

UNIVERSITY OF KWAZULU-NATAL

**RETENTION AND TURNOVER POLICIES FOR PROFESSIONAL NURSES AT
INKOSI ALBERT LUTHULI CENTRAL HOSPITAL**

**by
Thirumala Moodley
981109426**

**A dissertation submitted in partial fulfillment of the requirements for the
degree of
Master of Business Administration**

**Graduate School of Business
Faculty of Management Studies**

Supervisor: Dr M Subban

**Year of submission
2011**

DECLARATION

I Thirumala Moodley declare that:

- (i) The research reported in this dissertation, except where otherwise indicated, is my original research.
- (ii) This dissertation has not been submitted for any degree or examination at any other university.
- (iii) This dissertation does not contain other persons' data, pictures, graphs or other information, unless specifically acknowledged as being sourced from other persons.
- (iv) This dissertation does not contain other persons' writing, unless specifically acknowledged as being sourced from other researchers. Where other written sources have been quoted, then:
 - a) their words have been re-written but the general information attributed to them has been referenced:
 - b) where their exact words have been used, their writing has been placed inside quotation marks, and referenced.
- (v) This dissertation does not contain text, graphics or tables copied and pasted from the Internet, unless specifically acknowledged, and the source being detailed in the dissertation and in the Reference's section.

Signature:



21 July 2011

ACKNOWLEDGEMENTS

The completion of this research study would not have been possible without the assistance of various people. I would like to place on record my sincere gratitude to the following persons, who have contributed to the completion of the study:

- Dr Mogie Subban, my supervisor, for her continuous encouragement, academic guidance and support during the duration of my study.
- Mr Deepak Singh, for assisting with the statistical work.
- Former UDW Deans, Professor J Reddy, for introducing me to the world of research, and Dr LCD Naidoo, who suggested the broader subject matter of shortages of healthcare personnel in South Africa.
- My employer, Inkosi Albert Luthuli Central hospital, and the Provincial Government, for granting me permission to conduct this research and the use of necessary information.
- My friends and colleagues at work, for your continuous support and encouragement.
- All the participants in this research, for your time and support.
- My family, Kay, Vickasen and Prinola, for their unflagging love and support throughout my studies.

RETENTION AND TURNOVER POLICIES FOR PROFESSIONAL NURSES AT INKOSI ALBERT LUTHULI CENTRAL HOSPITAL

ABSTRACT

One of the main challenges facing public sector healthcare services in South Africa is the shortage of professional nurses, driven in part by poor salaries. Despite initiatives undertaken to improve salaries, this has not yielded the desired results. The objective of this study was thus to determine some of the reasons for this shortage, and to explore the need to develop pragmatic retention strategies and turnover policies to curb nursing shortages at Inkosi Albert Luthuli Central Hospital. A qualitative and quantitative survey of job satisfaction amongst professional nurses was conducted to identify what factors needed to be addressed to retain professional nurses at Inkosi Albert Luthuli Central Hospital. It is integral that retention programmes be aimed at job satisfaction and organisational commitment. The findings show that organisational and management commitment contributes to job satisfaction of professional nurses. Based on these findings, recommendations were compiled for the retention of professional nurses at Inkosi Albert Luthuli Central Hospital.

TABLE OF CONTENTS

DESCRIPTION	PAGE
Title Page	i
Declaration	ii
Acknowledgements	iii
Abstract	iv
Table of Contents	v
List of Figures	xii
List of Tables	xiv
List of Acronyms	xvi

CHAPTER ONE: INTRODUCTION AND OVERVIEW

1.1	Introduction	1
1.2	Background and context	2
1.3	Problem statement	4
1.3.1	Sub-problems	5
1.4	Purpose of study	5
1.5	Research objectives	5
1.6	Research design and methods	6
1.6.1	Research questions	7
1.7	Significance of the study	7
1.8	Limitations of the study	8

1.9	Structure of the study	9
1.9.1	Chapter 1: Introduction and Overview	9
1.9.2	Chapter 2: Priority of healthcare in South Africa: A Contextual Framework	9
1.9.3	Chapter 3: Nursing Retention and Turnover for professional nurses	9
1.9.4	Chapter 4: Research Methodology	10
1.9.5	Chapter 5: Presentation and Discussion of Results	10
1.9.6	Chapter 6: Conclusion, Limitation of the study and Recommendations	10
1.10	Conclusion	11
1.11	Glossary of terms	11

