (NGH) and Nauru Phosphate Corporation Hospital (NPC), in which they both operate the nursing schools which trained Nauruan and expatriated nurses. In 1999 the two (2) hospitals which was the government-run Nauru General Hospital and the private-

run Nauru Phosphate Corporation Hospital, amalgamated into the state-run Republic of Nauru Hospital (RONH) which provides free medical and dental treatment for all citizens and government contracted employees. The Naeoro Public Health consist of 6 units and provides preventative and Tertiary care services, 1 out of the 6 units is the Primary Health care (PHC) unit where the registered nurses were recruited for purpose of the study interview and the main Hospital was the Republic of Nauru Hospital (RONH) that provides secondary care for the people of Nauru and this where the majority of the nurses was recruited for the Study research interview. Moreover, the Australian Government has a contracted medical service that also provides health services for the refugees in the Refugee Processing Centre (RPC) but increasingly this care was being borne by the government for those refugees who have already exited the RPC but living in Nauru. The RONH was the main provider of health services in the country and all health care services are free of charge to all Nauruan citizens and government contracted employees. Nauru has limited natural resources and the supplies are mostly dependent on exported item (WHO, 2012). The picture below is the Naeoro Public Hospital and the Republic of Nauru Hospital.

Study setting: Republic of Nauru Hospital

Naeoro Public Health



Republic of Nauru Hospital



Furthermore, the Nauru people has undergone a dramatic cultural transition by adopting mostly the western cultures and turning away from their traditional and cultural way of life whereby the changes in transition in lifestyles like food preferences and the community's high dependency on imported goods that has brought major health problems and issues to the country. The Nauru Vital statistics report (2008-2013) highlighted that Non-Communicable Diseases (NCDs) have accounted for the large percentage number of deaths among Nauruan

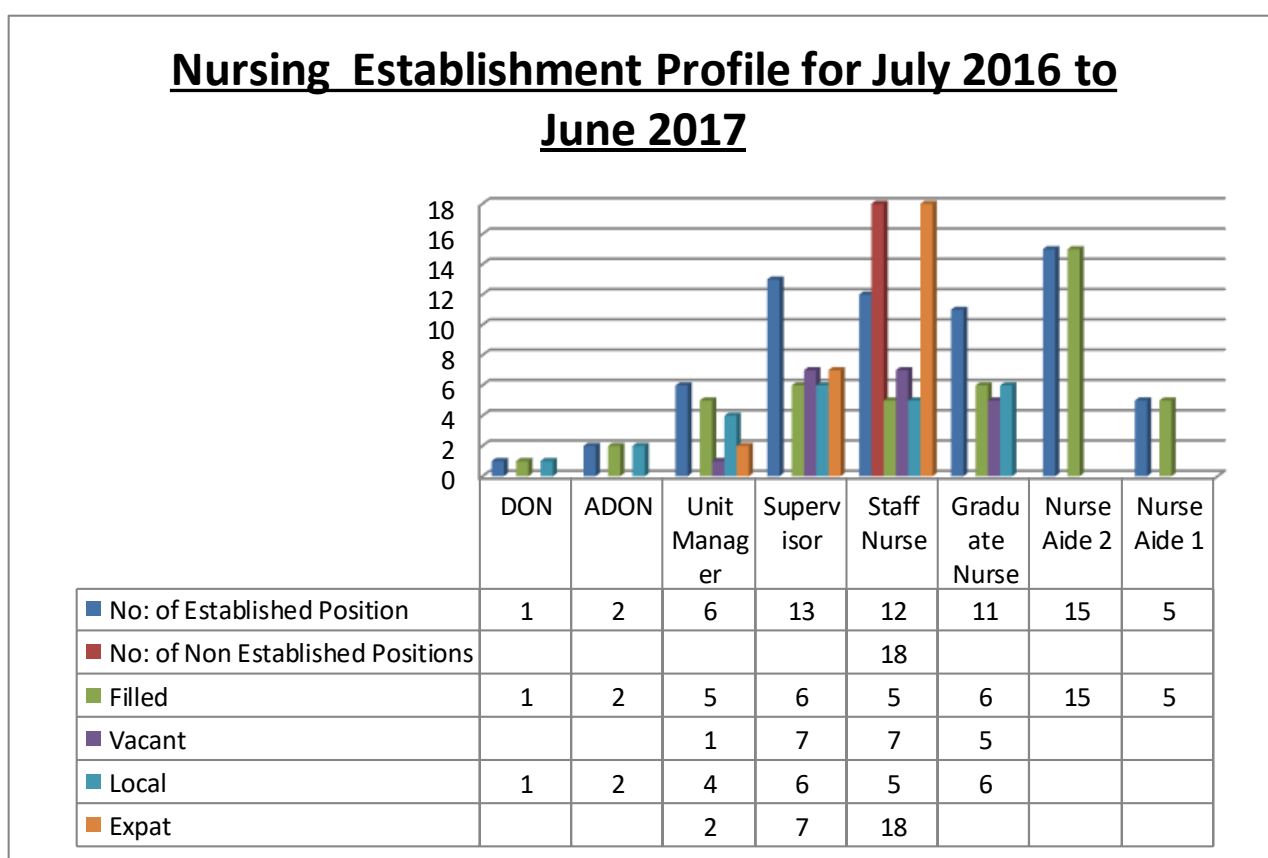
adults aged between 15 to 59 years (Republic of Nauru and the Pacific Community (SPC), 2015).

1.4 Statement of the problem

The Nauru General Hospital (NGH) School was destroyed by fire and demolished due to the amalgamation of the two-hospital halting the training and recruitment of local nurses and the Nauru Phosphate Corporation school which was overturned into as the main hospital service provider and also halted training and recruitment of nurses and recruitment of new graduates. From 2005/6, the country faced severe economic instability and nurses from Kiribati and Tuvalu were repatriated back to their own countries. In addition, the Ministry of Health and Medical Services (MHMS) Human Resources for Health Plan 2016-2020 (HRHP) notes, as of January 2015, there were 57 established positions within the MHMS. Nauru's health staff to population ratios is favorable when compared to accepted health worker to population ratio was 6.8:1000 for general nurses (MHMS HRHP, n.d) Nauru has a total of 56 doctors, nurses and midwives per 10,084 population which provides a ratio of 5 health workers per thousand population and meets the WHO minimum threshold of 23 doctors, nurses and midwives per 10,000 population necessary to achieve the sustainable Development Goals (SDGs) and the nurses to physician's ratio was 4.6:1 whereby nurse assistants and nurse aides excluded. The Ministry of Health (MOH) in Nauru aims to be self-sufficient through a sustainable local health workforce development (MOH, 2016). However, there was a 2009 reform in 2009, a shortage in professional nursing was still felt, compelling the Ministry of Health and Medical Services, particularly nursing management to re-evaluate the situation; especially in the face of significant constraints relating to absenteeism, staff turnover, professional nurse registration requirements, recruitment procedures, processes, and practices; and the dependency on expatriate recruitment for specialty nursing services.

Moreover, the below Table 2 reflects the profile of nursing positions in curative health for the period 2016-2017 at the Republic of Nauru Hospital which illustrated there was an increase in the number of expatriate nurses' positions and there was twenty (20) vacancies within the nursing establishment. To add, there were non-established positions which were needed to be created by human resource indicating staffing was adequate to maintain satisfactory level of care.

Table 2: Human Resources at the Republic of Nauru Hospital – Nursing establishment



Source: *Nursing Annual Report 2016-2017, Nauru.*

Furthermore, there is a great lack of local health workforce recruited with 90% of clinicians and 37% of nursing workforce are all expatriates. Eighty-two (82%) of the health workforce are below 50 years; with 64% of the clinicians and 80% of the nursing workforce (excluding nurse aides) are all below the age of 50 years. All the nurse aides are locally trained and 70% are below the age of 50 years. (WPRO HRH Country Profiles RON, 2013). According to Kingma, M (2008), recruitment of nurses account for a continued annual increase in international migrants who become agents of economic change as the nurses enter the international labor market and participate in the re-distribution of global wealth.

The Ministry of Health and Medical services is involved in cross cutting agendas and is continuing to address critical staff shortages. RON Hospital’s initial 56 inpatient beds have expanded to a total of 60 hospital beds which means a major shift in nursing requirements. In 2007, the Government of Nauru (GON) initiated the recruitment of expatriate nurses from

countries in the region to address the shortage in the nursing workforce. However, when the recruitment exercise failed to fill vacancies, approvals were given for Nursing Management in 2016, to recruit nurses on short term basis to cover immediate existing vacancies. This led to a very rapid turn-over of nurses. Thus, no research has been done on factors affecting recruitment of nurses to Nauru, however, similar experiences exist in other Pacific Island countries.

Henceforth, nursing management is continuously facing challenges in recruiting nurses to Nauru and is yet to be understood why recruitment is an issue. The scheme of recruitment continues to exist in the face of unresolved continuous nursing shortfall. This research proposal is therefore aiming to contribute by identifying factors that affects the recruitment of nurses to Nauru and forecast some short- and long-term recruitment strategies to support the Ministry of Health and nursing management in Nauru.

1.5 Significant and benefits of the study

Despite recruitment processes being adhered to within the Department of Health and in the Human Resource Department, nursing management continues to face shortage of nursing manpower and timeliness of recruited nurses filling vacancies. The Voluntary National Review of Implementation of 2030 points out that a significant driver of human resources costs is salary inequity which contributes to low staff morale and educational aspirations in the field of nursing, the pool of school leavers interested in health-related disciplines may not be available. In addition, currently the training institute was not internationally accredited and all these factors which then places challenges on health staff recruitment.

1.5.1 Significance of the Study to the Nurses and patients

The factors affecting poor recruitment of nurses to RONH is very important and has many benefits for the individual, government, and health management. The importance of the study was that it will provide the foundation of informed decisions about improving recruitment practices. Moreover, the evidence gained out of the study around the level of understanding towards recruitment could help management to evaluate poor performance and outcome and improve recruitment practices to overcome shortage of nurses, if factors of recruitment of nurses is measured then only will be able to retain nurses and meet better quality care of patients.

1.5.2. Significance of the Study to Human Resource

Nauru has significant human resource issues including staff turnover, absenteeism, heavy reliance on expatriate health professionals, recruitment issues, however, there has never been any research done in Nauru focusing on recruitment of nurses. This proposed research study will enable and benefit Human Resource Department and Health Administration to integrate and collaborate information; improve on their practical knowledge; and improve recruitment skills. This study will explore recruitment related factors and solutions that enables a strategy for health and partners to work collaboratively and effectively together in addressing the human resource challenges in Nauru; pave the way for quality delivery of healthcare for all Nauruan's; and would act as a reference point for better recruitment practices to alleviate shortage in manpower. Hence, the study can inform human resource plans and used as an instrument for nursing advocacy. In addition, it may mobilize Ministry of Health and partner government agencies to work cooperatively with the directorates of health to prepare, plan and implement.

1.5.3 Significance of the study to the Health Executives

WHO reported that the number of doctors and nurses in Nauru varies significantly from year to year, as several expatriate health workers come for consultancies and short-term contracts and as of 2009, 16% of the establishment was made up of expatriate with nearly all physicians being non-nationals; as in many other countries in the PIC group, nurses would make up the largest group within the health workforce of Nauru, with around 78 out of 211 approved health workers being nurses or nurse aides (UNICEF, 2017) Even though Nauru's health workforce coverage varies from year to year, the existing data suggest the health worker–population ratio is typically above the regional average. As of 2008, Nauru has about 6.2 nurses per 1,000 individuals, which is significantly above the Pacific Island Countries Territory (PICT) regional average of 3.6/1,000 which included Papua New Guinea and fact that the country has shortage of nurses and was still found to be a major challenge to the Ministry of Health where nurses was frequently reorganized to cater for nursing shortages and the key bottlenecks in relation to the Nauru health workforce appear to be an acute lack of adequately trained local health professionals, a heavy reliance on expatriate health workers that was on short term contracts which led to a significant fluctuations in coverage from year to year. The difficulties associated with filling vacancies that has stood at 8 per cent of the work force as of 2011. Therefore, data being collected from the health Executives is essential to determine factors that affects the recruitment of nurses to the Republic of Nauru Hospital thus assisting to create and transform new MoH policies that is in context to Nauru and will

further facilitate the development of effective strategic health planning to improve the scarce nursing workforce. Periodic reviews were built to assess progress in achieving goals and to mitigate emerging challenges and changing priorities.

1.5.4 Significance of study to the organization

The health Executives and Human Resource might not be aware of all the possible barriers affecting recruitment of nurses, strategies and practical solutions that needs to be rethought to overcome nursing shortage. The Department of Health holds the mandate for guiding and coordinating policy guidelines; standards; strategies and the identification of priorities in the health sector thus the research can be utilized to further any policy interventional studies as Department of Health has yet to formulate a health workforce policy and guideline, this research study will act as a foundation for studies in the mere future. Thus, the study will help uncover gaps in the barriers affecting recruitment and the processes and make appropriate recommendation based on information from the study as there are no published work on the subject, especially in Nauru context, so the findings of the study will therefore contribute to a new theory that will enable changes and improve in recruitment process and procedures and change only means progress that will benefit the hospital and the people.

1.6 Conceptual framework

Mamun and Hasan (2017) stated that “a conceptual framework indicates how the researcher views the concept involved in a study, especially the relationship among concepts”. It will guide the research by providing an illustration of theoretical constructs and variables of interest and designing a conceptual model begins with conducting a thorough review of a literature. Peer reviewed journal articles, books/monographs, conference papers, thesis/dissertations and other relevant references have investigated for conducting a research.

So, the Conceptual framework on Factors affecting Job tenure of certified nursing assistants (CNAs) in Nursing Homes will be discussed as shown below.

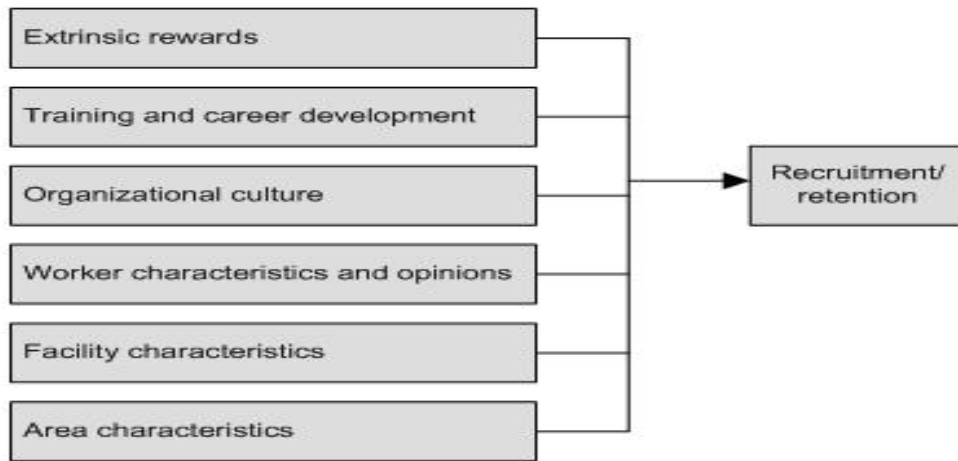


Figure 2: adopted from Weiner et al, (2009)

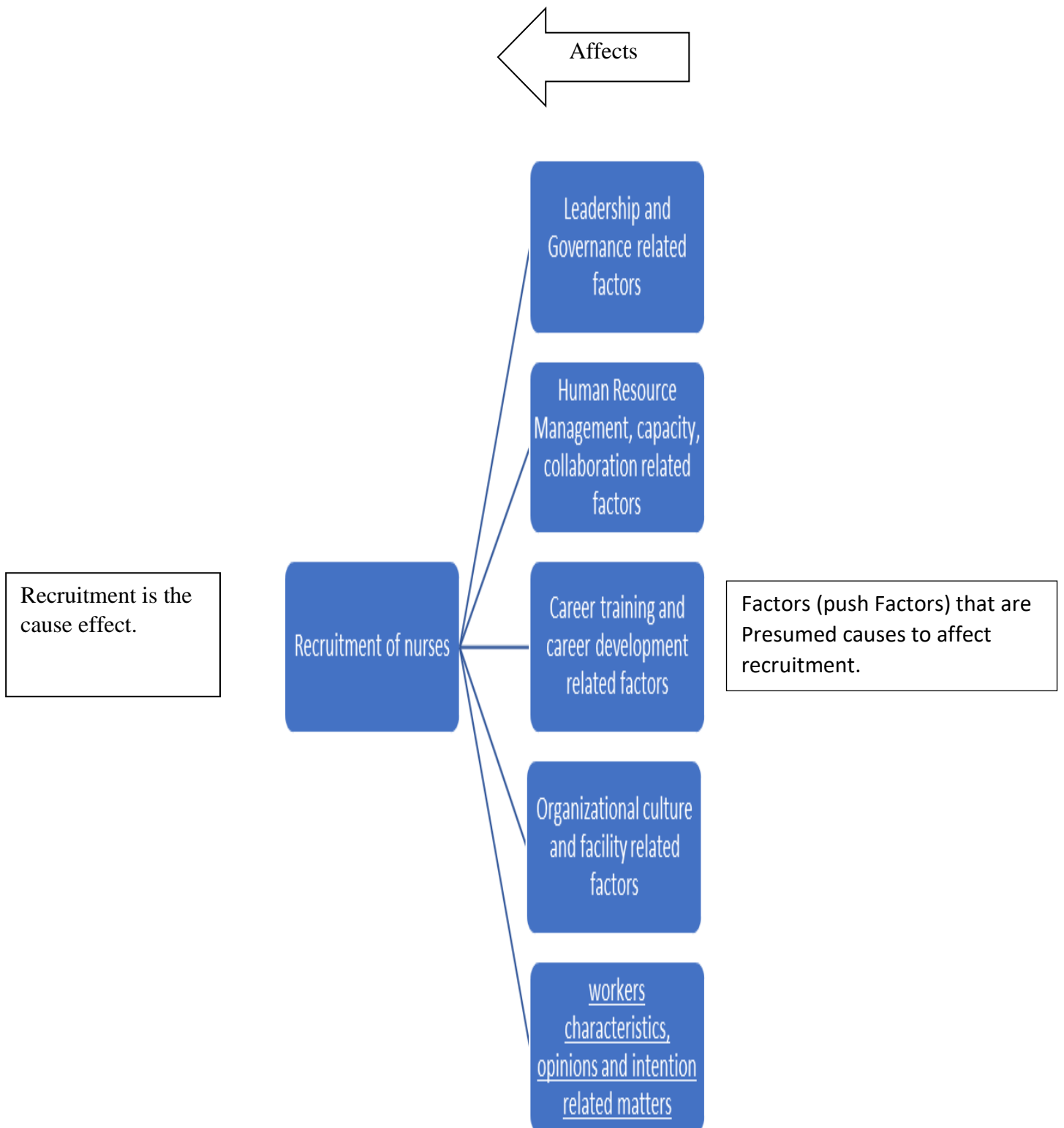
Wiener et al (2009) formulated a conceptual framework on factors affecting job tenure of nurses in nursing homes whereby figure (2), the conceptual framework focuses on six (6) independent variables that has great influence on the outcome of recruitment which is the dependent variable. Weiner et al emphasis, that this could be directly influenced by policy makers. So, extrinsic rewards such as increase in wages, time off being paid and pension availability will have a positive effect on job tenure. For example, a nurse gets an allowance on top of her salaries for doing overtime, this will either have a positive or negative effect. However, an increase in the salary required increase labor costs. Also, Training, Organizational culture, and worker characteristics and opinions mean the employee reason for being a CNA. And in terms of training and having a mentor on the job has positive effect on job contract and training will prepare nurses for their role. Also, worker characteristics and opinion are when a nurse have reasons as to why she/he wants to become a certified nursing assistants eventually personal characteristics was a significant predictor of job tenure. To add, younger nurses with a higher education has shorter job tenure than nurses who are older, this was due to older nurses having had the opportunity to work for a longer period than younger nurses portraying being competitive and having to explore and experience what their career expectations has to offer. Moreover, the Facility Characteristic indicated that there was two (2) facility level of variables that was associated to increase job tenure which were the percentage of nursing home residents covered by Medicaid has a positive and significant effect on job tenure and this was where availability of resources and equipment for nurses are more satisfied with their job being able to work effectively and efficiently has positive effect on job tenure. Second, the facility has special units such as palliative care, continence management, dementia or Alzheimer disease also has a positive effect on nurses being

recruited. Specialty programs portray a positive image to nurses which signify a more sophisticated organization with dedication to providing better quality care and to training its employees which in turn demonstrates specialty focus which will allow nurses to broaden their knowledge and skills having a positive effect on job tenure. Lastly, Market Characteristics means competition which means employment opportunities, this will have a positive effect on unemployment rate job. For instance, increase in hospital beds will increase tenure, respectively (Wiener et al, 2009).