CHAPTER TWO: PRIORITY OF HEALTHCARE IN SOUTH AFRICA: A CONTEXTUAL FRAMEWORK

2.1	Introduction	13
2.2	The South African healthcare system	13
2.2.1	Background	13
2.3	Constitution of the Republic of South Africa, 1996	16
2.3.1	Chapter 2 of the Constitution of South Africa: Bill of Rights	16
2.4	Batho Pele – “People First”	16
2.5	The National Health Act, 2003 (61 of 2003)	17
2.6	Department of Health of South Africa (DoH)	17
2.6.1	Quality of healthcare services	19

2.6.2	National priorities	19
2.6.3	Programme 5: Tertiary and Central Hospitals: Provincial priorities	21
2.6.3.1	Provincial priorities	21
2.6.4	Public resource management	22
2.6.5	Public Private Partnership (PPP)	24
2.6.6	Human resources management	25
2.6.7	Scarce skills strategy and policy	25
2.6.8	Occupation specific remuneration and career progression dispensation (OSD)	26
2.7	Nursing retention	27
2.8	Case study: Inkosi Albert Luthuli Central Hospital (IALCH)	28
2.8.1	Background	28
2.8.2	Public Private Partnership at IALCH	28
2.9	Conclusion	30

CHAPTER THREE: NURSING RETENTION AND TURNOVER FOR PROFESSIONAL NURSES

3.1	Introduction	32
3.2	Nursing shortage	35
3.2.1	Global perspective	35
3.2.2	South African perspective	37
3.2.2.1	Nursing education system	37

3.2.2.2	Production of professional nurses	38
3.3	Factors contributing to high turnover rates	42
3.3.1	Migration of professional nurses	42
3.3.1.1	Reasons for migration	43
3.3.2	Attrition of professional nurses	44
3.4	Retention of professional nurses	44
3.4.1	Historical perspective	45
3.4.2	Employee retention and turnover	45
3.5	Retention model and theories	47
3.5.1	Maslow's Hierarchy and Needs Theory	48
3.5.2	The Regional Centre for Health Workforce Studies	49
3.5.3	Herzberg's Motivation-Hygiene Theory	49
3.5.4	KwaZulu-Natal Department of Health Retention Strategies	51
3.5.5	Transformational Leadership	52
3.6	Conclusion	53

CHAPTER FOUR: RESEARCH METHODOLOGY

4.1	Introduction	54
4.2	Aims and objectives	54
4.3	Research design and methods	55
4.3.1	Review of the literature	55
4.3.2	Data collection method – The survey	55

4.3.3	Structure of the questionnaire	56
4.3.4	Professional Nurse Population at IALCH	57
4.3.5	Population and Sample	58
4.3.6	Types of Random Sample	58
4.3.7	Types of Non-Random Sample	59
4.3.8	Sampling Technique	59
4.4	Statistical analyses	60
4.4.1	Statistical Software used	61
4.4.2	Statistics	61
4.4.2.1	Reliability	61
4.4.2.2	Factor analysis	63
4.4.2.3	Measurement	63
4.5	Presentation of the data	64
4.5.1	Figures	64
4.5.2	Cross Tabulations	65
4.5.3	Hypotheses tests: P-values and statistical significance	65
4.5.4	Chi-Square test	66
4.6	Ethical considerations	66
4.7	Conclusion	67

CHAPTER FIVE: FINDINGS, ANALYSIS AND DISCUSSION OF RESULTS

5.1	Introduction	69
5.2	Reliability	69
5.3	Descriptive statistics	70
5.3.1	Demographic characteristics of the sample	70
5.4	Sub-categories of professional nurses	79
5.5	Factor analysis	81
5.6	Communalities	84
5.7	Section analysis	86
5.7.1	Job satisfaction	86
5.7.2	Management	91
5.7.3	Creativity	93
5.7.4	People interaction	96
5.7.5	Knowledge and Skills	99
5.8	Open-ended questions	100
5.9	General statements	102
5.10	Hypothesis testing	103
5.11	Conclusion	107

CHAPTER SIX: GENERAL CONCLUSIONS AND RECOMMENDATIONS

6.1	Introduction	109
6.2	General Conclusions	110
6.3	Limitations of the study	114
6.4	Recommendations	115
6.4.1	Competitiveness of remuneration packages	116
6.4.2	Recruitment strategies of government	117
6.4.3	Strategies on organisational aspects to enhance retention of professional nurses	117
6.5	Recommendations for further research	118

BIBLIOGRAPHY

Appendix 1	Ethical clearance certificate	130
Appendix 2	Department of Health approval	131
Appendix 3	Questionnaire	132
Appendix 4 A	Sampling table	136
Appendix 4 B	Sampling table	137
Appendix 5	Editing letter	138