Further, Wiener et al framework was adopted to develop and formulate this study research conceptual framework. The proposed research study examined the factors affecting the recruitment of nurses to the Republic of Nauru Hospital and was taken into consideration on the various aspects of internal factors such as perceptions of registered nurses and external factors which has no clear policies from Human Resource to Health Administrative. So, the main research questions driving the study are as follows: (a) What are some of the barriers and challenges affecting recruitment of nurses to the Republic of Nauru Hospital? (b) What is the way forward in addressing this gap at the Republic of Nauru Hospital? Therefore, this development of a conceptual model will help to address the above research questions.

The conceptual framework of this study was derived from the literature review and its aim is to explore the factors affecting recruitment of nurses to the republic of Nauru Hospital. A variable in research refers to a person, place, thing, or a phenomenon that will be measured in some way and there are two (2) types of variables, which was the dependent variable and independent variable. The dependent variable was the variable that could depend on other factors that was be measured and are expected to change resulting of an experimental manipulation of the independent variable of variables whereby it is presumed an effect, that something is the case on the basis of probability whereby some presumed causes will be elaborated below that will affect recruitment of Nurses which was either a positive or negative outcome. So, figure 3 below, outlines the Conceptual framework on Factors affecting recruitment of nurses to the Republic of Nauru Hospital will be elaborated as shown below.

Figure 3: Conceptual framework of factors affecting recruitment of nurses to RONH.



Push Factors

- Lack of Leadership and Management
- Poor Governance -no clear policy will delay recruitment.
- Centralized Human resource (HR) practices (recruitment process formal, informal, innovative, training and resource support, skill development) process will take a lot of time.
- Lack of HR Management collaboration and capacity between HR and Health with no two-way communication will have a lot of conflict and duplication in responsibilities.
- No Incentives, no opportunities in education will discourage nurses to stay on to work.
- Facility instability will have a negative effect on an employee safety.
- Poor Image of Facility and profession will affect choice of workplace for nurses.

Pull Factors

- Effective Leadership and governance will have clear policy to guide management.
- Strengthen Human Resource Management and Capacity will enable training opportunities and increase worker's benefits.
- Educational and training opportunities will increase knowledge and career opportunities for the employee which is a positive factor.
- Infrastructure characteristics, good and safe working conditions will have a positive effect.
- Intention and image will either have a positive or negative effect.

The main elements of the conceptual framework on factors affecting the recruitment of nurses to the Republic of Nauru Hospital as illustrated in Figure 3 with supporting literatures are further discussed below;

1.6.1 Leadership and Management related factors can affect recruitment of Nurses.

WHO (2010) stated that “Leadership in a health system involves in ensuring that a strategic policy framework exists and are combined with effective oversight, coalition-building, regulation, attention to design of systems, processes, and accountability where the need for leadership takes greater accountability to demonstrate results.

Chowdhury Abdullah Al Mamun and Md. Nazmul Hasan (2017) illustrated that it is likely that employees will not stay in their jobs due to lack of support from managers however,

many researchers are of the view that poor supervision is one of the leading factors of employee turnover and, hence, it is vital for an organization to coach its managers to improve their organizational and leadership skills. However, an argument was put forward by management experts that management needs to provide direction and feedback, spend time in one-to-one meetings, and work with cooperatively, this will have a positive effect. Therefore, leaders and managers need to support and coach their employees.

1.6.2 Governance related factors affect Recruitment of Nurses.

WHO stated that “Governance in health is a cross cutting theme, that is, connected with issues surrounding accountability whereby in the context of health systems strengthening, the concepts of effective leadership and governance encompass strategic direction, plans and policies, effective oversight, regulation, motivation, and partnership would integrate all health systems building blocks to achieve results”. (WHO, 2010). This correlates that with poor leadership, there will be no good governance whereby regulations will default and recruitment processes will be affected.

Also, Koussa et. al, (2006) illustrated that factor affecting recruitment of health professionals was choice of workplace and having lack of potential policy interventions to recruit and retain physicians would further discourage physicians to move in and out of the private and public sector. For instance, the department of Health in Nauru has yet to formulate its health workforce policy but has the mandate for coordinating policy strategies, guidelines, standards, and the identification of priorities in the health sector and also regulates the activities of private providers of health service particularly at the regional processing center through staff registration and further elaborated that policy interventions including: regulatory controls, incentives and management reforms is a way forward to addressing the recruitment issue.

1.6.3 Human resource Management (Capacity, planning, and Collaboration) related factors affects recruitment of Nurses.

Kalisch (2003) stated that with increasing competition for scarce personnel resources, recruitment and retention processes must be efficient and effective and major recruitment factors will lead to job choice decisions by staff nurses. For instance, in Nauru, personnel resources are scarce whereby the recruitment pool was scarce and reliance of recruiting expatriate nurses from neighboring region was vital to meet the needs of the population.

Hence, Human resource Management correlate with career training and career development whereby with poor human resource management, there was negative implications on budget whereby finances was mismanaged and has poor collaboration and flow of recruitment, no training which will have a negative effect on recruitment of nurses.

1.6.4 Career training and career development related factors affect Nursing recruitment.

Sa'avu et al (2014) conducted a qualitative study argued that the essential component for managing and caring for sick children is inadequate in Papua New Guinea due to limited specialized manpower, resources and poor logistic support and further professional developmental trainings be offered to nurses in specialized skills. For instance, In Nauru, the last five years some policy guidelines focusing on training, career pathways and staffing norms were developed and introduced however, the challenges in this area will include delays in finalizing drafted policies and guidelines which have had negative effect in dissemination, limited emphasis on evaluation of existing policies and guidelines and low utilization of existing evidence in the development process of new policies. Thus, having a negative effect on nurses being recruited to RONH.

1.6.5 Organizational culture and facility characteristics related factors affect recruitment of Nurses.

Wiener et al (2009) stated that improving an organizational culture of nursing homes was focused on the values that was related to organizations' behavior and the relationships between internal and external stakeholder which will lead to employees the satisfaction that they receive while on the job from the organizational culture contributes to longer job tenure (Wiener et al, 2009). For instance, nurses enjoy working in an organizational culture that was diverse and having a facility that is well equipped with resources will have a positive impact on the nurse's choice. Thus, having a well-developed organizational culture was a factor that will influence the employees to stay put in the organization whereby if employees are not being contented with the culture, work environment, organizational structure, there will be a possibility that the nurses will quit the job which will have a negative effect.

1.6.6 Worker characteristics, opinions, and intentions related factors

Mokoka (2007) stated in the research, that nurse managers expressed how important values and upheld a professional nursing image. For instance, values are different from nurses who

are young and old nurses, this value influences nurses' behaviors towards their work, authorities, and patients whereby values were attached to how nurses have viewed their positions, responsibilities, and commitment to an organization. However, there was a difference in values from a younger and older nurse whereby the old nurses emphasized a lot on rank, age and job responsibilities and being in of charge of a unit, while the younger nurses was interested to get the job done within the shortest time possible, disregarding rank and seeking permission from older senior more experienced nurses which leads to conflict. Thus, concurred that both approaches had their advantages where the senior nurses brought human touch which is caring to patients while the new nurse completed their tasks efficiently but consequently this will affect the choice of workplace for the new nurse as sometimes young nurses tend to assume that older nurses are being bossy and disregard values. Therefore, if the image of nursing improves, then recruitment will also improve.

In summary, the organizational culture factors such as employee should have a good and mutual relationships with their supervisor and responsibilities. Relationships with employee and supervisor are vital and will determine either to affect the job tenure positively or in a negative way. Also, personal characteristics, such as immigration status or whether workers care for dependent children or elders, may affect job tenure in a positive or negative manner. Facility characteristics, such as ownership and the percentage of Medicaid residents may affect the quantity and quality of resources available for nurses to perform their job and, therefore, affect tenure. Characteristics of the geographic area, such as whether the facility is in a rural area and the availability of similar types of jobs, also may affect job contract. Thus, the conceptual framework hypothesized that nurses were motivated by extrinsic rewards. Also, training, and organizational culture affects job tenure but personal characteristics, market area and characteristics of the facility will not be influenced by policy but will be considered as regressions. The push factors are those factors such as leadership and management related factors, Governance related factors, Human resource related factors, career training and development related factors, Organizational culture and facility related factors and worker characteristics and opinions relate factors, this will able the individual to move voluntarily and could be measured and cause change to the outcome. Presumed causes refer to the conditions of the exploration and experiment that the investigator was trying to measure and gather information in order to get relevant results. Also, the arrow indicates a causal relationship meaning if push and pull factors changes then only, the cause effect, which is recruitment of nurses will change its result and outcome to positive or negative.

Hence, in this qualitative research study, the study was able to gather relevant and factual information from key healthcare professional or key informants which includes registered nurses, Health executives and Human resource perceptions on factors affecting recruitment of nurses to the Republic of Nauru Hospital which are reflected in the conceptual framework elements were explored for possible resolutions to rectify the problem. The process done determines the outcome on the recruitment which in turn reflect the nursing workforce and the nurses and to patient health related outcome.

1.7 Gap of Knowledge

The literature review recognizes the gap of knowledge found from literature in related to the subject, it was found that poor leadership and Human Resource Management, that is, process of recruitment was the leading factors and that most studies was conducted internationally. Also, Fiji and PNG are the only institution that has an accredited nursing institution and that there are no other institutions in the regional Pacific this is apart from New Zealand and Australia to provide training and learning for health professionals and it is vital to establish a predictable career progress pathway to encourage completion of training for health graduates. Also, having lack of Human Resource policies for Health perspectives, lack of collaboration and sharing of information across the pacific to further provide accreditation programs for smaller pacific island set up and provide better leadership, management, and government through provisions of effective networking and regional and international linking through partnerships, memorandum of understanding. Also, the challenge is to identify strategies that will be applicable within the realm of nursing and meet the need of nursing specifically and with the need to improve diversity in healthcare and counter act shortage of nurses, changes must be made in the recruitment practices, proactive strategies should be implemented, and retention programs must be integrated. However, limited studies were not found on exploration of perceptions of nurses on factors affecting recruitment of nurses. There has never been a study conducted in Nauru, however, there have been studies conducted in the region which some are related to context of Nauru However, most studies were done internationally which is very not relevant to Nauru.

1.8 Aim/Research Question

1.8.1 Aim of the study

To explore the perception of registered nurses, human resource staff and health executive staff on factors affecting recruitment of registered nurses to the Republic of Nauru Hospital using a qualitative study.

1.8.2 Research Questions

- i. Why is recruitment of nurses to the Republic of Nauru Hospital an issue?
- ii. How do nurses, human resource, Health executive staff perceive on the barriers of recruiting of nurses to the Republic of Nauru Hospital?
- iii. What are the positive and negative factors affecting recruitment of registered nurses to Republic of Nauru Hospital?
- iv. What are some are some ways forward of improving recruitment process and practices of nurses at the Republic of Nauru Hospital?

1.9 Structure of thesis

This thesis is organized in 6 chapters, starting with Chapter One, which provides information on the research topic together with relevant background information that was gathered to assist in the purpose of the research topic.

Chapter Two comprises of a literature review conducted to obtain necessary information on Nursing Recruitments and factors affecting it, the major existing conceptual theories related to nursing recruitments, as well as the importance of qualitative method study.

Chapter Three presents the materials and methodology of the study which is included the study design, participants included, inclusion and exclusion criteria, study variables in terms of dependent and independent variables, sampling and sample size, data collection and tools, data collection procedures, data management and data analysis and ethical consideration.

Chapter Four will be discussing the results and findings from data analysis.

Chapter Five is the discussion chapter that will provide detailed discussion on the findings of the results, some comparative discussions to some of the already existing information or studies available on the literature regarding this topic.

Chapter Six will provide a conclusion to the research and will make suggestions for future directions for researchers, the strengths and weakness of the study and what is needed to further research in this topic of interest for study.

CHAPTER 2: LITERATURE REVIEW

2.1 Chapter overview

This chapter reviews all the studies that have previously been researched and studied related to factors affecting recruitment of registered nurses in a hospital set up. Literature search strategy was used to explore relevant existing literature in terms of concepts on factors affecting recruitment of nurses in a hospital set up which has impacted on nursing shortage to registered nurses and the interventions and measures to resolve the barriers affecting nursing recruitment.

2.2 Literature search and strategy

2.2.1 Source and method of search

In this research study, The Google Scholar was the main source and the Fiji National University (FNU) online library was also utilized with computerized search databases used because it provided sufficient context related to the research study where related databases that were used to search was Medline- Ebsco Host, Research 4life, PubMed and mainly Google Scholar and other websites were used to search such as ResearchGate, Imedpub, BMC, WPRO IRIS whereas also the title was typed in Google Scholar finding related literatures as well as the Boolean operator was also used in the search strategy such as “AND” and “OR” to acquire best information between the following keywords were ‘recruitment’, ‘nurses’, “workforce issues” was used to locate relevant studies.

2.2.2 Inclusion criteria

Qualitative, quantitative, and mixed studies globally (regional and International) was considered in the review in order to extract relevant articles among registered nurses in the hospital settings either private or public hospitals. The studies published ranged from (2002 to 2019) was retrieved and used from the search. I had to broaden my search and did not limit the article years for more than 10 years as there were limited published reviews and that it must be in the English language and included from the journal’s articles, published books, and WHO reports with full text available that was directly related to the topic and was appropriate and suitable to support the current research study.

2.2.3 Exclusion criteria

Studies that was conducted before 2002 was excluded from this study and information on factors affecting the recruitment of nurses in other discipline such as doctors, allied healthcare and other health professionals was excluded from this study as well as study with language other than English was excluded.

2.2.4 Selection process

The selection process began by checking all the titles and abstracts of articles to identify relevant and appropriate articles directly related to the research study. A screening search for the (title only) similar studies was required for further consideration. For instance, the topic was typed and searched in google scholar within the regional and a broader international search was types and searched due to limitation in existing studies that is appropriate. Also abstracts and full texts on remaining articles were checked to see if they were applicable to the current research study, this was downloaded and saved for use during the research study. Moreover, the references from the remaining studies was also explored whereby some was not found in selected databases.

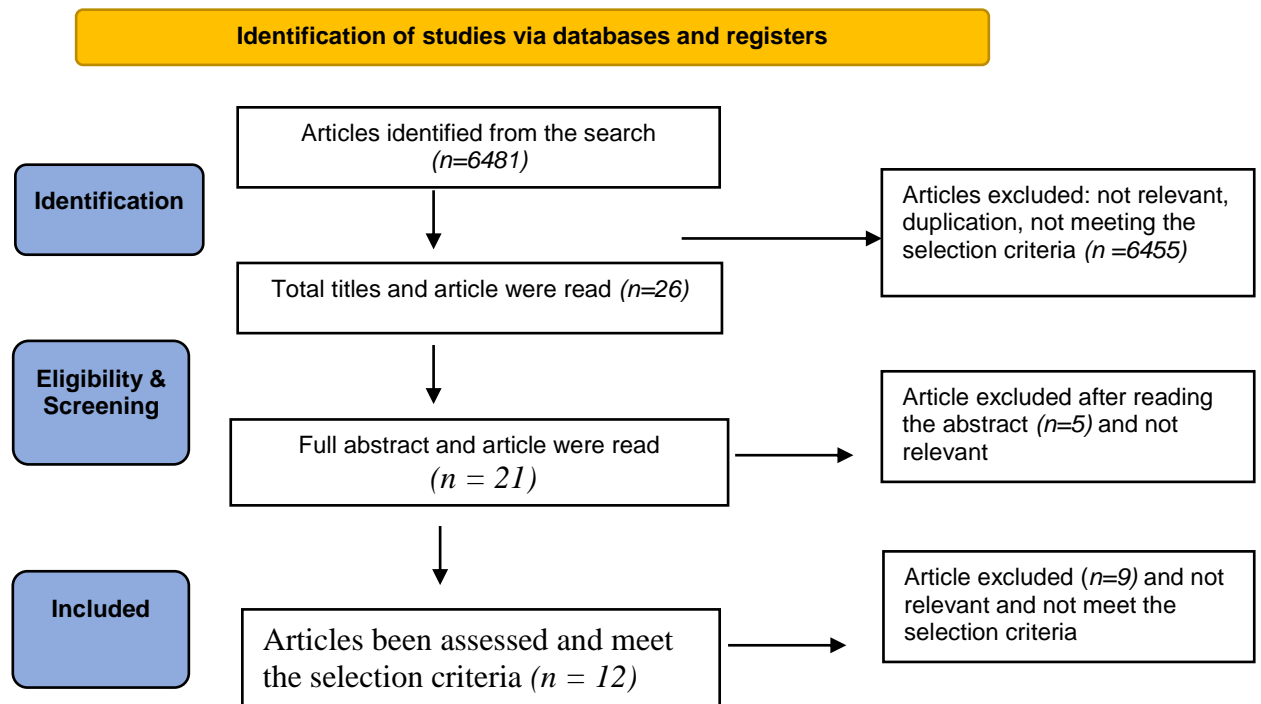
Thus, twelve (12) related articles were retrieved which was relevant address the factors of recruitment of nurses to a hospital set up and recommended solutions to improve recruitment of nurses to alleviate nursing shortages were considered.

2.3 Search strategy/ Criteria's/ and Selection Process

The literature search was conducted using Medline- Ebsco was utilized using the key words 'Recruitment', 'nurses', 'workforce issues' as well as Boolean connectors was utilized with 'AND' 'OR" to be able to connect the key terms used for the search. Also, the Research study title was typed in Google Scholar and then searched considering the Inclusion criteria. To add, the Exclusion criteria: studies conducted before 2002, study with language other than English and any include other health professionals was not included. The selection process began on the title only and the search identified 6481 references (Medline-679, and Google Scholar-3520, WPRO Iris 1114, BMC 8013, Sematic Scholar 365). Moreover, when the title only was typed and searched the PR was not satisfied with the search having to consider inclusion and exclusion criteria and importantly finding similar population target which is relevant to the study research. So, there was article titles and abstracts of articles that was related or applicable to the research study topic and exact duplicates was checked and

removed with further consideration. Thus, articles were downloaded and saved for use. Further (12) articles fulfilled the inclusion criteria and so few studies were found in Pacific island countries however there was not any research study for Nauru. The PRISMA flow Diagram was adopted below and used in order to depict the flow of information through different phases for systematic review.

Figure 4: Article search and selection process



2.4 Nursing recruitment overview

Recruitment of nurse was a worldwide problem and human resource of health is maldistributed and a shortage in the overall number of qualified nurses and aging nursing workforce and staff shortages limit accessibility to health services and programmes, which in turn affect health outcomes. (Halcomb et al, 2018). Recruitment is evolving and like all things in life and business, change is never isolated but it is driven by different elements such technological advancement, sociological trends, behavior transformation of candidates, and the shift in job market perspectives recruitment of nurses is an issue and poor leadership and poor governance, poor human resource capacity, competition, having poor working conditions, inadequate income, and no job availability, lack of career development and intentions for nurses and lack of career development and intentions for nurses are factors that

contributes to poor recruitment of nurses. In an organization, the process of recruitment was crucial to help find the most suitable candidate for the job and was a vital operation in the human resource management that was designed for the employee to utilize full strength per organization order to meet the employers and the organizations strategic goals and objectives (Kapur, 2006). Recruitment was usually considered as a vital process for any organization, if not a vital a potential source of competitive advantage that will directly deal with the future and current employees of an organization and the human resource core functions. (Betgerikar, 2015)

2.5 Importance of recruitment in Human Resource management

Recruitment was known to be a central function of Human Resource management. It is the process that select the right and appropriate person for the right position at the right time which was taken into consideration the individuals' educational qualifications, years of experience, abilities and skill sets that are specified for the job requirement as well as process of attracting, selecting, and appointing potential candidates to meet the needs and requirements of the organizations (Kapur, 2006). Recruitment and choice are important operations in human resource management, designed to make best use of employee strength to meet the strategic goals and aims of the employers and of the organization (Kapur, 2006).

2.5.1 Factors affecting nursing recruitment and measures to solve barriers in recruitment

Recruitment of nurses was a major issue and was the issue of poor leadership and human resource management capacity whereby a study conducted by Ghiasipour et al illustrated that managers has the 'insufficient authority capacity to recruit, relocate, promote, and dismiss personnel, as well as their limited authorities to apply motivational and welfare programs that will decrease power and influence and limits the efforts to improve leader-follower relationship and reduces job satisfaction (Ghiasipour et al, 2017). Hence, indicating poor leadership skills and governance and lack of human resource management capacity.

Also, McAllister (2004), illustrated that there were about 420 vacant clinical placements and only 314 of the positions were offered and 20% of the placements was later withdrawn whereby recruitment of 30 students for hospital placements took 300 hours of academic and administrative to recruit the students which was time consuming, this eventually lacks human resource management capacity and skills to manage resource and recruit effectively. (McAllister, 2004). For instance, in Nauru, Health has no capacity in focal personnel

responsible and is accountable for human resource and planning allocated for health staffs and so other leaders and management are attempting to manage their own human resource management and planning alongside their other responsibilities which was a burden and time consuming. Moreover, the draft MHMS human resources for health plan 2016-2020 (HRHP) notes, as of January 2015, there were 57 established positions within the MHMS in Nauru and with Nauru's health staff to population ratios is favorable when compared to accepted health worker to population ratio was 6.8:1000 for general nurses (MHMS HRHP). Despite the high staff numbers, Nauru has significant human resources (HR) issues which includes process of recruitment, lack of professional registration, and reliance on ex-pats.

Furthermore, Kalisch (2003) illustrated that the problem affecting recruitment of nurses was process where competition is increasing for scarce personnel resources, recruitment and retention processes should be efficient and effective. So according to the research data, the procedure for applying and interviewing at the study hospitals was standardized and throughout the process, the applicants were asked to be available for the interview. The study data illustrated a tremendous number of problems in every phase of the process of recruitment whereby the problems are very costly for any organizations in terms of loss of potential nurses, the selection of wrong nurses for any given unit and time wastage. However, this process can be fixed if organizations took the time and energy to systematically address the issues since so many hospitals have these problems, organizations should commit to recruitment process improvement that could emerge as a recruitment leader in the market area. Thus, the reports resulted in an extensive study of recruitment processes and systems in acute care hospitals throughout the United States and the major recruitment factors that lead to job choice decisions by staff nurses.

To counteract the problem, Nair et al 2006, mentioned in their survey that was more women than men that took part in the survey and more New Zealand nationals took part in the survey and overall, of the respondents, that is 30%, mentioned having mentorship through the provision of effective leadership and management who had influenced their decisions on where they want to practice. Also, Del poz et al (2006) mentioned in their study that there must be emphasis on strengthening health workforce management systems which has 6 components in the framework which include strengthening recruitment processes, these components are important to integrate all components which will act as a guiding principle as well as having its benefits to achieve a sustainable health workforce. Moreover, through

leadership and application of health workforce governance, management and policy development will enable workforce development and health care to reach its full capacity.

A study conducted by Rumsey et al. in 2014, indicated factors to enhance long term adaptive capacity and allowing policy makers to be well informed on how climate change affects the health systems, including competent health workforce like nursing in which the health of the population was affected and which in turn enable range of activities to be implemented by the health workforce that would demand various skills and competencies (Rumsey et al, 2014)

In addition, Del poz et al (2006) illustrated that health workforce is frequently evolving and changing and must be upgraded and should be adaptable to change. Del Poz et al emphasized on the importance of strengthening health workforce framework, relates to the provision of leadership. The study was done through informal consultations on the existing health workforce framework held in Washington DC and there were existing widespread of health workforce crisis and are liable to reverse health gains and is a contributing factor to the collapse of some health systems in some other countries (Del poz et al, 2006).

On the other hand, strengthening health systems through provision of Leadership and governance and collaboration with Human Resource management was expected to better outcomes for policy and planning that was to eventuate in better innovations and career development of nurses and having good leadership and management, this in turn will develop facilities which in turn encourages nurses to work in a safe and conducive environment. To add, having an effective Human resource management will initiate benefits and create innovations to the workplace and to the employees which in turn creates a positive image for the nursing profession and then will attract nurses to be recruited to an organization.

In summary, factors affecting recruitment in a positive and negative manner through provision of Leadership, management and governance. So poor leadership will simply have a negative impact and having good governance will have a positive effect on recruitment. For instance, poor leadership, management, and governance was all connected whereas having poor leadership will lack in enacting governance which involves ineffective health executive board committee that registers nurses, poor leadership will have no accountability and clarity in responsibilities that further delays the process of recruitment, hence leading to no health workforce policy framework, disabling policies and processes and at the end affect decision making to effectively recruit nurses. Leadership and governance will correlate positively and negatively with Human resource management, capacity, and collaboration and without

Human resource it will affect career development and career opportunities for nurses. Moreover, this will lead to nurses having unclear intentions whether to take or not to take the job as a nurse, same with having better facility and having available resource will enable growth and nurses to enjoy their job and workplace.

Nair et al (2012), illustrated that the issue raised in the study was having shortages of health professionals in the pacific island. A cross-sectional postal survey approach was conducted to investigate factors of why there were poor health graduates' retention in the pacific and found that one third of the respondents mentioned that factors associated with poor retention of health graduates was pacific islands having poor working conditions, inadequate income and no job availability and mentioned short-term returns for the pacific island state was graduates returning to the pacific to work was mainly due to the bonding systems. So, having adequate income, appropriate facilities, further opportunities for training, near family, meeting the need for the pacific community and giving something back and feeling appreciated will alleviate the retention issues. Nevertheless, the study suggested that 40% of the respondents mentioned that they will go back to work in the pacific in the future and in order to encourage pacific islanders to go back to work in their communities was to have support and guidance and having more active recruitment including preferential selection of pacific doctors to hospitals in respect (Nair et al, 2012).

Also, Graeme Martin & Paul J. Gollan (2012) illustrated in their report, that in 2007 to 2009 there was a global financial services crisis (GFC) in the year 2007 to 2009 and that financial services organizations suffered an unprecedented decline in their reputations with the public driven by public perceptions of poor corporate governance and ethics, human resources management (HRM) and leadership. This was a clear indication that if there is poor governance, HRM and leadership in an organization, financial support will decline. For instance, in Nauru, Government of Nauru allocates around only 8% of its total domestic budget for health and revenue earned will be relocated to other departments even though Health do not have the satisfactory budget to cover trainings and not having trainings will drive negative perceptions of employees which in turn determine their choice of workplace.

Similarly, a study by Boulton & Beer (2018) was conducted in order to provide a better understanding on factors affecting recruitment and retention of clinical research nurses using a qualitative exploratory design whereby online questionnaire comprising of open ended and fixed choice questions were given to 121 clinical nurses having 7 focus groups consisting of a

subgroup of 26 participants. A third of the participants were attracted to a research post was having an interest in the area and having a desire for further change to achieve personal objectives while majority participants were expected to continue in a research post for the next 5 years and other participants will transfer from research to management. Consequently, range of policies and practices from employers, that is, one of the contributing factors to participants' intentions to having to remain and leave the nursing research was due to short term employment contract and not having a viable long-term research nurse position which in turn bring job insecurity. (Boulton & Beer, 2018). Thus, the qualitative study research, was able to gather factual information from key participants to answer the "why" they choose to remain and leave their jobs.

Furthermore, another contributing factor that affects recruitment is lack of career development and intentions for nurses whereby Sa'avu et al (2014) conducted a qualitative study survey provided for the 5 rural district hospital in the highlands of Papua New Guinea whereby a structured survey instrument was used in this case to assess the quality of pediatric care, case mix outcomes and providing resources to deliver good quality care for children suffering with pneumonia and neonatal illnesses. Data was collected by using survey forms being structured for each of the above categories. It was argued that oxygen therapy is the essential component for managing pneumonia and neonatal conditions but facilities for oxygen and care for sick newborns are inadequate due to limited manpower and resources and poor logistic support. However, maintaining basic services to the local communities in PNG. Also, pediatric nurses have a large role to play in managing children and neonates in district hospitals and a separate pediatric was and a section of a ward with neonatal unit will need to be staffed with pediatric nurses and further professional developmental trainings be offered to nurses in specialized skills (Sa'avu et al, 2014). Consequently, Koussa et al (2016) mentioned that core factors affecting physicians' choice of workplace in the public sector was country specific, financial incentives and professional career development are core factors.

In spite of, Brewer et al (2006) argued that career development for nurses remains a retention challenge and many participants reported that increase accessibility to continuing education (CE), both professional and academic will encourage retention of nurses. So, having shortage of nurses along with inflexible scheduling for CE poses another barrier for nurses who want to further their education and training in the organization and not be able to have opportunities for training and continuing education will be an influential recruitment and retention factor and leaders should always consider ways to create or extend benefits in

training and continuing education, as well as form partnerships with local universities and colleges to build health collaboration methods. Moreover, what can be done to alleviate contributing factors, it is to Strengthen Health systems framework and Human Resource Management Capacity and International networks as well redefining to develop new models of funding, developing new health with inclusion of integration opportunities between prevention and health care delivery services, Innovative development, attainment of comprehensive understanding of health systems gaps by unifying health systems where primary focus is on health services and access. In the health policy paper, Health systems strengthening is often conceptualized in the six (6) WHO building blocks. For instance, Ethiopia tackled infectious diseases and having positive health system effects were mostly attributed to task shifting prevention activities from physicians to health officers. However, there was inadequate levels of domestic financing to both public health functions and personal health services which reflected a low prioritization of health. Moreover, shared risks between ministries to deliver health services is vital and widely the used tools to assist countries is to measure annually the quantity of distribution of human and infrastructure resources.

In addition, Meadus (2004) stated that literature had identified in history of men in nursing and men's' contributions to nursing has not been recognized since nursing was still seen as a role that was inherent to females. The study identifies barriers to recruitment of men into the nursing profession are typical societal stereotyping the profession, that nursing was only associated with women. However, both genders have characteristics of caring and nurturing characteristics. But with changes currently involving in the health care system, nursing needs to recruit the best candidates regardless of gender. Meadus argued that to attract and retain more men, a concentrated effort is required, and that nursing is a forerunner in breaking and correcting barriers that will impede of men into the profession. And when barriers are challenged, career options and choices will not carry nontraditional choices for either male or female where men must be given an equal opportunity to experience and partake in all nursing activities. Therefore, action is required to balance gender gap in the female dominate profession which is the Nursing profession (Meadus,2004).

To add, Ape-Esera et al (2009) conducted a study to scope future needs of the Pacific primary care workforce whereby a qualitative study involving semi-structured interviews of key informants in New Zealand. An extensive literature review was conducted using the international medical databases through provision of key words and participants were

selected from three groups which include key personnel within the primary health care sector, Pacific peoples who were actively working in primary care. The study explored the positive and negative changes that have occurred in primary health and the implications to the Pacific workforce and the ethical approval was obtained from the University of Auckland Human Participants ethical committee. Moreover, there were 13 stakeholders that were interviewed which consisted of 4 males and 9 females and key themes were elaborated with significant differences in attributes, needs and values between traditional and contemporary Pacific people with issues related to recruitment and retention of Pacific people into primary health care workforce and considering the importance of cultural appropriateness for advantages and disadvantages of Pacific for Pacific services (Ape-Esera et al, 2009).

Similarly, Brewer et al (2006) argued that career development for nurses remains a retention challenge and many participants reported that there was an increase in the accessibility to continuing education (CE) for both professional and academic, this was to encourage retention of nurses. So, having a shortage of nurses along with inflexible scheduling for CE poses another barrier for nurses who want to further their education and training in the organization and not being able to have opportunities for training and continuing education will be an influential recruitment and retention factor and leaders should always consider ways to create or extend benefits in training and continuing education, as well as form partnerships with local universities and colleges to build health collaboration methods.

CHAPTER 3: METHODOLOGY

3.1 Chapter overview

The method used was a qualitative research, according to Kananen a qualitative research will be applicable when a new phenomenon is needed to be understood and what it is all about. So, chapter three (3) presents the qualitative methodology that was used in this study research which includes the study design, study population including the inclusion and exclusion criteria, sampling and sample size, data collection tools, data collection process and methods of recruiting participants, data management and analysing data. Chapter (3) also includes the ethical considerations to ensure that researcher and participants follows the ethical guidelines and confidentiality of data informed consent. Moreover, illustrated by Tan-kuick in 2012, that Qualitative research was suitable when there was no knowledge, theories or research results available on the phenomenon in which the aim was to acquire deeper understanding of the issue and aim to create new theories, hypothesis and triangulation so to acquire a precise description of the phenomenon and focuses on the emic perspectives, views of the people involved in the research, their perceptions, meanings and interpretations of the phenomenon. Thus, researchers in conducting a qualitative research describe, analyze, and interpret data after or while collecting the data. It is required that in qualitative approaches that the researchers immerse themselves in the natural setting of the people whose thoughts and feelings they wish to explore. (Tan-kuick, 2012)

3.2 Study design

The study design used for this study was qualitative exploratory design. Boulton & Beer (2018) illustrated that a qualitative exploratory design is adopted and drawn on qualitative elements of a larger mixed methods study and includes other health professionals and will underpin conceptual framework seeing recruitment as a social dynamic process that is experienced by an individual in a wider social context and the key aspects of the social context that would affect behaviour will include motivators and satisfactions at the individual level; family responsibility at the meso level and policies and practices of organizations employing individuals at the meso level. (Boulton & Beer, 2018) In other words, a qualitative exploratory design allows the researcher to explore a topic with limited coverage within the literature and allows the participants of the study to contribute to the development of new knowledge in that area. The focus group discussion is the best approach and is frequently used to obtain data from group of individuals who are purposely selected to

participate in a qualitative study to share their thoughts and The face-to-face, in-depth interview process is also useful design for this study because it is non-statistical in nature and it involves collection of data from the participants' views to explore the factors that affecting the nursing workforce shortage as stated in the research questions (Boulton & Beer, 2018)

3.3 Study Population and sample

The target study population was a total ranging of 20 to 30 registered nurses, human resource staff from the Recruitment and Employment Contracts Unit under Chief Secretary Human Resource & Labour Division who are responsible for recruitment of positions established under the Nauru Public Service and Health Executive Staff that was chosen to participate in the interview that were directly responsible for the recruitment of nurses to RoNH. Moreover, the inclusion and exclusion criteria are further elaborated as follows.

3.3.1 Inclusion criteria

The inclusion criteria identify the target population in a consistent, reliable, uniform and objective manner, this will allow the investigator to be able to answer the research questions.

The following inclusion criteria were taken into consideration in recruiting for the key informants for this study:

- i. Registered nurses who have been recruited by the Nauru Government and are employed by the Republic of Nauru Hospital and were willing to participate in the study.
- ii. The nurses include both male and female,
- iii. A Permanent resident or an expatriate nurse
- iv. At least 21 years old and over
- v. At least 5 years or more nursing experience, with a written nursing registration/qualification registration/qualification from an Institution/ Identification that she is an employee or and have worked at the Republic of Nauru Hospital.
- vi. Manager of recruitment and employment contracts, who in overall is responsible for recruitment of expatriates and locals and is based at the chief secretary government officer under Human Resource Department and a selected Health executive who is responsible for recruitment of registered nurses.

- vii. The Health Executive who are involved in the recruitment of nurses

3.3.2 Exclusion criteria

The exclusion criteria set the boundaries for any systemic review and will help minimize random error, selection bias and importantly decreasing the sample size

- i. Registered nurses who were under the age of 21 years
- ii. Does not have a nursing qualification/registration or a nursing identification from the organization as an employee
- iii. Eligible nurses that were not willing to participate
- iv. Eligible Health Executive that were not willing to participate

3.4 Sampling and sample size

Burns & Grove (2007) stated that sampling was a process that involves deciding on a group of people, event, or other elements which researcher to conduct a study (Tan-kuick, 2012). The selection of the appropriate study sample was a priority to provide the answers to the research problem in this qualitative study. The study adopted the purposive sampling method to select key people with specific information or purposes who also have the required status, experience, and special knowledge to provide vital information for the study. The sampling method was used to select five (5) focus group discussion consisting of 4 to 7 participants (FG1-7 participants, FG2-4 participants, FG3-4 participants, FG4-4 Participants, FG5-6 Participant) so the total number of registered nurses was twenty five (25) nursing staff, and 2 in depth face to face interviews were carried out (1-Human resource staff and 1-Health Executive) for the recruitment processes for the nursing staff however out 1 of the Health executive did not participate in the interview. Non-probability purposive sampling method is used to select people with specific purposes who also have required status, experience and special knowledge to provide vital information (Mehdaova, 2017). Those who were involved in FGD were consulted by the principal researcher through messenger, email, and zoom and have agreed to participate and contributed to the study. Due to shortage in nurses it was difficult to recruit nurses together on an fixed number but the selection of participants made into the various FGs was then done randomly and not selective whereby the interview dates was scheduled in a week and was informed accordingly, this was coordinated with the support of the nursing management to look through the rosters and inform nurses who have

consented to partake in the interview on their assigned focus groups and date of the interview, however if the nurse was not able to attend the interview, the nurse may attend other scheduled date for the assigned interviews. The nurses see fit when it is appropriate for their schedule as this was done accordingly since there was shortage of nurses and nurse it was difficult to recruit nurses. So, 25 RNs was selected and has agreed to be part of the study after consultation and 1 in depth interviews was carried out. The Registered nurses was interviewed through FGD on the research questionnaire of interest as well as use of probing questions until all questions on the questionnaires were answered otherwise participants was explained that if there was any additional questions or comments or anything wished to discussed further regarding the study, the participants could contact and reach out to the RA and PR directly via phone and email. Moreover, Data saturation was a criterion to discontinue data collection and/or analysis when the researcher is satisfied with the information collected was mainly used in qualitative research (Saunders et al. 2018) meaning that in context, respondents in the focus groups when all answered similarly to a question that was raised then no probing questions will be forwarded to the participants again for that same question.

3.5 Study setting

The study was conducted at the Republic of Nauru Hospital with the provisions of selected suitable space for the interview since the study participants were employed by RONH. Also, the focus group discussions were conducted in the hospital so that participants could freely converse and communicate with each other. Moreover, the interview of human resource staff was conducted at the government offices where the participant sees fit suitable, because they feel secure and comfortable to their environment during the interview.

3.6 Plan for Recruitment of participants

The study was qualitative with purposive sampling, plan for recruitment of participants was done only for the participants that was categorized in the inclusion criteria especially those registered nurses, gone through recruitment experience and have the appropriate knowledge and information for the purpose of the study. The Head of Department (HOD) who is the Secretary of Health and Medical Services was approached first for approval before conducting this study research. The PR had already approached the Head of Department (HOD), Secretary of Health and Medical Services (SHMS), via email correspondence to seek permission for this study at the Republic of Nauru Hospital (RoNH) and followed up via email and phone. Once approval was given, the Nursing Management assisted the PR to

disseminate information to the chosen participants using the approval from the SHMS. The PR collaborated with the nursing management since having wealth knowledge and capacity to know each of the nurses personally and are also responsible for their daily work rosters. Therefore, arrangement on how nurses were grouped together depending on the nursing manager knowledge to assist this study with the allocation and distribution of nurses allocated per focus group discussion and without disrupting any services in the hospital operations. The approach was easy reference to allocate participants in their groups. Also, the PR approached the participants via email, but this was time consuming and via messenger and phone was easy and convenient. The PR also reached out to each nurses according to the inclusion criteria and demographics, whereby, the study participants were registered nurses, both permanent residents and non-residents (expatriates) but meet the inclusion criteria, and worked at RoN hospital.