LIST OF FIGURES

FIGURE	DESCRIPTION	PAGE
2.1	The structure of healthcare system in South Africa	15
3.1	South African Nursing Council Growth in students/pupils	38
3.2	South African Nursing Council Growth in its registers	39
3.3	Maslow's hierarchy of Needs Theory	47
3.4	Herzberg Two Factor Model of Motivation	49
5.1	Distribution of the sample by gender	69
5.2	Distribution of the sample by race	71
5.3	Distribution of the sample by age	72
5.4	Bar graph: Percentage of professional nurses in the different categories	79
5.5	Bar graph: Job Satisfaction per statements S1, S4, S17, S19, S20, S7, S8, S13 and S14	86
5.6	Bar graph: Job Satisfaction (Response to statements S1, S4, S17, S19, S20, S7, S8, S13 and S14)	86
5.7	Bar graph: Management Issues per statements, S12, S5 and S6	90
5.8	Bar graph: Management Issues (Responses to statements S12, S5 and S6)	91

5.9	Bar graph: Creativity per statement of S12, S5 and S6	93
5.10	Bar graph: Creativity (Response to statements S2, S15 and S16)	94
5.11	Bar graph: People Interaction per statement S9, S10 and S18	96
5.12	Bar graph: People Interaction (Response to statements S9, S10 and S18)	96
5.13	Bar graph: Knowledge and Skills per statements S11 and S3	98
5.14	Bar graph: Knowledge and Skill as per level of satisfaction	99
5.15	Bar graph: Response from respondents	100

LIST OF TABLES

TABLE	DESCRIPTION	PAGE
3.1	Number of professional nurses in the public sector	33
3.2	Filled and vacant posts for professional nurses	40
4.1	Number of filled and vacant posts at IALCH	56
5.1	Reliability co-efficient of responses	68
5.2	Distribution of sample by gender	70
5.3	Distribution of the sample by race	71
5.4	Distribution of the sample by age	73
5.5	Biographical distribution for Whites	74
5.6	Biographical distribution for Black/Africans	75
5.7	Biographical distribution for Coloureds	76
5.8	Biographical distribution for Indians	77
5.9	Percentage of professional nurses in the different categories	79
5.10	Factor analyses – grouping the statements	82
5.11.	Factor analyses – communalities	84
5.12	Job satisfaction	85
5.13	Management issues	90

5.14	Creativity	93
5.15	People interaction	95
5.16	Knowledge and skills	98
5.17	Hypothesis testing	103
5.18	Chi-Squared test: Relationship between variables	104

LIST OF ACRONYMS

DENOSA	:	Democratic Nursing Organisation of South Africa
DoH	:	Department of Health
DoL	:	Department of Labour
DPSA	:	Department of Public Services and Administration
IALCH	:	Inkosi Albert Luthuli Central Hospital
ICN	:	International Council of Nurses
OSD	:	Occupational Specific Dispensation
PPP	:	Public/Private Sector Partnership
SANC	:	South African Nursing Council
WHO	:	World Health Organisation

CHAPTER ONE

INTRODUCTION AND OVERVIEW

1.1 INTRODUCTON

Nurses form an integral part of a healthcare service from the care of an individual to care of families, and ultimately care of communities and society. Worldwide there is a serious shortage of nurses (Buchan & Calman, 2004: 60). While the reasons for this shortage are numerous and varied (Wildschut and Mqolozana, 2008), the present global nursing shortage has strong links with retention of nurses, and this impacts on healthcare delivery in all parts of the world (Rosenkoetter, 2005: 306). The International Council of Nurses (ICN) has recognised the nursing shortage occurrence as a significant workplace imbalance of supply and demand. In addition, growing and ageing populations in this millennium are increasing the demand for healthcare (ICN, 2004).

A high turnover of nursing staff in healthcare organisations causes harmful consequences, such as the cost of recruiting and training new nurses, losing experienced and skilled nurses, and in general, an increase in nursing workloads, and a reduced capacity of the organisation to provide safe and effective care (Chan, McBey, Basset & Winter, 2004: 31-56). The shortage of nurses can therefore best be described as a “revolving door” concept – “as quickly as they enter, so do they leave.” This is further exacerbated by the profession attracting fewer numbers as students pursuing studies in healthcare.

Historically, nursing has been a female-dominated profession. However, hospitals everywhere are experiencing nursing shortages. This is a phenomenon that seems to be occurring not only in the Republic of South Africa (RSA), but globally as well, asserts Barney (2002: 154). Opportunities are becoming more readily available to women in all professions. Turnover rates in the nursing profession are at an all-time high, bringing down healthcare delivery into a crisis of immeasurable proportions.

As the issue of nursing shortages is a global problem, countries offering better remuneration, incentives, opportunities for growth and better working conditions will continue to recruit nurses from countries that offer fewer benefits. Statistics show that between 1998 and 2001, 5259 nurses were recruited by the United Kingdom (UK) from South Africa alone, with the number increasing every year (Lephalala, 2006 : 3). Other countries such as Australia, New Zealand, Canada and the Middle East also recruit professional nurses from South Africa. If this situation continues, South Africa's healthcare delivery system could result in a collapse. In 2008, the former Minister of Health, Dr Manto Msimang, indicated that there were 11000 vacancies for professional nurses and nursing assistants in the province of KwaZulu-Natal alone (Naidoo, 2008). There was therefore, an urgent need to develop strategies to retain professional nurses in their current posts and, more importantly, in the country (Mokoka, 2007: 2). Unless urgent strategies are developed to keep nurses in their posts, the crisis will deepen, not only in South Africa, but also in the economically weak countries (Geyer, 2001: 5).

One of the collateral benefits of private/public partnership, such as that found at the Inkosi Albert Luthuli Central Hospital (IALCH), is that the engagement of a private partner ensures a work environment is comparatively well-resourced when compared to other public hospital facilities. Yet, nursing shortages remain a challenge.

This study therefore investigated job satisfaction amongst professional nurses and based on this, explored the need to develop retention and turnover policies to curb nursing shortages at IALCH, using lessons learnt from national and global perspectives. This was an important focus and dimension of the study within IALCH.

1.2 BACKGROUND AND CONTEXT

The South African public health service represents an organisation that is currently unable to address the needs of the population it serves (Reid, 2000: 57). Inherent inefficiencies in public healthcare systems also leave this organisation inadequately poised to respond to constant changes in its operating environment.

This results in an ever increasing gap between depth and breadth of services available between the country's public and private sectors (Padarath, 2003: 56). Furthermore, South African public sector organisations have undergone a transformation shift in the post-apartheid era with the employment and recruitment of employees from diverse backgrounds. The government's efforts since 1994 in the transformation of human resource and labour legislation policies and strategies, have shifted from a process-driven public service approach to a people-centred approach (Govender, 2009: 104).

In terms of the Constitution of the Republic of South Africa, 1996, the hospital has a Constitutional mandate to provide specialised healthcare as highlighted in Section 27 of the Act. A hospital is obliged to render specialized tertiary and emergency healthcare in accordance with the Principles of Batho Pele and National Healthcare Act No. 61 of 2003.

In this regard, Inkosi Albert Luthuli Central Hospital (IALCH) is a Public/Private Sector hospital serving the people of the Province of KwaZulu-Natal and its borders. It is one of the first public/private health sector partnerships.

The intention was to separate healthcare into zones of clinical care, managed according to public health strategies, while support and logistical systems, such as procurement of medical equipment, IT, and facilities management, fall within the realm of a private partner. The mission of IALCH is to provide accessible quality patient care to the people it serves. The core values of IALCH are quality, integrity, innovation, learning and growth, achievement, partnership, equality and teamwork. The privatisation of the non-core functions was implemented in order that there would be improved clinical staff focus on the core functions such as quality patient treatment and improved service delivery. However, in spite of this model, patients experience long waiting times in critical care areas such as, operating theatres, critical care units and pharmacy.

This public hospital has 846 beds comprising of six domains, namely: Management, Medical, Surgical, Paramedical, Mother-and-Child, and Peri-operative Care. IALCH currently employs 1760 nurses of all categories, of which 590 were professional nurses (Department of Health (DoH), IALCH Speedminer, Management/Human resources, 2010). The principal aim of this research was to examine reasons for the nursing shortage, and to develop appropriate retention and turnover guidelines to improve service delivery.

1.3 PROBLEM STATEMENT

Presently, the South African nursing profession has been experiencing a loss of experienced and skilled nurses. Inadequate professional nurse staffing adds to the possibility of errors in patient care and miscommunications between staff (Cho, 2001: 78-85). When wards were understaffed, nurses were required to prioritise their patient care duties, which may have led to less frequent monitoring of patients and ultimately adding to the potential for undesirable outcomes (Aiken *et al.*, 2003). A variety of solutions have been proposed and some have worked and others not.

Studies using the survey satisfaction questionnaires have looked at job satisfaction and other factors for the shortage of nurses in public hospitals (Zweni, 2005; Selebi, 2006) and in private settings (Lephalala, 2006, Greyling & Stanz, 2010). As IALCH is the first of a private public/private partnership in South Africa, it presents different challenges to nurses and staff in this unique environment. Despite IALCH being a modern facility as a high technologically resourced hospital, there still remain serious nursing and other staff shortages that result in unacceptably long patient waiting lists in the operating theatres, under use of its critical care units, low bed occupancy rates, and long patient queues in the pharmacy. These factors adversely impact on service delivery.