For responses, the PR did follow up participants response via email or phone communication directly and attached in the annex is the information sheet (**see Annex 1**) and consent forms (**see Annex 2**). The participants gathered information by reading and understanding the information sheet, before they agree to take part, then only participants can sign the consent. Once all these participants were reached, the information gathered were assessed against the inclusion criteria before the participants were informed via email and telecommunication for their groups with further information given on the Date, time, and venue for the interview. Once all the logistics were collated by the PR via virtual methods, i.e. email and phone communication, the final arrangement and information were then forwarded to the Research Assistant (RA) to take note of the list of nurses per group and the interviews to be conducted.

Moreover, the Health Executive at RoN Hospital that were recruited for the in-depth face to face interview via “imo” (phone application) and not through zoom meeting due to technical difficulties with zoom set up, the interview took place with the Health Executive, who submit proposal for nursing recruitment to the Secretary of Health and Medical services who endorsed the recruitment proposal. Originally, the Health Executives was targeted to be part of this study, recruited as they are directly involved and responsible for the recruitment of registered nurses to RoN Hospital. However, 1 of the Health Executive was not willing to be part of the study. Also, Recruitment & Employment Contracts Unit under Chief Secretary Human Resource & Labour Division was responsible for recruitment of positions established under the Nauru Public Service. In the process, the Human Resource (HR) Staff was recruited as the HR staff directly deals with recruitment of all public servants so having the overall idea

and information suited for the study and also because HR are policy regulators and was involved and responsible in the engagement of nurses to go through the recruitment phase. Therefore, this study conducted an in-depth interview via virtual

3.7 Data Collection tools, instrument, and technique

A qualitative research could not define the number of participants in advance as sometimes the number of people affected by or involved in the phenomenon is so small that all the participants was interviewed, or the number of participants could be large, but the answers keep on repeating themselves and some books will state of having 12 to 15 interviewees could be sufficient (Kananen, 2011).

Purposive sampling method was used in the study and questionnaire was developed based on the research objectives and some published studies and the questionnaire to guide the interview. The study was to gather as much information using probing questions during the interview to deepen the responses to the questions and increase the richness of the data being obtained.

A semi-structured open-ended questionnaire was used to guide the interview in advance when interviewing the Human resource staff and registered nurses. For example, what are the factors (barriers) affecting recruitment of nurses to the Republic of Nauru Hospital? The questionnaire was developed based on the research questions and Literature reviews. Moreover, the demographic characteristics was also considered was age, work experience, qualifications and so forth. Hence, this encourages two-way communication and provides an opportunity so that interviewers become more aware. Participants that has took part in the study was disseminated and informed through email using the information sheet, the information sheet explained the purpose of the research study. Only then, the participants were allowed to take part in the study, after consented and signing of the consent form. (**See annex 4**). The (FGD) interview questionnaire was an open ended questions and semi structured questions that allowed the participants with the opportunity to elaborate on the topics that was covered in the questionnaire and was given the opportunity to raise any further topics that the participants felt was important to raise and the nurses who has answered the open ended questions and was given the opportunity to frame their answers in their own words and this opportunity provided the respondents to express themselves freely. The interviews was conducted by the Research Assistant considering that the RA has consented (**Annex 3**) The interview duration was entirely depended on how the participant

responded to the questions and was limited to a maximum of 30 to 60 minutes depending on the context. The data collection were done using interview questionnaires, to guide the interview and the length of response in open-ended questions varies from one individual to another. Hence, the interviews for the focus groups interviewed was recorded via phone audio recording by the Research Assistant and was forwarded via email as audio attachment to the Principal Researcher and the in depth interview was recorded via phone audio recording as well and was downloaded into the laptop. The data was transcribed by the principal researcher since the participants that took part in the interview was conducted in English and the participants was fluent in English otherwise some may answer in Nauruan context which was further clarified with the Research Assistant to assist in the focus groups interviews. In regards to participant's review and providing feedback due to time constraints, one on one (1:1) interview responses was reviewed by the participant and feedback was provided. Also, the Health Executive interview questionnaire was open ended questions and semi structured questions that allowed participants with the opportunity to elaborate on the topics that were covered in the questionnaire. To sum up, the in-depth interview was conducted by the Principal researcher and the interview was depending entirely on how the participant responded to the questions, but it was limited to a maximum of 30 - 60 minutes depending on the context. To add, same guide was used for the focus group interviews which was conducted by the Research Assistant. Hence, all the data was interpreted and thereafter was kept secure, and transcripts were analyzed.

3.8 Study Procedure

Before proceeding to the data collection, approval for this study were obtained from the College Health Research Ethics Committee (CHREC) in Fiji National University (see annex 5), and from the Research Ethics Committee in Nauru Ministry of Health (see annex 6). The research ethical committee was responsible to review the proposed studies which involved human participation to ensure it follows the international and local ethical guidelines and have authority to approve, reject or discontinue studies or if the studies require further modifications according to the research protocols (WHO, 2009).

Regarding the registered nurses' participations, this study had sought approval from the Head of Department (HOD), the Secretary of Health and Medical Services (SHMS) via email correspondence to conduct research study at the Republic of Nauru Hospital (RoNH) with explanation provided on the study purpose and its expected outcome. For circumstances

where the PR was not able to reach out to participants, I had requested for assistance to disseminate information about the research study to the participants and with approval the study participants were reached in ways appropriate to capture the required number of registered nurses to participate in the research study.

First approach to reach participants, was after approval from the Head of Department (HOD) was sorted, HOD informs the Directorate responsible for this study research will be conducted at RoNH. Management was made aware of the research study and their collaboration and understanding was appreciated, eased the flow of communications between investigator, management and nurses.

The second approach used to recruit nurses, PR reaching out to the participants personally via email communication or by phone and explain to them further about the study research, also the information sheet and consent form was attached via email correspondence and were followed up through email and by phone which was convenient and direct that PR would get a response instantly. Moreover, the participants will gather information from reading and understand the information sheet, if participants do agree to take part, then only participants would sign the consent form and revert to the PR as soon as practical.

In addition, a trained Research Assistant (RA) based in the country was assisting with the logistics requirement for the focus group discussion interviews. It may be probable that the participants may not answer the questions freely and may not provide an honest answer to the interview questions, this would give a biased results to the my interview this is mainly due to my affiliation to the Department of Health. Also, if circumstances arises due to poor support structure to facilitate the zoom interview and importantly one or two participants may dominate the group and sway the opinions of the others, this would have some implications to the interview that the PR may gather or may not be able to gather all the participants facial expressions, body language and movements all together, and it would be a disadvantage that PR may end up not capturing everything that is been said and done, that is why it is also vital to use an RA who will consent to the study research and will provide Face-to-face interactions on behalf and provide richer insights. Therefore, social media conversations with a group might probably make me miss out on the potential of non-verbal cues.

Furthermore, to carry out the focus group interview, the RA was communicating via phone and explained on the study research and the purpose of the study research knowing the role of the RA that she will be conducting the interview on my behalf using a questionnaire that was

already been drawn up to guide the interview and this has facilitated the interview on behalf of the PR. To conclude, the research assistant was explained the importance of understanding and signing the consent form and agree to keep all data information gathered confidential, this allows the PR further to have a focal communication pathway to the research assistant whereby the RA asked the interview questions and record the interview through till the interview ends and all the recorded data were forwarded to the principal researcher for further management and analysis.

The research assistant was fluent in English and has experience in interviews. Moreover, before the interviews, the research assistant and PR first discussed matters related to the interview, such as using probing questions and how the interview questions should be asked and whatever is required from the respondents as the PR wants to gather and learn as much information on how the procedure of interview was conducted. The venue was chosen by the participants to suit their needs, feel comfortable in their environment and that will enable them to answer the questions freely.

In addition, the inclusion criteria for the study, all registered nurses were the study population and the study sample to whom will fall into the categories; both male and female, is a registered nurse, is a permanent resident or an expatriate, at least 21 years old and over, have at least 5 years or more nursing experience, must have a written nursing registration and qualification from an Institution and have worked at the Republic of Nauru Hospital and the Exclusion criteria, will be those participants (registered nurses) who are not willing to partake and will not give consent to participate in the study and does not have a nursing qualification and is not a registered nurse.

Interviews will be in the form of an open ended and semi structured format and so there should be 5 focus groups consisting of 4 to 7 registered nurses to be interviewed as a group. The questionnaires used will guide the interview and will reach a diverse sample and will provide more information for the qualitative analysis.

Moreover, regarding the in-depth interview, in the same manner, the Head of Department (HOD), that is, the Secretary of Health and Medical Services (SHMS) will be approached via email correspondence to seek permission to conduct research study at the Republic of Nauru Hospital (RoNH) and will follow through with a telecommunication to explain the study research and the study purpose and its outcome expected, also to request assistance in disseminating information to chosen participants and once approval is sort. Study participants

will be reached in many ways, once request is approved, it is through requesting the Head of Department to disseminate an internal memo or making a phone call to participants who will partake in the in-depth interview. Either way, PR could also contact participants directly through email to send through information sheet and consent form and via phone to follow through since approval has been sort prior. Moreover, PR will carry out virtual interview otherwise PR can use phone communication for the in depth interview that will be carried forth for Human resource staff. The Recruitment & Employment Contracts Unit under Chief Secretary Human Resource & Labor Division are responsible for recruitment of positions established under the Nauru Public Service. And the study procedure was further discussed and explained with Human Resource staff prior to dissemination of the information sheet to participant, an email communication and phone call follow up will be communicated to the Head of department for Human resource will be carried forth to explain and discuss the purpose of the study and once endorsed, then only the information sheet and consent form will be forwarded to the selected participant via email and to be revert the signed consent form back to the PR. Since purposive sampling is used in this process, Principal researcher will be able to directly communicate with the participant to ask suitable date, time and venue for the interview and informing the duration of the interview being appropriate and flexible in context appropriate to the participant and will be considered of importance to note as participants need to feel secure whilst being interviewed and express their thoughts freely. Again, interviews will be guided by readily available questionnaire with open ended and semi structured format and an in-depth interview. Therefore, PR will be conducting the interview personally via virtual interview otherwise the PR conducted the interview via phone, or any form of telecommunication to get the interview done. Thus, PR audio recorded the in depth interview and the advantage of in-depth interview that the pressure is reduced from co-workers influencing each other during the interview.

3.9 Data management and analysis

3.9.1 Data management

The questionnaire was developed based on the literature review and published study researchers It comprised of questions allocated for the human resource staff together with Health executive staff and for the registered nurses. The questions covered in the questionnaire guides the interviews relevant to the research study conducted. Semi structure and open-end questions were asked through in-depth face to face interviews with the human

resource staff and director. Questionnaires were answered and completed by the selected participants in both the FGD and in-depth face to face interview. Participants consent were taken first before this data collection process were carried out.

Participants were disseminated with the information sheet and was further explained on the purpose of the study research. Moreover, focus group were determined to allow the opportunity to elaborate on the topics covered in the questionnaire and to raise any further topics they felt important and to validate if there was no biased. Consent forms were signed before the start of each focus group.

3.9.2 Data analysis

The study was largely exploratory in nature; an inductive thematic analysis approach was used to analyse data. Responses to the open-ended questions on the questionnaire were saved in a spreadsheet excel and anonymized and were read repeatedly. Also, initial codes were used to generate and revise the discussion followed by the interviewer. To add, a final set of codes will be agreed, responses were coded, and the coded responses were grouped into categories and categories were further grouped into order of themes.

Moreover, a research assistant (RA) was used to conduct the focus group discussion on behalf of the principal researcher (PR) using an already made questionnaire to guide the interview. The RA facilitated and also recorded the interview. Once the interview were done, the recorded FGD were sent to the PR, and the PR transcribed and analyzed the data. This mode of communication was used mainly because of the country's COVID-19 border restrictions, as the PR was not be able to travel to the study setting to conduct the face to face interviews and FGD. Thus, as PR it was my responsibility to ensure that the interview process was undertaken through a video and audio recording, collated systematically, transcribed, and anonymized and read repeatedly. The process of qualitative data analysis as described above were followed which includes generating and revising initial codes, coding transcripts, group coded text into categories and into sub theme categories. Moreover, for the in-depth interview, the PR conducted the online interview personally through zoom and phone interviews (when no internet connectivity) whereby the PR recorded the zoom meetings and interviews, and were later transcribed, anonymized, and read repeatedly.

3.10 Study rigor

Rigor, in qualitative terms, is a way in which to establish trust or confidence in the findings of a study research study and allows the researcher to establish consistency in the methods used over time which will provide an accurate representation of the studied population studied (Thomas, E. and Magilvy, J. K, 2011). The informed consent was obtained from the Research Assistant (RA) to conduct the study and later the RA checked to ensure that the interview venue is appropriate, and the allocated time is convenient to all the participants, the questionnaires were checked by RA and Principal Researcher (PR) prior to all interview sessions conducted and changes in interviews were communicated with the Director of Nursing throughout when necessary to ensure relevant information acquired based on the research questions.

3.11. Ethical considerations related to the study.

All the procedures for the study research were designed by FNU ethical clearance from the Fiji National University (FNU). So, steps undertaken were to first seek a supervisor and get an approval with my Supervisor and Postgraduate committee before commencing with the research. When dealing with Participants directly, I wrote a letter seeking approval from the Secretary for Health and Medical Services in Nauru before undertaking the research study to undertake my research. Therefore, to conduct this study I sought first clearance from the Head of Department of Health who is the Secretary of Health and Medical Services, the same application to the Secretary of Corporate Services and Human resource under the Chief Secretary Office. The approval for the conduction of the research will be obtained from the Ministry of ealth of Nauru. Once approved, then the information sheet will be assigned in English as all participants will be literate, the information sheet will be disseminated to the participants informing the importance of the research and would be allowed to read through. The study is voluntary and confidential and so all participants must have informed consent before taking part in the research. So, all the procedures for this research will be designed in accordance with the ethical guidelines of the Fiji National University. Also, the questionnaires will be ensured that information collected will remain confidential and not be accessible to others which will be kept in a secure assigned area, and I will be honest and as objective and unbiased as possible with my findings. After analysing data, participants will be informed about the result of the study.

CHAPTER 4: RESULTS

4.1 Chapter Overview

In this chapter, it summarises the qualitative study which includes the data analysis and interpretation of data collected from the participants during the interviews with their demographic status were also considered. There were three (3) target groups involved in the study, including the registered nurses at the Republic of Nauru Hospital, Human Resource Staffs (HR), and Health Executive Staff. The interviews carried forth were Focus Group(n=25), and the in-depth interview of Human Resource staff (n=1) and Health Executive staff (n=1). Themes and sub-themes were identified during the process by these three (3) targets groups and their responses were illustrated in the form of ‘open’ and ‘close’ quotation which are documented below, including the participants’emographic characteristics as well.

4.2 Focus Groups

Focus group discussion using semi-structured interviews were conducted on registered nurses (n=25) who have already consented to take part in the research study, with the aim of gaining a detailed picture of the nurse’s perceptions on factors affecting recruitment of nurses to the Republic of Nauru Hospital, Questions were sequenced to commence first on demographic, then questions related to determine factors affecting recruitment of nurses to the Republic of Nauru Hospital followed by any addition probing questions. Questionnaires where it was divided in two (2) sections; Section A focuses participants’ details, and Section B on factors affecting registered nurses to the Republic of Nauru Hospital. Moreover, the questionnaire for FG can be seen in Annexure 4, Section 3.

Table 3 below, shows the characteristics of both the questionnaire sample and the subsample participated in the FG.

Table 3. Total No. of Focus Groups

<u>Number of Participants</u>	<u>Focus Groups</u>	<u>Male</u>	<u>Female</u>
7	FG 1		7

4	FG 2		4
4	FG 3		4
5	FG 4	1	3
6	FG 5	1	5
Total participants = 25		2	23

4.3 In-depth Interview

In-depth interviews were carried out with Health Executives and human resource. There were 2 participants that took part in the interview. These in-depth interviews were designed and carried out in (2) stages:

Stage 1: management responsible for making recruitment decisions were interviewed.

Stage 2: management directly involved in the recruitment of nurses to the Republic of Nauru Hospital.

The analysis presented suggests that, in the event, this was not the case and respondents felt they were able to express their opinions openly and attitudes in a relatively unfettered way then analysed and the themes were quantified. A qualitative research cannot define the number of participants in advance as sometimes the number of people affected or involved in the phenomenon were so small, however, all the participants could be interviewed, or the number of participants could be large, but the answers kept on repeating themselves (data saturation) and some books stated of having 12 to 15 interviewees should be sufficient (Kananen, 2011). The data presentation was organized by research questions and themes identified. However, upon analysis, further organization of the research questions to pick relevant and appropriate interviews from participants for coding to determine commonalities in the themes which can be easier to point out.

FG4 -1		
FG5 -2		
Undergraduate's level		
FG1- 4		
FG2 -4		
FG3 -4	18	69%
FG4 -2		
FG5 -2		
Postgraduate level		
FG1 -1		
FG2 -0		
FG3 -0	3	12%
FG4 -1		
FG5 -1		

Looking at Table 4 above, on demographic characteristics for FGD among registered nurses (n=25), 8% of the respondents were 2 male nurses and 92% were female nurses with age ranges from 20 - 55 years old. All respondents have completed higher education level of schooling; with 69% have undergraduate qualifications, and 31% completed their postgraduate level studies. Out of the total number of respondents, two (8%) nurses who joined the FG have less than five years of working experience, 38% with more than 10 years' experience, 54% with more than 20 years' experiences. Registered nurses are employed at the Republic of Nauru Hospital and Naeoro Public Health at Primary Health Care unit.

4.4.2 Themes and sub-themes

For each research question, the analysis revealed the main themes that recurred throughout the conversation with respondents. An inventory of the themes, including the codes, are presented in Table 5 below. The thematic analysis revealed two (2) major themes emerging,

which shows gaps being identified from the data analysis, however, most themes revealed supports the study conceptual framework model as shown by existing literature reviews, e this will not be elaborated in the table below. Each identified theme had links to several sub-themes. The respondents’ reflection to each theme and sub-theme are further expanded and compared with the other published studies for its relevancy to the scope of this study. In the next discussion below, respondents are presented in the focus groups and will be presented with “FG” and cardinal number like FG1, FG2 and Participants for the in-depth interview with Health Executive will be identified as “HE” and Human resource Staff identified as “HR”.

Table 5: Table of Themes and sub-themes for Focus Groups (FG) interviews for registered nurses

<u>Theme 1</u>	<u>Sub-theme</u>
Incompetent Leadership	Poor Human Resource Systems and Management Lack of Administrative capacity and support Power and conflict lead to Bullying Poor Governance Structure and framework. Discrimination and biasness
<u>Theme 2</u> Ineffective Training Strategies and programmes	. Ineffective and inappropriate Training analysis and agenda

4.4.2.1 Theme 1: Incompetence Leadership

In support of this theme, Benjamin-Wilson (2020), stated that leadership has an effect on the recruitment of registered nurses and retention effort of healthcare facilities. Good leadership has a positive impact on registered nurses’ recruitment and retention whereas bad leadership severely has negative impact and affecting the number of staff nurses available to provide care to individuals at the bedside. A study conducted in a hospital in georgia on the behaviors has experienced adverse effects in relation to registered nurse’s recruitment and retention based upon their current leadership practices. So, after series of randomly selected interviews

with staff nurses in the facility was conducted, the study discovered that there were problems related to nursing leadership which has adverse impact on recruitment and retention efforts. Moreover, there was other issues also identified that poor leadership was described as poor organizational chaos whereby nurses felt that there was lack of good communication between nurses' managers and nurses (Tanya Marie Benjamin-Wilson, 2020). Hence, practices and qualities of a leader could either positively or negatively influence outcomes.

Similarly, nurses at the Republic of Nauru hospital believed that Incompetent leadership was a major factor that affects to the recruitment of nurses to the Republic of Nauru Hospital and was believed that it was portrayed in forms of "Poor Health Laws and systems", "Power play and conflict lead to employee bullying", "Lack of Administrative capacity and capabilities", "poor governance structure and framework that has led to poor collaboration and uncoordinated direction", and "Discrimination and biasness".

4.4.2.1.1 Poor Human Resource Systems and Management

According to WHO, a health policy facilitates strategic and collaborative planning which will enable leaders to develop visions for the future, to define short, medium and long-term references as well as objectives that set out priorities to delegate roles that was defined means of action and institutional arrangements. At the Republic of Nauru Hospital, there was lack of Human Resource Management capacity for Health Policy which in turn lacks planning and collaboration that has affected the recruitment of nurses to the Republic of Nauru Hospital and the problem was noted thirteen times (13) from the participants in the five (5) focus group cohorts.

To reference in the focus group 1 interviews, N2 commented that having lack of Human Resource Standards created frustration which hinders recruitment to the Republic of Nauru Hospital.

"...best if Republic of Nauru Hospital get their own standards, when arrived in Nauru, we must do another test in Nauru. It should have been clearly stated in a format rather than have us give our own and then come to Nauru and do it again in Nauru" (N2-FG 1)

N1 stated that having no recruitment teams at the Republic of Nauru Hospital affects recruitment of nurses to the Republic of Nauru Hospital.

“...No recruitment teams to deal with new nurses, they are no set process, no standard teams/process...” (N4-FG 1)

Another respondent commented that process of recruitment is a related factor affecting recruitment of nurses to the Republic of Nauru Hospital.

“Recruitment process needs to be investigated, at the maternity ward, there is a serious short staffed” (FG 1)

N5 verbalised the same feeling.

“...the processes for contracts, salaries, etc is very long, like 8 months now still not yet signed contract. For our own countries where there is many ppl, the process is about a month...this is frustrating”. whilst another respondent stated Kiribati nurse have different recruitment process (N5-FG1)

N2 stressed that Human Resource Management and capacity is an issue affecting recruitment of Nurses to the Republic of Nauru Hospital.

“No, because to me, health is the biggest department and to have a Human resource in the government, they overlook the importance of replacing and recruiting. For example, when a doctor is about to leave, it take forever to replace the doctor, it's like they don't really know the importance of replacing another health professional and another thing is, we have been working here for 5 years, they hardly advertise supervisor for local position, they were taken by expat, there were vacancy available for supervisor for us locals to apply then we go up, so all this years we have been acting in the position as supervisor because there is no vacancy for us locals and I don't know, I'm not sure, but it's been going on , it's a long term thing whenever vacancy is advertised like just one every 3 years, I don't know the reason behind it, there is no vacancy for locals. (N2-FG 2)

Another participant from Focus group 4 mentioned a similar thought on Human Resource Management and capacity affects nursing recruitment.

“Promotions and recruitments are done together and I think they are confused with how to increase staff, they could have promoted current or good staff and recruit new people to alleviate the shortages where the issue was a recruitment and promotion where promoted to Staff nurses and recommended them for the Graduate Nurses. It

was a discrimination was an issue. There is automatic promotion from graduate (1 or 2 year) to staff nurse positions and the process of promotion is not standardizing. For instance, from graduate nurse to a staff nurse to a midwifery position etc. In Human Resource, the issues are not obvious how sensitive these are” (N3- FG 4)

Another respondent stressed her experience during her recruitment to the Republic of Nauru Hospital.

“All ok but when it was time to move to Nauru, it was difficult due to visa processing. I was recruited from Samoa, and I resigned from my work, but it took a while to come to Nauru. I waited for a month without a job in Samoa before I came. Otherwise, the recruitment process was good. Also, when I got my job offer, I did not realise my contract was for single, I contacted Moralene to see possibility to bring him, but this was not allowed to date however they can bring the family and accommodate them. But all of this is still uncertain” (FG 3)

Similarly, another participant from Focus Group 5 expressed her experience with Human resource which dealt with her recruitment to the Republic of Nauru Hospital.

“...Before I came here, some of my friends were already here and the position was not advertised but my friends sent me an email about the position. I sent my documents etc. The process was smooth and fast and when I came all my documents were already completed but now the process is different” (FG 5)

Another respondent added:

“I did not know the process of recruitment anywhere overseas; all was done in Fiji including my offer letter and point of contact in Nauru. What bothered me was that I had 1-week preparation, it was too fast. I Struggled financially to make up the requirements from this end including police clearance, medical check-up” (N1-FG 1)

Similarly, another participant reported the same issue.

“The offer letter was nice and good. Salaries were clearly stated but when we came here everything changed and it made me unhappy. When we reached the island, the offer letter changed – her salary \$30k but when we reached here and found that everyone had different salaries from what they were originally offered” (N3- FG 1)

Another respondent added:

“My Interview was at Embassy and the interview was not organised well”. (N4-FG 3)

4.4.2.1.2 Lack in Administrative capacity and support

Lack in Administrative capacity and capabilities was mentioned by the participants and so with this present challenge in administrative responsibilities.

A participant added in Focus Group 2 expressed her concerns during and after her recruitment:

“...My recruitment was fast even before processes were completed but I waited a long time for my salary” (FG 2)

On the other hand, a participant from Focus Group 1 added:

“Administration wanted us to control visitors and our priority is to give care not controlling visitors” (FG 1)

Consequently, another participant added:

“Admins are not competent and without the Director of Nursing (DON), we don't have anyone to help us with things like wages complaint” (FG 3)

4.4.2.1.3 Poor Governance Structure and framework.

According to Herrera et al (2017), the arrangement of governance includes changes in rules or processes that would determine authority and accountability for health policies, organizations, commercial products, and health professionals as well as the involvement of stakeholders in decision making. Governance being change in arrangements could affect health and related goals in numerous ways generally through changes in authority, accountability, openness, participation, and coherence. So, broad overview findings of a systemic reviews could help policy makers and their technical support staff and other stakeholders to identify strategies for addressing problems and improving the health systems governance. (Herrera et al, 2017)

Therefore, Poor Governance structure and framework are believed to be factors affecting recruitment of nurses to the Republic of Nauru Hospital. The participants mentioned during the interview that poor governance and framework led to poor collaboration and

uncoordinated directions which in turn affecting the recruitment of nurses to the Republic of Nauru Hospital,

A participant added.

“They need to have a nursing registration board or a registered body or something where you must be registered before you can be recruited, this lets us know what the expats know or do not know” (FG 5)

A participant added:

“Communication, the person who did it for me did not direct us to the right and appropriate people, maybe we did not follow the right channel therefore the confusion” (FG 4)

Another participant added:

“Came in blind, no offer letter or anything. Just turned up to the interview and did not realise nursing is on single contract. After 6 months, signed my contract and got a married contract, but my colleagues got a single contract but those who got single contract but who were married could not change. Renewing contracts is difficult”.
(FG 2)

Another respondent added:

“I had sent all my required documents to the person who was calling, but when I reached Nauru, there was a big miscommunication, and they did not know we were coming” (FG 4)

4.4.2.1.4 Power and conflict lead to bullying

Power comes in many forms, and one of it is workplace bullying. According to research, it suggests that nurse managers are implicated in workplace violence and bullying. So, in a climate of a declining nursing workforce where violence and hostility are a part of the day to day lives of most nurses, it is timely to name violence as a major factor in a recruitment and retention of registered nurses in any health system. So, workplace violence could take many forms such as aggression, harassment, bullying, intimidation, and assault but violent acts are perpetrated against nurses from various quarters including patients, relatives, nurses and other health professionals or groups. In addition, there is a direct link between episodes of violence and aggression towards nurses and sick leave, burnout and poor recruitment and retention

rates and therefore calls for managerial support and policy to act to improve on work environment for all nurses (Jackson et al, 2002).

Hence, Power play and conflict lead to bullying was mentioned by the participants in the focus groups as a factor contributing to nursing staffs not wanting to remain to work at RoN Hospital.

A respondent added:

“Director of Nursing (DON) was out of the picture when we were recruited. DON was out of the country and realised that admin officers knew what they were doing but they believe the Ministry of Health (MOH) is where the delays are”. (FG 1)

Another participant illustrated:

“I had sent all my required documents to the person who was calling, but when I reached Nauru, there was a big miscommunication, and they did not know we were coming. I was looking forward, but when we reach here, no one knew we were coming to Nauru to work. It was one sided and wrong. Getting all the proper documents together again was confusing and repetitive and this happened since April until May when I got the job and then we started work but only got paid in November. We went to this person, four (4) times we submitted” (FG 4)

However, as agreed by the participants that:

“Offer letter was nice and good. Salaries was clearly stated but when we came here everything changed and it made me very unhappy. When we reached the island, the offer letter changed – my salary was \$30k but when we reached here and found that everyone had different salaries from what we were originally offered and when queried the offer and salary changes as well and I felt threatened. When you queried the offer and changes in salary, we felt threatened” (FG I- will not be individualising the participants as some questions they wanted the interview question answered as a group)

Consequently, a participant further added:

“If you continue to probe into issues, we feel threatened”. (FG 1)

4.4.2.1.5 Discrimination and Biasness

Leadership must create an environment that promotes effective cross-cultural communication and reduces bias and discrimination otherwise this may lead to nurses and other health providers to harbor implicit biases and may contribute to health disparities that may be experienced by members of racial, ethnic, or other minorities and groups that faces discrimination. Hence, participants interviewed mentioned that Discrimination and biasness was another contributing factor that affects nurses wanting to work for the Republic of Nauru Hospital.

A participant stated:

“Working as a graduate nurse for 3 years, I was called to have a meeting with the Director of Medical Services (DMS) recently with other graduate nurse. I was already performing like a staff nurse and a supervisor, and he told me I was to be promoted and then I heard that he said I cannot be in charge as I do not have the credentials and needed to be upgraded. I still don’t get paid the staff nurse salary. So, this was very disheartening for me as I feel unappreciated and that they don’t value my work and worth” (FG 3)

Another participant from Focus group 4 added:

“To have fair practices in hospital. For example, I felt discriminated against as a male where training and scholarships seemed to go to females. It seems to me I am kept back because there are not many males and I am needed for my strength, so I miss out on opportunities to get proper qualifications”. (FG 4)

A participant also added:

“Nothing really but some of the attitudes of the patient’s relatives especially towards us expatriates. We cannot do much but tolerate it. For example, after visiting hours” (FG 2)

Another participant added:

“School leavers apply in large numbers, but graduates are much smaller. There should be flexible approach to candidates so that there are more people who graduate, the criteria are too hard and there is a pattern where a lot of start nursing studies and few graduates, is it a discriminatory sector?” (FG 4)

4.4.2.2 Theme 2: Ineffective Training strategy and programmes

4.4.2.2.1 Ineffective and inappropriate Training analysis and agenda

Most of the participant stated that there are no strategy and lack of development opportunities for nursing entries, career pathway and advancing nursing practices that has factors leave their job at the Republic of Nauru Hospital.

A participant added:

“Advertise for staff nurses, I fell under that category, I went for it, I know I am out of practice, ageing maybe into another field. It did not offer any other opportunities ‘staff nurses’ the channel my interest was different” (FG 4)

Another participant added:

“ I think the point is ahhh that we do not have a strategy to alleviate this shortage, we don't have a strategy to send people to be trained as a nurse, to be able combat this shortage of nurses in here....10 years there has been no more recruitment, for nurses here, no more student go for nurse training, if we had continued had I believe if we send our people every year or if we have graduates, maybe 2 or 3 graduate that is an additional to the number we having , but no, we continue to recruit, no wonder we run short all the time....therefore, if we want to improve on the recruitment then we need to recruit our own and we send our own...to Fiji or to any other nursing schools where they can be trained rather than recruiting., This people are just coming here, then they go back, go again next year, then recruit another lot comes in, but if recruit our own, we send them for training, three (3) years in Fiji, so every year, (3) or four (4) nurse will come back as staff nurses in 10 or 15 years' time we have our own, my 2 cents thought” (N4- F2)

Conversely a participant added:

“ In a similar situation, there is limited vacancies – some of the trainees who have experienced the ones after me, maybe 6 of them recruited from NSS and after end of their training only 3 will be picked and those 3 during the training, you know they fell in love in their job, they waited all their life until they found another job, they lost interest so they saw another opportunities, job they doing is with good pay and they don't feel like coming back, until now, and yeah it's still happening today and yes

some of the trainees have been released and have been asked to wait till further notice, in that way they going to lose this students who have passion, and that's why I notice limited vacancy for them trainees" (N2-F2)

Also, the participant further added:

"I believe there is no incentive from the training, or the leaders and we should forget that you know everything, because you know nurse is sweat for 3 years you become a nurse, it's not just see, and I know how to do...if there is an incentive or you a good nurse you can go for training, its just 3 years and we give our support or sweat, so you think nursing is a non-glamorous job you go study for 3 years and you come back...." (N4 F2)

A participant added:

"Some of the issues, are lack of public interest to the hospital work in the hospital especially local, student graduates from high school – most don't want to be nurses (laughed).... why do you think that, why do you have that assumption that student who graduate from High school, there is none who finish up from high school, there is none that want to go for nursing they want to get other studies from overseas, students given the opportunity to study overseas, some people are scared of nursing, other things, nurse aides, We have a lot of nurse aid and they have been working as nurse aid for a long time, they haven't been sent overseas, they haven't got the opportunity to go overseas to continue for training to become nurses" (N3-F2)

Further, a participant added:

"There are limited vacancies in the trainee programs where some of the trainees who had experienced, like the ones after me, maybe six (6) of this trainees were recruited from Nauru Secondary School (NSS) and after the end of their training program, there were only three (3) were picked and those 3 joined the health trainee program, but during the training, this trainees fell in love in with their job and they waited all their life for further opportunities to study but they were never chosen to further their studies until they found moved from the trainee program and found another job. The trainees lost interest and when they found the opportunities elsewhere where there is good pay, and they don't feel like coming back to health until now. And yes, this issue is still happening today where some of the trainees have been released from their

positions and have been asked to wait till further notice, in that way this student will lose their passion and that is why I think I notice there is limited trainee vacancies from the Health Department” (N2-F2)

4.5 Results of in-depth interviews among Health Executives

4.5.1 Participants’ characteristics

Looking at the demographic characteristics for in-depth interview among Health executives, it consists of two participants however only one participated. The first Health Executive Staff did not participate due to being too busy to schedule an interview and was followed up and replied that will not be able to answer my questions. The participant highest qualification as post graduate level which is Master’s in Health Service Management major in Planning. In terms of working experience, the one participant (HE) had over 9 years of working experience in Nursing and was later relocated to a new Division due to restructure and she has been in the role for only 3 months. In this section, the participant is presented with the initial of their professional and cardinal number for instance “HE”.

4.5.2 Themes and sub-themes

The thematic analysis revealed the emergence of the following themes: 1) Incompetent leadership, 2) poor governance, 3) Lack of welfare and security 4). Competition

Table 6. Themes and subthemes of Health Executive

	Themes	Sub themes
1	Incompetent leadership	Poor collaboration & coordination
		Power Play
2	Poor Governance	No accountability and ownership
		Poor Health Laws
		Lack of Human Resource Policy in Health
3	Lack Welfare and security support	Non-conducive environment
4	Competition	Limited nurse supply

4.5.2.1 Themes 1: Incompetent Leadership

The participants thought that there are 3 categories that have effects on recruitment of nurses to RoN Hospital and proposed way forward to resolve the barriers in recruitment of nurses to RoN Hospital. The categories are “poor collaboration and coordination “and “power play”.

4.5.2.1.1 Poor collaboration and coordination

The participant had agreed that poor collaboration and coordination affects the recruitment of nurses to RoN hospital.

The participant stated:

“Ahmmm, lack of coordination between Human resource & labour and Health Department” (HE)

The participant also added:

“Ok. For me, it is, from my personal opinion...we work indirectly where we keep following up if we were directly involved we could have made it more efficient. Example, advertise, we keep following up, HR have process, advertise, our role is to wait...” (HE)

4.5.2.1.2 Power play

The participant also believed that power play, has effect on the recruitment of nurses to RoN Hospital.

Participant added:

“Ok. For me, my personal opinion, very important is making decisions, who decides, who comes or not, who continues to stay, who says how much recruitment you want, it is the Public Service, it is not your decision, an employer you not obliged to drive and have enough nurses, you don't make any decisions” (HE)

4.5.2.2. Theme 2: Poor Governance

The participant agreed that poor governance affects the recruitment of nurses to RoN Hospital whereby no accountability and ownership is a factor that affects recruitment of nurses to RoN Hospital. The 2 categories are “No accountability and ownership”, “Poor Health laws” and Lack of Health Policy for Human resource”.

4.5.2.2.1 No accountability and ownership

The participant conversely added:

“For me... from my personal opinion, no ownership from the health department.”
(HE)

The participant further added:

“...I think more ownership from nursing division and coordinate with Human Resource and Labour (HRL) department. For example, if nursing recruitment, the Director of Nursing (DON) should be a member of or be involved in the recruitment of nurses, where in such cases nurses have various networks so having accountability should be considered from leaders/Directors involved...”. (HE)

4.5.2.2.2 Poor Health Laws

The participant quoted that a factor affecting recruitment of nurses to RoN hospital is “Poor Health laws” which concerns with legal issues surrounding about the health of the individuals, protection of individual, the provision of health care and operation of the health care.

The participant added:

“The nature of the contract that is offered to Expats nurses and also locals in respect to single contract only offered to nurses when they are recruited from overseas.”
(HE)

4.5.2.2.3 Lack of Human Resource Policy in Health.

The participant quoted that Health policy for Human resource is a vital measure to resolve the barrier of recruitment of nurses to RoN Hospital.

The participant added:

“Health department not well versed or specialize in Human Resource” (HE)

The participant further added:

“...Human resource policies should be standardizing, if it does not work then its ownership from department, we as public servants cannot really change it, we work in

collaboration or in coordination with Human Resource and it is very much centralized under Human resource...” (HE)

4.5.2.3 Theme 3. Lack of Welfare and Security Support

The participants quoted that another factors that affects recruitment of nurses to RoN hospital is the lack of welfare and security support given by responsible personnel.

4.5.2.3.1 non-conducive environment

The participant added:

“...the availability of accommodation, unable to accommodate families where there will be more than 10 nurses, nurses are a big workforce and when nurses from outer island are recruited, they cannot bring in their family”. (HE)

4.5.2.4 Theme 4. Competition

Another factor affecting recruitment of nurses to RoN Hospital is “competition” whereabouts around the region and internationally there is a Global issue of short supply of nurses and thus having limitation on smaller countries to compete with international countries on recruitment packages.

4.5.2.4.1 Insufficient Nurse supply from the region

The participant added:

“Competition from the region which is a Global issue where there is shortage of nurses, we were looking outside from our country, there are many different factors why we are having difficulty in bringing in nurses. Therefore, currently we are having this common difficulty in bringing in nurses” (HE)

Further added by the participant:

“Culture shock and not being able to cope from being away from home, and having family issues need some changes where we offer single contract, what can we offer?” (HE)

4.5.2.5 Themes 5: Overview of barriers and resolutions identified

Three categories were emerged and quoted by the participant to resolve barriers of nursing recruitment to RoN Hospital. The categories include “Strengthen regional and international

relations”, “Health Laws Development”, “Development and strengthening of human resource for health policy” “strengthen welfare and security support”.

4.5.2.5.1 Strengthen regional and international relations.

Strengthening of international relations where there is development of a memorandum of understanding for support in resolving barriers of recruiting nurses to RoN Hospital.

The participant added:

“Government to Government Memorandum of Understanding (MOU) to alleviate shortage of staffs where government to government employs nurses for example, Kiribati. They have their own nursing school. If Nauru recognises the opportunity there, Kiribati retirement age is ideal for Nauru, they have their own nursing school, so they have more than enough nurses. If Nauru could recognize this. And short-term nurse’s recruitment for 6 months to fill the gaps while the recruitment is currently ongoing which we are currently doing now, nurses can come in to fill in the position the benefit even before interviewing is that we get to assess this nurses’ performance and can have they work for a long-term contract...” (HE)

4.5.2.5.2 Laws development for Health Perspective

The participant quoted that nature of contracts has effects on the recruitment of nurses to RoN Hospital.

The participant added:

“The nature of the contract that is offered to expats nurses and also locals in respect to single contract only offered to nurses when they are recruited from overseas” (HE)

4.5.2.5.3 Strengthen Human resource for health policy.

The participant quoted that Human resource management has a vital role to play in the recruitment of nurses to RoN hospital and thus should be strengthened to meet nursing needs.