In view of the above, this study sets out to investigate the reasons and responses for the shortage of professional nurses.

1.3.1 Sub-problems

The sub-problems identified were as follows:

- The need to identify factors contributing to the attrition of nurses from the public health sector;
- The need to determine what intrinsic (personal) factors needed to be addressed in order for the nursing workforce to be retained, and
- The need for institutional retention strategies which could be put into place to address the loss of nurses.

1.4 PURPOSE OF THE STUDY

The purpose of this study was to identify factors leading to attrition of nurses at IALCH, and to propose guidelines for nurse retention and turnover. The hypothesis is that there is currently a chronic shortage of nursing staff.

1.5 RESEARCH OBJECTIVES

The key objectives were to:

- Explore the factors that influenced attrition of nurses at IALCH;
- Determine individual nursing needs that would enhance the retention of the nursing workforce;
- Examine guidelines for enhancing and sustaining nursing retention at IALCH, and
- Make recommendations to reduce nursing turnover.

1.6 RESEARCH DESIGN AND METHODS

The purpose of this study was to identify factors leading to attrition of nurses at IALCH, and to propose guidelines for nurse retention and turnover. The hypothesis is that there is currently a chronic shortage of nursing staff in the critical areas of the hospital. Evidence documenting shortage of nursing staff was presented with a particular focus on registered professional nurses. To this effect, a comprehensive, in-depth review of literature was undertaken to determine the factors contributing to the attrition of nursing staff. This included accessing and reviewing scientific journals, books, newspaper articles, government gazettes and policies, research documents and dissertations.

Various methods including access to electronic scientific articles such as Google's scholar search facilities, electronic database records, electronic journals and books, as well as hard copies or reports and other studies, where available, from the hospital libraries were used. Both quantitative and qualitative approaches were used to identify, describe and explore factors that influenced professional nurse retention and turnover using the survey method. A structured research questionnaire as the relevant survey instrument was used. The structured questionnaire is an effective option which is perceived as anonymous, and allows respondents time to reflect on the questions.

The study was confined to the public sector professional nurses working at IALCH, a public/private partnership. The rationale for choosing these categories is deemed critical as this is where the highest turnover exists. A population size of 290 professional nurses was randomly targeted. The different categories of professional nurses also informed this research study.

The PASW Statistics 18.0 Statistical Package for the Social Sciences (SPSS) was used to enter, analyse and represent data by means of graphs and charts and other descriptive statistics.

Ethical clearance permission was obtained by both the Institution via the Provincial Department of Health (DoH) and the University of KwaZulu-Natal prior to the study being undertaken (see Appendices 1 and 2).

1.6.1 Research Questions

Based on the Problem Statement, the following research questions were considered significant for this study:

- Is there job satisfaction amongst nurses?
- What actions can IALCH take to create an enabling work environment that will enhance the retention of nurses?
- What are the reasons for high turnover amongst nurses?
- How can IALCH reduce employee turnover?

1.7 SIGNIFICANCE OF THE STUDY

Retention and turnover is a frequent concern for nurses across continents. The shifting pattern of healthcare and increasing service expectation is escalating the need for health professionals. At the same time, increased and a wider choice of career opportunities for women, changing patterns of career choice amongst young people, global migration and difficulties retaining student and qualified practitioners are reducing supply. Amidst extensive concern about health staffing shortages in general, nursing is portrayed as facing particular challenges (Buchan & May 1999: 199-209). In order to retain nurses in the public sector, vigorous recruitment and retention strategy has to be implemented at institutional and national level in South Africa and worldwide.

It is therefore hoped that the recommendations of this study will address the gap in nursing retention strategies and on human resource planning overall. The intention is also that further research is encouraged in this significant area of human resource management and development within the nursing profession. This in turn would:

- Improve the quality of patient care and service delivery;

- Improve the morale of nurses remaining in the service and encourage them to stay, and
- Contribute towards attracting a younger generation of nurses.

1.8 LIMITATIONS OF THE STUDY

There were limitations in this study that were noted.

An enabling work environment is known to directly affect intrinsic (personal) values. This study took place in a new hospital, the Inkosi Albert Luthuli Central Hospital, which as noted, is a unique public/private partnership hospital. This is on the one hand, a well-resourced facility with new equipment and is meant to be comparable with most modern hospitals worldwide. Private hospitals generally are well-resourced, with all modern facilities and state-of-the-art facilities, which play a significant role in motivating staff. On the other hand, public hospitals are generally poorly-resourced and the work environment does not appear to be conducive to motivating and retaining staff. As IALCH embodies both a private partnership but serves the public, the findings of this study cannot be directly extrapolated either to the public sector hospitals or to the private sector.