The participant added:

“...policies...to strengthen Human resource and labor policies ask what you need to do, what do we need to do...” (HE)

4.5.2.5.4 Strengthen welfare and security.

Strengthening Administrative capacity and capabilities so that the welfare and security of employees of the department of Health will resolve the barrier of recruitment of nurses to RoN Hospital and will retain nurses who are already on the job.

The participant added:

“Culture shock and being able to cope from being away from home and having family issues need some changes where we offer single contract, what can we offer...” (HE)

The participant further added:

The environment should be conducive, have social groups to keep them occupied and security means to look after their welfare, greeting them when they arrive on island, meeting them regularly. Making sure they have access to finances, welfare is most important so they can feel safe and comfortable, make them feel happy and making sure their salaries is on time since they came to Nauru for a purpose and that is to work and feed their families who are abroad and not to come to Nauru and say we don't have no water, no mattress and they are not happy overall...” (HE)

4.6 Results of in-depth interviews among Human Resource staff

4.6.1 Participants' characteristics

Looking at the demographic characteristics for in-depth interview among Human resource staff, it consists of one (1) participant. The participant highest qualification was a Diploma in Management studies and have been a working in the human resource and labour department for about 5 years. In this section, the participant is presented with the initial of their professional and cardinal number for instance “HR”.

4.6.2 Themes and sub-themes

The thematic analysis revealed major themes emerging; 1) Lack of human resource Networks, 2) lack infrastructure and capacity, 3) lack human resource laws for health perspective 4) Proposed way forward to resolve barriers in recruitment of nurses to RoN hospital

Table 7. Themes and subthemes of Human Resource staff

	Theme	Sub-theme
1	Lack human resource networks	Lack Health information systems
2	Lack infrastructure and capacity	Lack of workforce, capacity, and capabilities
3	Lack human resource laws for health perspective	Lack of Policies, Procedures, and guidelines
4	Overview of barriers and resolutions identified	Strengthen inter country arrangements, networking, and regional/international relations
		Build a strong Human resource infrastructure, systems, and processes
		Develop Human resource capital, capacity, and training

4.6.2.1 Theme 1: Lack in Human resource networks

The participant stated that the lack of human resource networks affects the recruitment of nurses to RoN Hospital, this is believed that having networks internationally and regionally will allow better ways to share ideas, learn about new tools and methods by interacting and gaining knowledge and skills to overcome human resource challenges as well as having direct dialogue to share about employee information that are required for recruitment purposes that will be easy to reference too.

Hence, having lack of networks has disabled the human resource department to be innovative and be competitive in terms.

4.6.2.1.1 Lack Health information systems.

The participant quoted that lack networks is a contributing factor affecting recruitment of nurses to RoN Hospital.

The participant quoted:

“... Health needs to build a greater network and improve Health image to tap into the local and international market. I would suggest review their employment offers, improving organisational culture or internal procedures and services, improve clinical guidelines and standardised practices, improve health practitioner registration and indemnity, and so on” (HR)

4.6.2.2 Theme 2. Lack infrastructure and Capacity.

The participant believed that infrastructure and capacity is another issue that is affecting the recruitment of nurses to RoN Hospital.

4.6.2.2.1 Lack workforce, capacity, and capabilities.

The participant literate that the human resource department does not have enough qualified and full-time positions in the right place at the right time to achieve its objective and then having lack of capacity will have a direct impact on the organization ability to deliver programs and services and perform certain tasks.

The participant explained that;

“there are Lack of qualified and experienced Human Resource for Health. Having Poor or lack of Human Resource planning for Health causing at most times short notice urgent recruitment requests by Health which even though is not ideal, Human Resource (HR) always accommodates, given HR is responsible for recruitments for local and expatriate of all Nauru Public Service departments not just Health” (HR)

The participant added:

“...there are internal issues on human resource regarding process, restructure need to increase staffing to cope with the workload, administrative issues are the limitations and what was not working it was Timeliness” (HR)

4.6.2.3 Theme 3. Lack Human resource laws for Health perspective.

It is believed that the absence of appropriate human resources laws will disable policies that in many countries are responsible for chronic imbalance with multifaceted effects on workforce for health. Now policy makers agree that health policies are none the less crucial tools that could help in many ways for the organization.

4.6.2.3.1 Lack policies, procedures, and guidelines.

In general, Human resource Department has the Public Service Act that works for all Department throughout the government owned entities which include the Health Department.

The participant added:

“...we don't need too, but only procedure need to change; the PS ACT is the law where all vacancies must be advertised...” (HR)

The respondent further commented:

“Frequent change of management that handles recruitment within Health - constant change of reporting channels/focal points, change of processes. Sometimes these changes relayed to HR by Health Executive level but Executive level does not relay the changes to the operational level managers within their Department causing conflict between the health” (HE)

4.6.2.4 Theme 4: Overview of barriers and resolutions identified

4.6.2.4.1 Strengthen Inter arrangements, networks, and regional/international relations.

To strengthen inter arrangements, networks and regional and international relations provides a complex formal and informal institutions, mechanisms, relationships and processes between and amongst states, markets, citizens and organizations both governmental and non-governmental through with collective interests and articulated rights and obligations are established and differences are mediated. This, having such inter arrangements where network and links will alleviate the factors of recruitment.

The participant added:

“Government to Government MOU to alleviate shortage of staffs where government to government employs nurses for example, kiribas. They have their own nursing school. If Nauru recognises the opportunity there, Kiribati retirement age is ideal for Nauru, they have their own nursing school, so they have more than enough nurses. If Nauru could recognize this” (HE 1)

This is further supported by another participant;

“Government to Government MOU – although these initiatives are beneficial in a sense that workers are provided by countries such as Cuban or Taiwan for the gaps

needed in clinical fields there are also cons to these agreements as they are mostly reliant on the political situation of the donor country” (HR)

4.6.2.4.2 Develop Human resource laws for Health.

Build and strengthen a strong Human Resource Systems, processes, procedures, and Infrastructure.

The participant added:

“the Public Service Act 2017 (PSA ACT 2017) is effective, we don’t need too but only procedures need to change, the PS ACT 2017 is the law where all vacancies must be advertised” (HR).

The participant further added:

“Human resource role is to implement recruitment as requested by the Department subject to vacancies. Managing or moderating Department internal conflict and internal politics is not HR’s role. Hence it is suggested that Health develop standard operational practices (reporting/approval for each practice) for their HR (recruitment) processes. HR have no role in Health’s reporting channels/protocols that’s why Health need to do this themselves in that way they will have a standard (transparent and accountable) process of who starts the process, who needs to approve, what needs to be provided etc before it goes to HR” (HR)

4.6.2.4.3 Develop Human capital, capacity, and training.

Human resource department should meet in house needs first then develop capital, capacity and training and will be able to attend to another department needs.

The participant added:

“...needs to improve or revamp its image not just physically in terms of infrastructure but in terms of internal practices that helps employee realise they are being looked after during this short time and in turn makes them want to impart their full potential and be part of the organisation’s vision to meeting its objective” (HR)

In summary, Demographics illustrated that there was 8% male and 92% female participants that took part in the interview and their age ranges from 20 - 55 years old. All participant completed higher education level of schooling; with 69% have undergraduate qualifications,

and 31% completed their postgraduate level studies. Moreover, there were 54% of the participants with more than 20 years' experiences which was expected as the results show forms of power play and bullying. Table 5 shows the number of FG cohorts been identified for the interviews and likewise the gender characteristics of the participants. The cohorts were a mixed of male and female nursing staff along with the mixture of levels of experience based, that is, both senior and juniors was interviewed together from the different wards they worked in due inability to get ranks together to determine their perceptions due to shortage of nurse and staff unavailability so interviews were suggested that nurses attend the interview randomly as per participant's availability. So, most participants attended the interview when they are on their days off. Moreover, diversity and neutrality were the aim of enabling all nurses of gender equity, ranks and ethnicity to be interviewed together so they don't expect any discrimination and biasness amongst each other and can be opened about how they feel, and how they could understand each other, as well as to trust and learn from each other.

The data was analysed for the focus groups interview and similar themes were constructed together and then were merged to two (2) major themes which were; I) Incompetent leadership, ii) Ineffective Training strategies and Programmes Moreover, the in depth interviews, themes were also constructed together and merged into for four (4) major themes for HE Interview, I) Incompetent leadership, ii) Poor Governance iii), lack of welfare and support, iv) Competition and three (3) major themes were constructed for Human resource interview. I) Lack HR networks, ii) Lack infrastructure and capacity iii) Lack Human Resource laws for Health perspective. Hence, the results identified that all themes were linked to Leadership and Human Resource Management which are the most identified contributing factors even though other themes were developed they could be it in-cooperated. Thus, resolutions identified are to strengthen Inter arrangements, networks, and regional/international relations, develop Human resource laws for Health context and to develop Human resource capital in terms of human capital, capacity and training.

CHAPTER 5: DISCUSSION

5.1 Chapter overview

The findings of the study will be presented in this chapter. First, the structure will make a summary of the method and findings in the context of the study aims and the results will be discussed provided under the thematic areas which will be discussed followed by the interpretation of the results and was done to compare previous similar studies conducted to the current study findings. Second, the strengths and weaknesses will be identified and discussed in this chapter. Nursing management at the Republic of Nauru Hospital has been facing a lot of challenges for shortage of nursing workforce over the years until to date and recruitments remain open to address this chronic problem, yet the nursing management continues to face the same challenges and has affected the health service delivery.

5.2 Focus groups Interview – Registered nurses

5.2.1 Theme 1: Incompetent leadership

In Nauru; after analyzing the data, it was found that Incompetence Leadership was the leading factor that affected the recruitment of nurses to the Republic of Nauru Hospital. Poor Governance, Poor Human resource systems and management, lack of administrative capacity and capabilities, Bullying and Discrimination and biasness are factors that leads to nurses not wanting to work at RON Hospital and also the nurse's intent to leave RON Hospital. Evidently, Participants conversely stated a contributing factor to nursing recruitment is incompetence leadership "If you continue to probe into issues, we feel threatened". (FG 1) Similar literature was conducted in England; The factor was also illustrated in various studies however emphasizing on one factor "Bullying" a study conducted in England by Lyn Quine (2014) illustrated that where almost one in two nurses reported experiencing one or more types of bullying which compared with one in three other staffs in the trust. The most likely bully was a manager who is more senior than the victim, this nurses at the end had fewer positive perceptions on the organization climate, (76 percent, n = 60) is a large percentage of the nursing workforce, who decided to leave their job due to bullying, this was supported by this study research finding. Hence, strategies were developed whereby anti- bullying policies, strengthen leadership and management support at work and having continuos professional development through incompetent leadership, not having effective leadership will have negative impacts on the effectiveness and efficiency of an organization.

The nurses in Focus Group 1 (FG 1) stated.

“Director of Nursing was out of the picture when we were recruited. DON was out of the country and realised that admin officers knew what they were doing but we believe the Ministry of Health (MOH) is where the delays are”. (FG 1)

Hence, indicating incompetence leadership.

Also Focus group 3 raised their concerns in relation to incompetent leadership and stated.

“...during parliament, the Minister was unprepared for questions because it was obvious, she does not know what is happening and that meant that the staff and the organisation was also deemed incompetent” (FG 3).

5.2.1.1 Poor Human Resource Systems and Management

The draft MHMS Human Resources for Health Plan 2016-2020 (HRHP) stated in January 2015 that there were 257 positions that was established within the Mministry of Health and Mmedical Sservices. Nauru’s health staff-to-population ratios are very favourable when compared to accepted health worker-to-population ratios. The health worker-to-population ratio was 1:1000 for doctors and 6.8:1000 for general nurses (MHMS HRHP). However, despite the relatively having high staff numbers, Nauru has significant and still has human resources (HR) issues which include recruitment, hug number of staff turnover but yet recruitment is continually ongoing and there is still existing high vacancy rate, absenteeism, lack of professional registration and reliance on expatriates due to limited recruitment pool in Nauru. To add, expatriate staff has higher salary packages than locally recruited health workers and professionals which was significant driver of human resources costs and thus salary inequity may well be the contribute factor to low staff morale and the high rates of absenteeism and attrition among local staff.

Human resources management has overall significant problems that has been long recognized and requires strengthening at all levels of the systems. At the Republic of Nauru Hospital, the Human Resource Management was centralized through the Human resource and Labor (HRL) Department which was under the Chief Secretary Office and the Administration – Health has the responsibility to be involved in the process but do not have an allocated Human Resource unit which an officer to perform the roles.

Moreover, nurses in Focus Group 1 stated:

“... there are no standardize conditions at the Republic of Nauru Hospital” (FG 1),

This area of focus that could be improved would be recruitment, and for promotion to base on qualifications and merit, grading of posts; salary increments, and having career pathways.

To add, participants from focus Group 4 commented:

“...the recruitment of nurses from Fiji is an issue. Everyone was not done properly, communication channels were confusing and unclear, so the recruitment process is an issue. I said yes. we found out we did not follow the channel; we were not told. The process is an issue.” (FG 4)

Moreover, nurses mentioned that there was no relief staff to cover sick leave, maternity leave, annual leave, study leave or other planned or emergency absences of staff which then creates significant hardship for the remaining nursing staff. Also registered nurse in Focus Group 2 agreed to the fact that leadership and human resource has significantly affects the nursing workforce at the republic of Nauru Hospital.

Focus Group 2 described:

“...they (HR) overlook the importance of replacing and recruitment...” (N2-FG2)

Focus group 2 mentioned that human resource does not take health recruitment as a priority and that managers have noticed that they have not seen any policy as well as a succession plan within the human resource planning to effectively address the nursing workforce.

In addition, focus group 1 participant shared her thoughts on the recruitment process by Human resource.

“...they changed our offer letter, whatever, the 6 of us, our salary in the offer letter was changed, different part of the salary was changed 30k, 28k 26k it was different, we questioned the process but we were being queried and in terms of recruitment, as for us, we are fortunate, the process was quiet long, even our contract, we still yet to sign our contract, 8 months now, we still have not signed their contract, that all part of recruitment. (N2- FG 1)

Therefore, various studies supported poor Human Resource Systems and Management (McAllister., 2004; Graeme Martin & Paul J. Gollan, 2012; McAllister.,2004) that it was indeed a factor that affects the recruitment of nurses to the Republic of Nauru Hospital.

5.2.1.2 Lack of Administrative capacity and capabilities

There are limited administrative capacity to manage and plan human resources: there may be no “specialists” in the system (Buchan et al, 2011). Nurses play an integral role in the health care system which they provide acute care for the patients in emergency room, intensive care units and they administer medicine and other daily essentials. But far too often, nurses are still overworked and under supported as administrators at the hospital try to seek lower costs and boost their profits. At the RON Hospital, there has been a restructure recently for the Ministry of Health and Medical services, an organogram is intact in the health sector and in the past, job descriptions are put in place by the Health Administration office but have yet to be reviewed and updated which have consequently affecting individuals to have lack of clarity about their roles and responsibilities and accountability in the structure causing conflicts and duplication of roles. On the other note, the Director of Administration position is still vacant till to date since the occupant left 10 years ago and the position has been occupied as an acting position by any officer who neither have expressed interest or have been appointed to act on behalf till the vacancy is filled. However, recently in 2021 there was a restructure, and the establishment has been reclassified to Director of Health Operations. It was found in the study, that Focus group 1 stated.

“...There are no recruitment teams to deal with new nurses coming to work at the Republic of Nauru Hospital, there are no set process, no standard team and process” (FG 1)

Moreover, to further support, focus Group 3 stated.

“Admins are not competent and without the Director of Nursing (DON), we don’t have anyone to help us with things like wages complaint” (FG 3)

Hence, the statement illustrated that health administration staffs do not have the capacity and skills to perform the roles of administration, nor have they been encouraged to further their trainings to support their respective roles.

5.2.1.3 Power and conflict lead to Bullying

Previous studies have identified that a significant relationship between effective leadership and job satisfaction (Quine, 2004) where outcomes may contribute to healthy and productive work environment. In this century, there is a high demand for leaders who will serve as coaches, empowers staffs, and inspires staff to excel. However, in organizations, there was a

nursing manager who today demoralize staffs and promote their personal agendas and go out of their way to protect their reputation regardless of the negative impact to the organization. Moreover, nursing division in Nauru conducted a survey in 2017 in order to understand why nurses are not showing up for work or wants to leave their job, the survey outlines the responses of nursing staff were top (3) reasons was that nurses were by being bullied from their superiors, family/personal issues, and issues with the roster allocation. (Nursing Annual Report 2016-2017 (RONH). Hospitals need effective leadership at the executive level as well as at the unit level which is crucial in today's unstable economic environment. Moreover, there is a higher proportion of nurses that other staff reported 13 of the 20 bullying behaviors which are mostly related to shifting the goalposts, with holding necessary information from staffs, having undue pressure to produce work, freezing out, being ignored, or excluded and having persistent attempts to belittle or undermine the person's work. A previous study stated a quarter of nurses who have been bullied reported that their health had been affected and 8 percent had to take their time off from work due to feeling miserable, depresses and feeling unwanted or devalued and having sleeping difficulty and that 70 percent of the nurses who were bullied have tried to take action to stop the bullying but only 22 percent were satisfied with the outcome, so the most likely bully was a manager who is older than the victim or is more superior in hierarchy (Quine, 2014). Therefore, nurses were bullied and had fewer positive perceptions of the organizational climate than other nurses and were more likely to report to having higher workloads, greater role ambiguity and having less participation in their decision-making process and having lower job control than any other nurses which has led nurses to leave their jobs. In this study, nurses from Focus group 5 stated that:

“...The leadership (the Directors) do things without communicating with us or at least inform us of changes etc. We are not being recognized, appreciated or respected especially after we've worked here for so many years and these new leaders just order and things have to be done their way...” (FG 5)

So, nurses that have witnessing bullying of others and has experienced being bullied has reported lower levels of job satisfaction and were reported to wanting to leave their job. (Quine, 2014)

5.2.1.4 Poor Governance

Knights et al (2015) stated that governance is where leadership provision ensures that is quality and safe clinical outcomes for patients. Nurses and leaders should expect this as their core purpose, so if the Director of nurses as a clinical leader charged with responsibility of ensuring practicing safety, quality, regulation, and risk management have the lack of knowledge regarding governance, then outcome will be unfavorable. The concept of clinical governance where there is still gap between theory of clinical governance and its application in practice will accept and is still found in nursing practices. (Knights et al, 2015). In Nauru, the nominal head is Minister of Health who oversees the organization, and the Secretary of Health and medical services is the head of the organization that makes decision and reports directly to the Minister of Health. The proceedings of the process of electing and appointment of established positions must go through Human resource (HR) process operating under the Chief secretary department, whilst a position is vacant it must be advertised accordingly and go through an interview process, however, this is not the case, some positions are occupied through direct appointment from leaders due to long serving employment and did not consider upon merit or has the right qualification for the position, otherwise awarding contracts and recommending individuals for rewards and benefits due to nepotism and staff favoritism. Moreover, the MOH expects all employees under the department of health to abide by the code which outlines in the department of health code of conduct 2008 that provides the standard of conduct and workplace behavior. All employees are expected to show respect for each other, employees must work together and following through policy of zero tolerance of workplace harassment and zero tolerance of violence and aggressive behavior and lastly managing employees responsibly and positively coincide with health department values. However, it has been experienced that some codes are not been followed and that there should be more proper orientation and awareness to remind staff of their standards of behavior in the workplace. In this study, Focus Group 4 elaborated.

“I had sent all my required documents to the person was calling, but when I reached Nauru, there was a big miscommunication and they didn't know we were coming. I was looking forward, but when we reached here, no one knew we were coming to Nauru to work. It was one sided and wrong and getting all the proper documents together again were confusing and repetitive and this happened since April until May (got my job) and then we started work but only got paid in November. We went to see this person responsible and four times we submitted...” (FG 4)

To add, at RONH, the senior staffs are not very supportive, where leaders and directors are not making informed decisions in terms of public interest. Also, integrity where employees are engaged in other financial commitment outside the organizations which hinders their performance of their official duties. Moreover, a holder of public office in carrying out public affairs including making public appointments. Hence, various studies (Rumsey et al, 2017; Graeme Martin & Paul J. Gollan, 2012) supported poor governance structure and framework.