The sample consisted of current employees, namely professional nurses. This has an element of bias in that the study could be expanded to obtain responses from those that had resigned.

The data collection occurred during the height of the mid-year 2010 public service strike that included nurses. This posed certain difficulties with regard to collection of completed forms (questionnaires). In general, during strikes there is a high degree of suspicion. It is quite probable that nurses might have been [more] suspicious of completing forms which they believed might in some way incriminate them or impact on their job security.

Ideally, it would have been beneficial to have separated the data into categories of those performing duties in critical care, those in surgical wards and those in medical wards. However, to have done so would have rendered the data too small for meaningful comparisons.

1.9 STRUCTURE OF THE STUDY

The study has been structured as follows:

1.9.1 Chapter 1: Introduction and Overview

This chapter essentially defines the problem statement, explains the purpose of study, considers the research objectives, and provides an overview of the research methodology and limitations of the study. It was intended to address the problems of retention of professional nurses in the public sector, and provides recommendations and guidelines for due consideration.

1.9.2 Chapter 2: Priority of healthcare in South Africa - A Contextual Framework

Chapter Two discusses the contextual framework of nursing retention and turnover both globally and in the South African context. The South African healthcare system is analysed. The Department of Health (DoH) is a fundamental government institution that regulates Healthcare in South Africa. A number of initiatives that were put into place by the DoH to aid the retention of nurses within the healthcare system are evaluated in this chapter to answer the question of whether these initiatives were meeting its intended objectives.

1.9.3 Chapter 3: Nursing Retention and Turnover for Professional Nurses

In Chapter Three, an in-depth review of the literature is undertaken and the framework of the study presented. This was primarily managed by accessing electronic journals, books and relevant internet articles, supported by information accessed via the medical libraries. The literature review is based on research questions on the retention of professional nurses. The DoH is responsible for the

delivery of healthcare to all citizens in the country; therefore the retention of health professionals, more especially nurses, remains a significant challenge in the profession at large.

1.9.4 Chapter 4: Research Methodology

This chapter addresses the research methodology of this study. The aim and objectives of the study are stated and the research design and methods described. Both qualitative and quantitative approaches are used in this study. The survey method, being the most appropriate for this type of research, was chosen. The Provincial DoH gave its approval to conduct the study at IALCH and ethical clearance to engage human participants was obtained from the University of KwaZulu-Natal.

1.9.5 Chapter 5: Presentation and Discussion of Results

This chapter primarily focuses on the key areas examined for the retention of nurses within the unique public/private partnership situation that exists at the IALCH. The presentation of data is categorized into themes and sub-themes that emerged from the analyses of data. Key areas examined are job satisfaction, management issues, creativity, people interaction and application of knowledge and skills. Responses obtained by means of a questionnaire are analysed by a qualified statistician, and the results are presented using mainly descriptive statistics and where necessary, inferential statistics.

1.9.6 Chapter 6: Conclusion and Recommendations

The conclusion from the results obtained from this study are presented in this chapter.

Work satisfaction of nurses is significant, as there is adequate empirical proof to show that it tends to affect individual, organisation and greater health and social outcomes (Pillay, 2009: 1). Studies have shown a steady emigration of nurses to other more developed countries. Many factors can contribute to the retention and turnover of nurses. These include remuneration packages, nurses' rewards, organisational aspects, workplace environment and the working conditions of nurses.

The findings in this study show that 9% of respondents indicated that they would not be working in this hospital in the next 12 months (intention to leave), which indicates the determination of the professional nurses to look for work outside IALCH. Further, 34% were uncertain about their future at this institution. In a public hospital that experiences a chronic shortage of nurses, such a finding is disconcerting. Based on this, recommendations have been made to provide guidelines for retention and turnover policies for professional nurses. This is reflected in Fig 5.15 in Chapter Five.

1.10 CONCLUSION

This chapter provided an introduction to the study. The background and context, problem statement, research design, questions, objectives, research methodology, purpose of the study and significance of the study were discussed. The chapter also included the outline of the organisation of the various chapters.

In Chapter Two, a contextual framework of healthcare in South Africa is discussed.

1.11 GLOSSARY OF TERMS

- **Healthcare Service**

A facility or institution that offers healthcare service to patients, be it a clinic or hospital. Healthcare varies from the most basic primary healthcare, offered free by the state, to highly specialised hi-tech health services available in the private sector for those who can afford it (SA Community-South African Info). <http://www.safrika.info/about/health/health.htm#ixzz1c6RP3qcH>.

In this study, the two concepts are used interchangeably with “hospital” and “organisation” where professional nurses are employed.

- **Nursing**

According to Virginia Henderson, nursing is a unique function which entails assisting the individual, whether ill or not, in performing activities that will add to health, recovery or undisturbed death. The individual would have performed this care unaided if he or she had the necessary power will or knowledge to do so (Swansburg & Swansburg, 2002: 82)

- **Nursing shortage**

A deficiency or lack in the numbers of nurses to fill existing posts in the healthcare service. The nursing profession in South Africa today is in need of care. Thousand of nurses have left the country, either temporarily or permanently, to seek better conditions abroad (Breir *et al*, 2009: 1)

- **Professional Nurses**

Personnel with a nursing qualification who are entrusted with the healthcare of patients are known as professional nurses. Such a qualification must be registered with the South African Nursing Council (SANC). A professional nurse completes a four-year programme that includes training in community nursing, midwifery and psychiatric nursing, as well as general nursing (Breir *et al*, 2009: 13)

- **Retention**

Staff retention is about finding the best employee for the job and finding ways of retaining those employees within the Department. This involves a range of ideas, strategies and human resource practices that should be interlinked (DoH. Guide to the retention of employees, Human Resources Circular No. 160:2009: 3)

- **Turnover**

Turnover refers to the voluntary separation from an organisation by an individual who receives compensation from that particular organisation. If an employee leaves it is called “turnover” and if the employee stays it call “retention” (Gurney, 1990: 12).

CHAPTER TWO

PRIORITY OF HEALTHCARE IN SOUTH AFRICA:

A CONTEXTUAL FRAMEWORK

2.1 INTRODUCTION

This chapter focuses on the contextual framework of the study in which a unique Public Private Partnership, Inkosi Albert Luthuli Central Hospital (IALCH), that is managed both by the Provincial Department of Health and a private partner, is managed as an entity in order to provide a centre of excellence for specialised health services in KwaZulu-Natal.

In order to ensure an understanding of the healthcare system in South Africa, it is necessary to locate health services within a constitutional imperative, national government policy to meet these constitutional needs, and how provinces and local governments execute these policies.

As an emerging developing country, South Africa is seen to possess a well-defined healthcare system. Yet many challenges regarding human resource management and development and service delivery are clearly evident today. The subsequent discussion focuses on the healthcare system within the South African context.

2.2 THE SOUTH AFRICAN HEALTHCARE SYSTEM

A discussion of the South African healthcare system follows.

2.2.1 Background

One of the highest policy imperatives of the South African Government was delivery of public services to its population. To meet this obligation, however,

required an adequately, and appropriately staffed competent Public Service. Despite the high unemployment rate in South Africa, there remained shortages of appropriately skilled staff in several regions and professions within the Public Service. Thus the retention of staff was a major challenge that employers faced (DPSA, 2006: 2).

According to the DoH (2006), one of the most important challenges facing the South African health system was the international migration of healthcare professionals, including professional nurses. This situation was exacerbated by the migration of nurses from rural to urban areas and also the gravitation from the public sector to the private sector. The South African public health service was unable to address the needs of the population it serves (Reid, 2000: 57). In-built inefficiencies in public healthcare systems also left public health organisations inadequately positioned to respond to unavoidable changes in their operating environment. This resulted in the further widening of the gap between quality and access to health services available between the country's public and private sectors (Padarath *et al*, 2003: 56). Furthermore, it is a Constitutional right of citizens in South Africa to access quality health services and in turn, it is the responsibility of hospitals and healthcare facilities to ensure that there is access to quality patient care delivery.

The next section of the chapter examines the structure of the healthcare delivery system of South Africa, and highlights the key drivers that determine the effectiveness of this system to date. Figure 2.1 that follows broadly explains the healthcare delivery system in the South African context, and locates the IALCH within this ambit.