5.2.1.5 Discrimination and biasness

Various studies supported discrimination and biasness as a factor affecting recruitment of nurses (Meadus, 2004). Discrimination in nursing manifests in various ways and at different levels. At the institutional level, healthcare organizations may fail to hire diverse nursing staffs that reflect the communities which they serve or pass over nurses of color for leadership positions. And nurses who are not immune to implicit bias may make treatment decisions rooted in cultural, racial and gender stereotypes that could leave patients with inadequate pain management, inaccurate diagnoses and at the end have poor health outcomes and have health disparities and for this reason, nursing leaders must develop and promote strategies that could combat discrimination. In this study, nurses stated that they should have fair practices in hospital, for instance, a male nurse felt discriminated against because trainings and scholarships seemed to go to females only and not to the male nurse and they believe the male nurse was kept back because there we're not many males in the workforce and that he was needed for my strength, so eventually the male nurse missed out on opportunities to get better qualifications. In a recent study, there have been numerous studies conducted in 2004 regards to factors that contribute to RN turnover, retention, and intent to leave and other study found that low job satisfaction was the most frequently cited factor linked to nurse turnover and other factors cited in the literature as predictors of RN turnover include salaries, lack of time with patients, and demographic characteristics such as being male, having no children at home, and being unmarried. (Perrine, 2009). Nursing, a profession dominated by women, the male nurse's experience discrimination based on their gender. In nursing, discrimination and oppression have led to lower salaries, hostility from colleagues in the workplace and having unequal access to professional development training programs and career advancement opportunities. In this study, focus group 2, reported experiencing discrimination in which affected their ability to provide optimal patient care.

“...we need a good leader especially one who listens to us, now the current leader does not listen to us” (FG 2)

5.2.2 Theme 2: Ineffective Training Strategies and programmes

It was found that ineffective training strategies and programmes was also determinants affecting recruitment of nurses to RON hospital whereby most of the participant stated that there are no strategy and lack of development opportunities for nursing entries, career pathway and advancing nursing practices that was contributed to the nurses leaving their job at the Republic of Nauru Hospital. However, In India, previous research conducted in 2016, illustrated that despite the increased demand for nurses, it was evident that lacking in clear career pathways, in-service training, low pay makes nurses leave (Seth, 2016). The Strategies assigned was to extend benefits in Training with continuous education and CPD by forming partnerships with local universities and extending collaboration to external tertiary institutions to influence positive recruitment and retention factor.

5.2.2.1 Ineffective and inappropriate training agenda

Workforce planning and education was sporadic, poorly integrated, and inadequate. Nurses today however continue to provide high quality care despite these issues. Previous research illustrated that despite the increased demand for nurses, it was evident that working conditions and job satisfaction for nurses in India lacks clear career pathways, in-service training, pay is low makes nurses leave (Seth, 2016). Quality of work life is widely believed to be one of the most important factors in recruitment and retention such issues ranging from, in adequate continuous professional education, career mobility and career ladders, flexibility in rostering and deployment, workload appropriateness, no professional leadership and clinical support thus having an impact on the current and the future supply of nurses. All nursing associations and unions reported a deteriorating quality of work life for nurses and in order to deal with the problems is through in-service training of nurses which is vital and plays an indispensable role in improving the quality of in-patient care. In this study, nurses mentioned that training and interests of new recruits and annual training package are vital for gaining new recruits and also service needs prioritisation where operations identify their needs and speciality needs for the hospital and proper training to consider. But this was lacking and also to prepare students to meet the entry criteria for the various health disciplines training programme is a major challenge, but this was never challenged.

In this study, nurses in focus group 3 stated.

“...Need to look after the trainees so they can stay as they are the future nurses to take care of” (FG 3)

Also focus group 4 participant stressed that inappropriate training programs hinders nursing recruitment.

“...shortage is due to lack of interest in nursing, so we should seek recruitment overseas. There is some local interest, but I do not know why it is not addressed” (FG 4)

To add, another participant in focus group 4 commented on how unhappy school leavers are dealt with in relation to recruitment related factors to the Republic of Nauru Hospital as Health Trainees.

“School leavers apply in large numbers, but graduates are much smaller. There should be flexible approach to candidates so that there are more people who will graduate but the criteria are too hard and there’s a pattern where a lot start nursing studies and few graduates, Is it a discriminatory sector?” (FG 4)

Nurses believe that they must have enough students enrolled in the health trainee program so they can further undertake undergraduate training courses as to ensure the on-going entries to the health workforce in years to come. Hence, nurses need to maintain service effectiveness and continuously do health trainee recruitment, and most importantly in-service training which is an inevitable need to keep the nurse’s knowledge intact and skills upgraded. In the Nauru support program review, stated that courses were not assessed for enrolled and registered nurses or the nurse practitioners which have been made against international standards and it is understood that the standards achieved would not meet those in other countries despite the courses having been designed by the Fiji National University (FNU). Moreover, it is inevitable with a small population where the wish is to provide a range of specialist services which the results is an uneconomic workload and inevitable underutilization of medical clinical skills, and this has further had a negative impact on the full recruitment of senior positions which could not be mitigated by monetary reward and being unable to provide the range and volume of clinical experience required to maintain clinical competency, international registration and to contribute to career progression. Therefore, previous studies (McAllister ,2004; Sa’avu et al, 2014) has supported that ineffective training strategies and programmes as contributing factors affecting the recruitment of nurses to RONH.

5.3 In depth Interview – Health Executive Staff

5.3.1 Theme 1: Incompetent leadership

Previous study Chowdhury Abdullah Al Mamun and Md. Nazmul Hasan (2017) supported the theme incompetent leadership. Leadership and Governance encompass strategic direction, plans and policies, effective oversight, regulation, motivation, and partnership that was to integrate all health systems to achieve optimum results. (WHO press, 2010).

5.3.1.1 Poor collaboration and coordination

The health care environment was changing and creating challenges in the development of working conditions and environments which was partly due to societal changes such as the ageing population and having increases understanding of work-related issues and increasing stringent workplace requirements relating to issues such as quality and safety. (WHO, 2015). In this study, Focus Group 3 participant described.

“...the management style or favouritism is shown and in the operation section, I am on call and I’ve raised the issue to bring in more staff and now this new change in system means all my requests have been lost in communication. So, we now don’t know where to take our concerns to because the positions are always changing and the systems are always changing” (FG 3)

Moreover, participant from focus Group 3 further added.

“communication from top level to us varies and so we don’t know who to believe” (FG 3)

Professional collaboration within and outside health care is very essential for managing the different roles and responsibilities of registered nurses in the face of diverse local, national, and global challenges and having a good intra professional nurse to nurse relationships is as important not only for the nurses but also for the patients and healthcare organizations. (Weaver Moore, Leahy, Sublett, & Lanig, 2013). Moreover, according to previous studies, the American association of critical care nurses (AACN) stated that collaboration had declined both in their nursing working units and at the organizational level. (AACN, 2015).

5.3.1.2 Power play

The Nauru Health Support review illustrated that manager in the public hospitals does not have the ultimate power for decision making and national policies was extremely prescriptive

and did not allow sufficient flexibility to adapt to the local circumstances. For many nurses, power was a negative connotation with having major issues and challenges faced in the health care delivery and the nature of work in today's complex health care organizations, it was imperative that nurses accept the reality and legitimacy of power. In this study, findings stated by Focus Group 2 that power play affects recruitment.

“Politics is involved in hospitals. For example, politicians use their power to override the nurses’ duty of care and patients and family members always try to override the rules and policies put in place at the hospital whenever they want and they don’t understand why those rules and policies were put in head in the first place. Superiors do not support these rules and policies” (FG 2)

To further emphasized by another participant;

“...there seems to be some form of internal office politics at play within Health that is causing confusion and inconsistencies. The wide and various miscommunication (in particular lack of communication) at Health Management at most times is not trickled to operational level regarding decisions relayed to Human Resource (HR). This has been causing HR to become moderator between the two levels of Health to address HR issues which on onset should have been addressed within the Department as most are internal management issues involving recruitment. Other times HR have also become the buffer of confusion or conflict between the two level within Health and their employees” (HR)

Also, another participant commented;

“seniority is very important to more old or senior nurses but in my view that is not a priority, in my view, succession planning is important and building nurses. Some nurses have been in the workforce for more than 20 years, yes they expect to have more senior roles with their expertise they would transitions to a more supervisory role but if we work together and understand that senior gap being recruited having 20 more years and are to be rotated to work, but it’s different where they come from, younger genre are more flexible and adaptable to changes, what we need to understand is they have a role to play accordingly” (HE)

Moreover, it was stated also in the interview with the Health Executives that during the recruitment phase of nurses, the Director of Nursing is not obliged to drive the recruitment process and does not make any decisions which affects the recruitment of nurses to the hospital.

“from my personal opinion, decision making- who decides who comes or not, who continues to stay, who says how much recruitment you want, it is the PS, it’s not your decision, an employer you not obliged to drive and have enough nurses, you don’t have the decision” (HE)

This statement means that as a director and a manager, they do not have enough authority to make changes and that the framework has been defined for directing or managing an organization. This inflexibility and working with limited resources really make decision making difficult. Directors and managers cannot change the structure and if you cannot change the structure, there will be failure to execute any decision that was made easily. Manojlovich (2007) noted that power is necessary to influence patients, physicians, and other health care professionals, as well as each other. Increasingly, nurse leaders recognize that understanding and acknowledging power and learning to seek and wield was appropriate and critical for nurses’ efforts to shape their own practice and the broader health care environment to be successful (Schirra, 2004) Therefore, powerless nurses are ineffective nurses and consequences are nurses will be less satisfied with their jobs and more susceptible to burnout and depersonalization which in turn may contribute to poorer patient outcomes. (Manojlovich, 2007).

5.3.2 Theme 2: Poor Governance Structure and framework

Governance in health was cross cutting whereby relating to surrounding issues on accountability and in context of health systems strengthening (WHO press, 2015). As illustrated, the republic of Nauru (RONH) and Naeoro Public Health (NPH) health systems, the secretary of Health and medical services (SHMS) is the one that provides leadership and all sections under the health department are governed and supervised by the SHMS whereby all strategy areas and directive decisions of the health systems will be assigned to the Health executive whom are Directors from respective sections and health staffs at the senior management level will coordinate all activities with staff engagement. An effective leadership is an important enabler of quality from the perspective of providers. In this study, as stated by Focus group 1.

“Absenteeism of local staff is common and contributes to the shortages of nursing staff workloads, and at times some can choose to come or not. (FG 1)

In such case, health professionals should consider that hospital function can also be affected by leadership and management. Despite high performing individuals with innovative and good ideas for quality improvement, with lack of good leadership and management, ideas can be useless. Although in the past a registration board was already established for registration of health professionals, the study does not suggest the board is active and nor it was functional and operational. In this study, it was found that nurses do not have a say, politics plays a key role in the operations of the hospital, whereby politicians use their power to override the nurses’ duty of care. Patients and family members also took advantage to override rules and policies been in place for the hospital operations whenever they want, and they do not understand why the rules and policies were put in ahead in the first place. Moreover, the superiors do not support these rules or policies, and this can be termed as poor governance by management. Additionally, changes occurred in the hospital whereby the organisational structure was restructured, nurses were not informed and this has affected nursing staff because they believe that their direct superior who was the Director of Nursing was changed and the nursing staff felt insecure as they have no voice to represent their concern.

5.3.2.1 No accountability and ownership

An organogram was in place and intact in the health sector with job descriptions (JD) been developed and put in place by Health Administration office in Nauru, however, these JDs are yet to be reviewed and updated which have prompted nursing staff to lack clarity about their roles and responsibilities and accountability on institutional structure causing conflicts and duplication in their roles (DFAT, 2017-18). In this study, Health Executive interview stressed that accountability plays a vital role in recruitment phase of nurses to the Republic of Nauru hospital.

“more ownership from nursing division with coordination with HR department example, if nurses are recruited, so the Director of nursing should be a member and be involved in the recruitment of those nurses another example, preferred if recruiting a doctor, a medical doctor or a medical practitioner must be the key driver of the recruitment due to having their own networks in terms of different speciality and same apply to nursing...having the correct and right person involved in recruitment” (HE)

However, the study illustrates that there is no appropriate leadership and ownership from the health department, and nor do they are well versed in Human Resources Management.

5.3.3 Theme 3: Poor Health Laws

At the Republic of Nauru Hospital, the Administrative Arrangement Act 2011 was assigned 11 legislations for supervision and enforcement by the Ministry of Health and was no new health laws been passed by Parliament although the Public Health Bill was called for tabling. In the NHSP 2016-2020, the following Bills was proposed for consideration, Public Health, Pharmacy, Mental Health, and International Health Regulation. It was considered that following the passage of the various Bills, several existing Acts and Ordinances was repealed. Enforcement of the Acts by the Ministry of Health was proposed for strengthening and to ensure that appropriate regulations was issued for the various Acts, otherwise, currently there was no new Health Laws and Legislations developed. (MOH-Nauru 2016-2020).

In this study, Focus Group 3 raised concerns.

“...Doctors and medical practitioners need to submit their documents to be registered and we do not know if current doctors have been registered? this should be investigated...likewise, same should be considered for nursing” (FG 3)

Hence, the impact of no board governing the health system and protecting employees can be seen in two-fold. Firstly, there is no mechanisms for national or visiting clinicians to be registered to practice in Nauru. Secondly, there are no standards for registration established for Nauru-trained staff. Importantly, legislation is an important component of governance and in the strategic plan for the Ministry of Health (MOH), and without seeking was to ensure that legislations and regulations are reviewed, enacted, and enforced, this will affect support for health care intervention and health service delivery.

5.3.3.1 Lack of Human Resource Policy in Health

The human resource at the Republic of Nauru Hospital need development of human resources for health, especially in relation to medical officers and training nursing was still a major challenge and the dependence on expatriate specialist medical staff shows that Nauru was to continue to recruit expatriates for some years along with some nursing specialities. At current, Nauru do not have any written Human Resource Policy in Health, but Health Department do follow through the Public Service Act 2017. Also, the need was for the

formulation of the health workforce planning and succession plan was part of the Nauru health Strategic Planning or implementation (MOH-Nauru). In this study, Focus Group 2 participant commented.

“...appraisals used to be done and so you can do promotions internally, and this has been stopped by Human Resource” (FG 2)

Also mentioned by Focus Group 3 participant.

“...there is no performance appraisal, the Director of Medical Services use to do this appraisal and it’s been as long as 4 years now no appraisal been done.” (FG 3)

Moreover, previous studies have supported that lack of human resource development in health which are contributing factors to the problem. (Nair et al, 2012; McAllister, 2004).

5.3.4 Theme 4: Lack of Welfare and Security

5.3.4.1 Non- Conducive Environment

The shortage of nurses was being experienced worldwide and the international council of nurses reported that majority of states of the WHO was experiencing nursing shortage, maldistribution and misutilization of nurses. In Australia, there was difficulties in recruiting and retaining skilled experienced nurses who was currently occurring in both the public and private sectors, and it was anticipated that the situation will not improve in the foreseeable future. According to Commonwealth of Australia 2002, evidence was found that 75 per cent of nurses in hospital wards are now talking about leaving and have reported to experience a 30 per cent turnover of nurses each year, mainly due to nurses working greater amounts of overtime and at the same time and the working environment of nurses and the characteristics of those they care for have changed particularly over the last decade (Commonwealth of Australia, 2002). In this study, it was evident, those in charge of the welfare and security of nurses did not deal with the issue accordingly as nurses were not treated with fairness in regards to allocation of accommodation when recruited. This unfairness treatment was supported by a comment by a participant in Focus Group 2.

“...accommodation is unfairly distributed. Some are given the better accommodation, fully furnished, have privacy, etc. Why is this the case when some of us who have been here for longer are given inadequate housing or at least, not as good as these new staff” (FG 2)

In addition, nurses were not orientated, and they were affected by the not knowing cultural sensitivities in Nauru. Focus Group 1 commented that “*administration wanted us to control visitors even though our main priority is to provide care not controlling visitors*”. This additional burden of controlling over visitors going into the wards is a great concern as it affected and disrupted the nurse’s main roles and responsibilities. Also Focus Group 1 participant further added.

“...in terms of work environment, there are a lot of things to be done in the New Wing such as the infectious diseases, the isolation wards are not up to standard and nurses assigned to these areas should have room to keep personal stuff. Nurses are not provided with room or proper area to keep things that need to be isolated” (FG 1)

5.3.5 Theme 5: Competition

A previous study conducted in the United States, illustrated that the health care was experiencing a persistent in shortage of nurses and the nursing shortage was projected to grow through the next decade which affected the private sector and government public health agencies. A one third of the local health department survey indicated that in 2012, it was estimated that a shortage of public health nurses was anticipated by 2017 and almost one quarter indicated having difficulty hiring nurses. A challenge faced whilst recruiting nurses to work in government public health is that government budget often cannot compete with the compensation provided by the private health care industry, and the challenge has exacerbated by today’s highly competitive recruitment environment which is influenced by ongoing shortage of nursing professionals. (Yeager & Wisniewski, 2017). In this study, Human Resource stressed in the interview that competition affects nursing recruitment.

“it is an issue because of the lack of wide scope for recruitment because nurses are coming from just one region and not from other places like international, so very limited pool to recruit. In terms of expatriates, competition from other countries, packages offered by government affected the recruitment, your recruitment (health) is not good e.g., Marshall Islands have a better package for expat workers, recently you lost your people to the Marshall package. It is not like talking about 1 or 2 nurses, you lose about 10 people at once eh all at once, you lost this people, great turnover it was, and the recruitment process in place does not accommodate enough time to fill the vacancies, limitations for health and for the people, Nauru government, in regard to local limited opportunities, succession planning to be look into for long term care

for local Nauruan nurses and not more focus on expats. Nauruan lives in Nauru, Nauruan to fill and have specialised areas in short term contract for expats to fill”
(HR)

Moreover, in Nauru, competition is also a challenge as well whereby the Republic of Nauru Hospital has one budget code where all salaries are under the Secretariat budget code line, so a ceiling is given to the Secretariat which can be a tough challenge to the Director of Nursing if proposing for a salary increase for nursing staffs. This ceiling budget provided by the Secretariat to also cater for the other provisions such as the overseas referral budget which account for 50 percent of the budget allocation for Health. Thus, no salary increments only mean contract nurses will leave their job for better salary and package offers in another country.

5.3.5.1 Limited Nurse supply

In other studies, it was found in a National Review of Nursing Education provided statistics on nurse students and graduates and the review stated that the data on supply was not easy way to interpret with differences in the pattern of commencements and completions in Bachelor of Nursing courses across the States and Territories. The following general trends were identified that commencements of domestic students in all nursing courses with enrollments to undergraduate, postgraduate and research students, have decreased over the period from 1994 to 2002, while course work degree completions and other postgraduate completions such as postgraduate diplomas and certificates have risen. Hence, it reflects less intakes for nursing institution that contributes to less nursing graduates pool supply for employment and distribution. Also, a broad range of factors influencing the supply of both registered and enrolled nurses, includes the number of new nurse graduates; the number of overseas nurses entering the Australian workforce; retention and workplace issues; and recruitment and the image of nursing. (Commonwealth of Australia, 2002) Similarly in this study, Focus Group 1 participant mentioned.

“Shortage will always be an issue because the graduates do not have interest.” (FG 1)

Also, Participant in FG 3 commented in addition to that limited supply the lack of health trainees.

“...need to look after the trainees so they stay as they are the future” (FG 3)

5.4 In depth Interview – Human Resource Staff

5.4.1 Theme 1: Lack human resource networks.

5.4.1.1 Lack of health information systems.

In the midst, there was accelerating advances in medicine and health technologies and having a growing number of effective and affordable interventions, however several low-income countries had experienced a decline in the outcomes of health as a direct and positive causal link between numbers of health workers and health outcomes (Palmer, 2006). According to previous studies in Africa, the health systems are fragile, and staffing was grossly inadequate to meet the rising needs for health of the population and despite growing international attention, donors are reluctant to undertake the significant investments required to address human resources problem comprehensively given social and political sensitiveness and concerns of sustainability of interventions and risks of rising donor dependency. So, the declining in the human resource levels have fuelled an accelerating effort to improve health outcomes and the government has launched a new initiative to improve recruitment and retention of staffs through raising salaries, expanding domestic training capacity and using international doctor and nurses as to stop gap measure, providing international technical assistance to bolster planning and management capacity and skills, and establishing more robust monitoring and evaluation capacity (Palmer, 2006). In this study, it was evident that human resource and labor (HRL) under the Chief Secretary department in Nauru do not have memorandum of understanding with other neighboring regional and international nations, neither does it has an information system network in place to link to other human resources interdepartmental in the region to facilitate sharing of information and even networking capacity as illustrated during the interview. As commented below by HE participant in regards to regional and international links to manage effective recruitment of nurses and alleviate nursing shortage

“Government to Government Memorandum of Understanding (MOU) to alleviate shortage of staffs where government to government employs nurses for example, kiribas. They have their own nursing school. If Nauru recognises the opportunity there, Kiribati retirement age is ideal for Nauru, they have their own nursing school, so they have more than enough nurses. If Nauru could recognize this” (HE)

Moreover, Health Executive participant stressed in the interview.

“...we work indirectly where we keep following up, if we were directly involved we could have made it more efficient. Example, advertise, we keep following up, HR have process, advertise, our role is to wait wait...” (HE)

So, this statement indicates that HRL do not have an appropriate network link to a wider regional and international community in regards to recruitment related and also lack proper information systems link in place for the Republic of Nauru Hospital as well as Health as a whole. This was crucial for HRL to transform human resource need through technology in particular in the development of a proper Health Information system (HIS). Hence, the problems related to human resource can be reduced with the use of computerization in some situation, but this will require highly skilled and trained persons to design, maintain and

5.4.2 Theme 2 Lack infrastructure and capacity.

5.4.2.1 Lack of infrastructure, workforce capacity, and capabilities

The findings in this study identified the position of Human Resource staff is employed at the Recruitment & Employment Contracts Unit under Chief Secretary Human Resource & Labor Division is responsible for recruitment of positions established under the Nauru Public Service. The human resource to employee's ratio was satisfactory where the human resource staffing level between organization is poor which leads to lack of infrastructure to cater services for all government owned department, poor workforce capacity and capabilities to conduct human resources services throughout all government departments. Moreover, it was identified that human resource department coordinate with the administration in each department regarding human resource issues which includes the health department. Therefore, the health department does not have a HR officer specialised for HR related Matters but instead has an administrative officer that performs the overall role of a human resource officer in addition to his/her other roles according to her job description. In this study, HR commented in the interview.

“...there are internal issues at HR in regards to process and restructure need to increase staffing to cope with the workload, Administrative issues are the limitations...” (HR)

There are internal issues at HRL regarding process, and the restructure is needed to increase staffing to cope with the workload and administrative issues. It was evident in this study that the human resource agreed that there were internal issues within the human resource

department that needs to be addressed such as timeliness, whereby the human resource department handles all departments human resources and that the department was in a middle of a restructure. Also, to add, in the study, nurses experienced that during their recruitment there was no recruitment teams to deal with new nurses, so there was no set processes and standards. In previous studies, the uneven distribution of the health workforce between urban and rural areas and the absence of a well-trained and supported staff constitutes major problems in delivering services to meet the needs of communities in developing countries Hospitals are struggling to deal with the shortage of nurses. A worldwide survey report of 2005 revealed that most of the respondent nurses plan on leaving their current jobs in the coming years due to ‘human resource department’ of a hospital towards support, individual background, fairness perception and job characteristics (extrinsic and intrinsic on the degree of job satisfaction) among staff nurses in public sector hospitals. (Khaliq et al, 2011) Hence, human resource needs to be committed by organizing work and creating behavior and attitudes which will produce the best outcomes.

5.4.3 Theme 3 Lack human resource laws for health perspective.

5.4.3.1 Lack of Policies, Procedures, and guidelines

In this study, it was revealed that there is the Public Service Act 2017 which all government owned enterprises and employees to comply with, however, in the interview it was stated that the Public Service Act is effective, and that human resource do not make any changes but only the procedures were suggested to be changed since the Public Service Act is where it is stated that all vacancies must be advertised. Further commented in the study interview by Human resource staff,

The Human Resource Staff commented.

“If the issue we are talking about is regarding processes, then yes” (HR)

According to MOHMS, the Department of Health (DOH) has yet to formulate its health workforce policy but has the mandate for coordinating policy strategies, guidelines, standards, and the identification of priorities in the health sector and also to regulate the activities of private providers of health service particularly at the RPC through staff registration. In the last five years, some policy guidelines focusing on training, career pathways and staffing norms were developed and introduced but the challenges include delays in finalising drafted policies and guidelines which has negative effect in

dissemination, limited emphasis on evaluation of existing policies and guidelines and low utilization of existing evidence in the development process of new policies. Strengthening of HR management should be strategized and was expected to better outcomes for policy and planning. (MOH, Nauru 2016-2020).

5.4.4 Theme 4 Overview of barriers and resolutions identified.

5.4.4.1 Strengthen inter country arrangements, networking, and regional/international relations.

As earlier alluded and supported by the study findings that the way forward to improve recruitment and increasing the supply of nurses to meet the services demand for the Republic of Nauru Hospital was to strengthen human resource internal arrangement, networking, and regional/international relations. Studies has shown that exploring options to engage strategic partners in the management and operation of certain public hospitals to improve their service delivery. Also, using a digital connectivity for network access will improve services (Republic of Fiji, 2017). Moreover, strengthening inter country arrangements is crucial to support the rise in nursing staff turnover in Nauru. For instance, out of the 45 registered nurses who are local Nauruans, 22 have left the health service which represents an extremely high turnover rate, this nurses were also recruited to be interviewed but no availability. So, the availability of well-paid employment and other sources of income from the Regional Processing Centre was thought to be contributing to staff attrition. To mention that some of the nurses who has completed training abroad and was still under the bonding scheme for 2 years however, these nurses not completing their bond scheme has managed to resign or get transferred to another department. Hence, inter country arrangement should be further strengthened by further monitoring and evaluation. Also, in an era of rapid globalization, the attention to areas was regional cooperation should be further strengthened (United Nations, 2004) meaning that with international competition and so forth, regional networking and relations should be strengthened with commitment.

5.4.4.2 Build a strong Human resource infrastructure, systems, and processes.

As illustrated in the study findings that building a strong human resource infrastructure, systems and process will be crucial to further have the capacity and capabilities to collaborate and work in health department, and to further review the package of care services to be able to expand the nursing structure to cater for an increase nursing establishment and increase intakes to increase nurses supply. According to the findings as also supported by other study

findings that by developing a health infrastructure database was to ensure that all Ministry of Health and Medical Services infrastructure has enable to meet its operational functions and population health needs. Such development will raise standards of information disseminations on time, in other words this health information system will provide relevant and accurate information to the right people at the right time. Moreover, the Ministry of Health and Medical services should review and develop new health legislation and policies that will facilitate health service delivery to be in quality and was safe in healthcare at all levels. (Republic of Fiji, 2017)

5.4.4.3 Develop human capital, capacity, and training.

Leadership and Managers has planned to develop human capital to full capacity and with appropriate training for individuals to cater for the paradigm shift of services at the Republic of Nauru Hospital. Moreover, human resource management training has to strengthen their capacity and capabilities in order to deal with recruitment more efficiently and effectively. Studies was shown that lack of the HR in the hospitals was due to poor human resource capital and capacity issues as staff and nursing needs to grow professionally and become multi-skilled, compassionate, flexible and was centred on patients. Human Resource (HR) administered values and survival of hospital which not only was opt for profits but also for employee development, satisfaction, and opportunities for employment. (Khaliq et al, 2011).

CHAPTER 6: CONCLUSION

6.1 Conclusion

This study has identified some factors that affected the recruitment of nurses to the Republic of Nauru Hospital and had recommended resolutions to resolve recruitment barriers at the Republic of Nauru Hospital that may facilitate recruitment and retaining of more nurses in the coming years. Themes and sub-themes were identified which highlighted contributing factors which affects nursing recruitment and the recommended solutions. The study showed that there are vacancies still existing in the nursing workforce in the hospital to address the problem, however, poor structure, incompetent leadership and ineffective training strategy and programs contributes to the issue.

Recommended solutions were identified to resolve recruitment barriers and retention of nursing staff. However, despite few literatures on factors affecting recruitment of nurses, some international and regional aspects did not cover similar theoretical framework to Nauru perspectives and to add, Nauru did not have a literature, so not all was covered in detail in this study. Furthermore, more in-depth research is required to determine the in-depth effects of factors affecting recruitment of nurses in terms of retention and impact on patient care and health related outcome and the intervention to address it more effectively.

6.2 Study strengths and limitations

The study was a qualitative study and this was the first study that was conducted in the Republic of Nauru Hospital which accounted for the perceptions of three (3) different target groups that were part of the study. The study strengths, finding be the baseline database on nursing recruitment that will support the Ministry of Health and Medical Services, the Recruitment & Employment Contracts Unit under Chief Secretary Human Resource & Labour Division is responsible for recruitment of positions established under the Nauru Public Service and other policy makers and decision makers to review, create and transform relevant policies that will address and strengthen the nursing workforce to meet the needs of the community and the country as a whole whereby improving health service delivery to be of quality to all people wellbeing and health. Moreover, this study has further allowed the PR to expand skills and knowledge and apply what was learnt and shared to better management skills in providing quality and optimal care for the people of Nauru. The limitation of the study was that the principal researcher was unable to conduct the interview personally due to Covid-19 travel restrictions as well as due to my affiliation with the organization a Research

Assistant was recruited to conduct the focus group on behalf of the PR to alleviate biasness and the PR conducted the in-depth interviews. Additional restrictions, the principal researcher was not able to extract more information due to time constraints and shortage of nursing manpower this further delayed the completion of my research study. Moreover, some limitations were on poor governance and accountability, whereby complications occurred on whom to give endorsements to conduct the study at the Republic of Nauru Hospital, which further added to the delay of the study. Moreover, some participants were hesitant to take part and chose not to participate in the interview due to uncertainty of what their superiors' reactions towards the interview and did not want to get into more troublesome with their superiors even though the interview was explained in the information sheet and was further explained that this was informed consent

6.3 Recommendation for future studies

The following recommendation will assist the Republic of Nauru Government through the Ministry of Health and Medical Services, Nauru, and are as follows;

To further conduct a quantitative as well as a mixed study to further expand the Topic “recruitment to retainment of staffs at the Republic of Nauru Hospital” to provide broader valuable information.

Strengthen collaboration measures with Training & Education (Health) to improve and analyzed the Training Strategies and programmes to be aligned with organizational, operational, and individual needs. The Education and Training at the Republic of Nauru Hospital must develop a plan to promote and recruit nursing trainees in all the two (2) secondary school levels in Nauru as well as in the Nauru colleges when a new nursing facility is enacted and completed, there are interested numbers of students intending to enter the program.

Create and develop Health Laws that are in the context of Nauru, especially in the areas of developing Human Resource for Health Policy in order to drive and evaluate inter country arrangements.

Building a strong Human Resource & Labor in terms of structure, infrastructure, systems and processes through reorganizing and expanding, importantly collaborating and developing Human Resource Department manpower with skilled workers to meet the demands of the state and public servants.

All nursing leaders and managers at all levels to be proposed to do training capacity on Human Resource Management, so they have the knowledge and foundational resources and capacity to understand, collaborate and work effectively and efficiently with Human Resources.

Given the Context in Nauru, the Ministry of Health should take more ownership and invest and re-establish the nursing School that was burnt down with accreditation programs, this will allow students who do not meet the criteria to go abroad to further their nursing studies locally since most scholarships are aided by Australia, Taiwan and New Zealand as well as other students who wish to study in Nauru due to many reasons. Moreover, government will be able to redirect spending.

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ANNEXES

Annex:1

Information Sheet for Participant

Project Title: “Factors affecting Recruitment of Nurses to the Republic of Nauru Hospital”

Kawimir omo, hello, my name is Marquita Detabene currently doing my master’s program at the Fiji National University. I will be conducting a study as part of my course work on the Factors affecting recruitment of Nurses to the Republic of Nauru Hospital (RONH) and would like to invite you to take part in my research.

Recruitment is a contributing factor to shortage of nurses at RONH which affects the quality of patient care. This issue requires further strengthening leadership and Governance; thus, this study is focused on registered nurses, Human resource staff and Health Executive who are solely responsible for recruitment of registered nurses to identify gaps to improve recruitment practices and alleviate shortage of nurses. Also, participating in this research study may not benefit you personally but together we may learn from each other and learn new methods that will assist and help to improve strategies to avoid shortage of nurses and strengthen quality patient care. However, the study will benefit my academic work and may be used by policy makers to improve direct plan and services in a community and the country at large where every individual will interdependently benefit. Moreover, your participation in this research will be voluntary and your name will not be recorded, and all information will be confidential and will be used only for this study purpose. The questionnaire will take up to 30 minutes of your time and upon completion, you will not receive any compensation for you partaking in the study and you will be required to read through the information sheet then sign the consent form and only then will you be handed a questionnaire to fill in. Once form is completed, I will follow through on the best way to collect the forms. Therefore, for any further information related during or later about the conducted study, please contact any of the following.

Student email contact details: Marquita.Detabene: s110919@student.fnu.ac.fj

Project Supervisor Email Contact Details: Dr Ledua.Tamani: ledua.T@fnu.ac.fj:

Convener email contact Details: Dr Masoud:

Annex: 2

Consent Form for Participant

Project title: “Factors affecting Recruitment of Nurses to the Republic of Nauru Hospita-A Qualitative Study”.

I, _____ (Name of Participant) have fully read and understand the information and if there are questions regarding the study, I as the researcher need to answer the question to the best of my knowledge and fairly with no biasness.

To this study only, I understand that this study is voluntary, and my information and personal information will remain confidential.

I confirm and consent to participate in the study.

Participant Name:

Signature of the Participant

Date

Annex: 3

Consent Form for Research Assistant

Project title: “Factors affecting Recruitment of Nurses to the Republic of Nauru Hospital”.

I, Marquita.T. Detabene, authorize representative _____ (Name of

Applicant) to represent me on behalf as my research assistant to assist with my research study regarding participant’s interviews. I as the principal researcher take full accountability to this study only, I understand that this study is voluntary, and any information and personal information will remain confidential between the applicant and the researcher.

Signature
(Research Assistant)

Date

Signature
(Principal Researcher)

Date

Annex 4:

Ssection 1: Ddemographic and Background Information

Part A

- 1) What is your gender? ___ Male ___Female
- 2) In what sector are you currently employed?
- 3) What is your current position?
- 4) How long have you been employed at your current organisation?
- 5) How long have you held your current position?
- 6) What is your qualification?

Section 2. Human Resource

Part B

1. Do you think recruitment of nurses is an issue at RoN Hospital? Pls explain.
2. What do you think are the main factors affecting recruitment of nurses to the Republic of Nauru Hospital?
3. Are current Policies and Recruitment Process initiated by Human resource and are coordinated by Health Administration effective and efficient to strengthen recruitment of nurses to RONH and alleviate shortage of nurses? How? Why?
4. What is way forward to effectively and efficiently recruit nurses to alleviate shortage of nurses at RONH?
5. What are your views on some other approach that can be which used to improve recruitment practices to alleviate shortage of nurses at RONH?
6. What do your strategies can Human resource management implement to counteract thee challenges of nursing recruitment and subsequently reduce the number of nurses who are intending to leave Ron Hospital?

Section 3 – Nurses

Part B

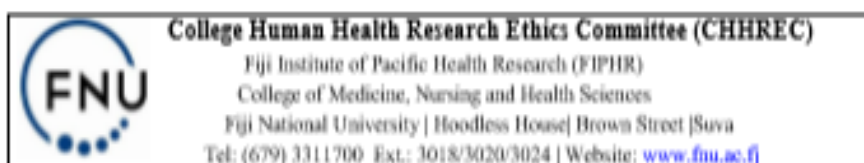
1. What are the main reasons for choosing to be recruited as a nurse to work at the Republic of Nauru Hospital?
2. Describe your experience during the recruitment process to RONH (before, during and after)?
3. Do you think recruitment of nurses to RoN Hospital is an issue? Do you think shortage of nurses at RON hospital is related to poor recruitment measures?
5. What do you think are the most important things that you like at RON Hospital, which make you stay at RON Hospital?
6. Can you tell us some important things you do not like working at RON Hospital which might influence your decision to leave RON Hospital?
7. Do you think Health Executives and Human resource are doing are great job in recruiting nurses, are they doing enough to manage recruitment of nurses to RON Hospital to alleviate shortage of nurses?
8. What can be done to amend/change the things that you do not like, in order to make you stay at RoN Hospital?

Section 4. Health Executive

Part B

1. Is recruitment of nurses to RONH improving or not over time at Ron Hospital? Why do you say this?
2. Nursing recruitment seems to be a major challenge faced at RoN Hospital, what are the most important things or factors, in your view, which can and has contributed towards affecting recruitment of nurses to RoN Hospital?
3. What can be changed at RoN hospital, which will help increase the number of nurses currently employed, who are intending to leave RoN Hospital?
4. How can you attract, influence, and retain nurses to work at RoN Hospital?
5. There are currently old and new generations of nurses practicing at RoN Hospital, what challenges do management face in dealing with nurses of different ages, which could influence their decision to stay or leave RoN Hospital?
6. Literature studies states that “A bad boss is one of the reasons why people quit their jobs”. What is your opinion regarding this statement?
7. What support or other support would you require from responsible authorities in relation to recruitment to strengthen your role to improve nurse recruitment practices to alleviate shortage of nurses at RoN Hospital?

Annex 5



11th September, 2020

Student ID: s110919
School of Public health and Primary Care

Dear Ms Detabene,

RE: FULL APPROVAL OF YOUR RESEARCH PROJECT PROPOSAL

Title of Research:	Factors affecting recruitment of nurses to the Republic of Naumi Hospital
CHHREC ID:	270.20
Primary Investigator (PI):	Maripita Detabene
Supervisor:	Dr Ledua Tamani
Co-Supervisor:	Dr Masoud Mohammadnezhad

Thank you for your application for ethics review of your research project proposal.

I am pleased to advise you that CHHREC has granted **FULL APPROVAL** for your above-mentioned study.

Please note that the following conditions apply to this approval. Failure to abide by these conditions may result in suspension or discontinuation of approval and/or disciplinary action.

- i. **Changes to approved research proposal:** The researcher cannot make any changes to the approved research project proposal without making a formal application to CHHREC for further consideration.
- ii. **Duration of Approval** – approval is granted for the duration of project as outlined in the approved research proposal. If the study cannot be completed on time as planned, the researcher must apply to CHHREC for an extension by sending an email to CMNHS-RCO@fnu.ac.fj explaining the reasons and attach a progress report.
- iii. **Adverse events reporting:** Any adverse events that occur shall be reported immediately by the researcher to CHHREC.
- iv. **Monitoring:** CHHREC monitors all research activities after approval is granted.
- v. **Final Report:** You must submit a final report at the end of the project by completing the Final Report Form.

If you have any further queries on these matters or require information, please do not hesitate to contact the secretariat on email: CMNHS-RCO@fnu.ac.fj or telephone: (679) 323 3403.

Yours sincerely,

Dr. Donald Wilson
Chair
College Human Health Human Research Ethics Committee (CHHREC)

Annex 6



Ola Ajayi <drajayi247@gmail.com>

Sep 10, 2020, 8:13 PM ☆ ↶ ⋮

to Masoud, Ledua, Chandalene, Vania, me ▾

Dear Marquita, **Dr** Ledua and **Dr** Masoud,

Many thanks for providing additional information required to satisfy approval considerations.

Upfront formal communication tomorrow from Health Secretariat, I am pleased to advise that Research Proposal and Ethics aspects is APPROVED.

Many thanks for supporting our Marquita in this academic endeavour.

And Marquita, wishing you the best with this academic exercise, and we pray you will excel in your studies.

Kind Regards

Ola

On Friday, September 4, 2020, Masoud Mohammadnezhad <masoud.m@fnu.ac.fj> wrote:

Thanks **Dr** Ledua and **Dr** Masoud