Structure of healthcare system in South Africa

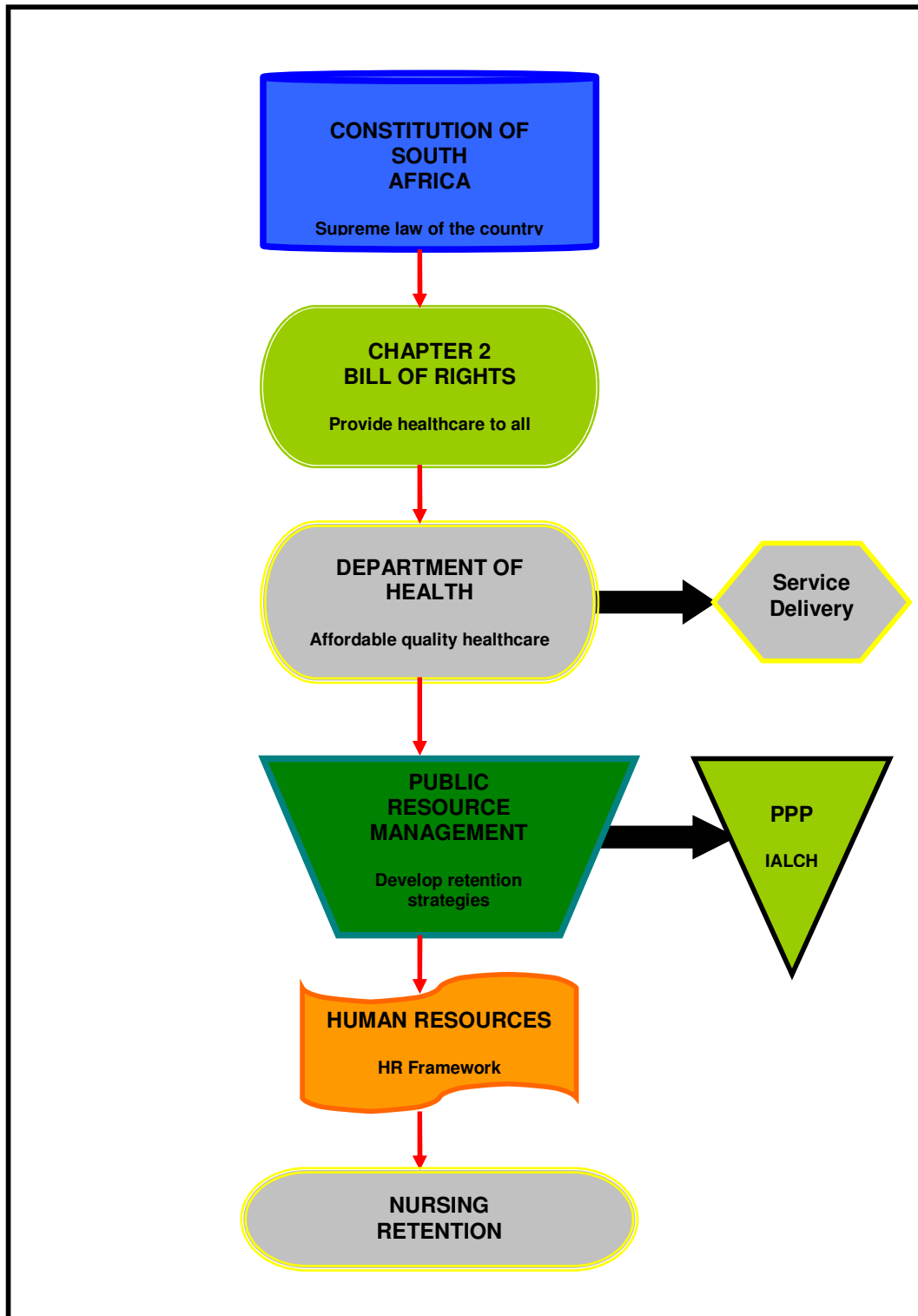


Figure 2.1: The structure of healthcare system in South Africa (Author's Perspective)

2.3 CONSTITUTION OF THE REPUBLIC OF SOUTH AFRICA, 1996

The Constitution of South Africa is the supreme law of the country of South Africa. It provides the legal foundation for the existence of the Republic of South Africa, sets out the rights and duties of the citizens of South Africa, as well as defines the structure of the Government of South Africa (Constitution of the Republic of South Africa, 1996).

2.3.1 Chapter 2 of the Constitution of South Africa: Bill of Rights

In terms of the Constitution of the Republic of South Africa, 1996, all citizens are equally entitled to the rights, privileges and benefits of citizenship. In terms of the Constitution of the Republic of South Africa, 1996, and Section 27 of the Bill of Rights Act, a hospital has the Constitutional mandate to provide specialised healthcare to all South African citizens. Section 27 of the Constitution of the Republic of South Africa indicates that a hospital is obliged to render specialised tertiary and emergency healthcare in accordance with the Principles of *Batho Pele* and the National Healthcare Act (Constitution of the Republic of South Africa).

A discussion of Batho Pele follows to locate the discussion within the context of the healthcare system in South Africa.

2.4 BATHO PELE - 'PEOPLE FIRST'

Batho Pele has its origins in a series of policies and legislative frameworks that have been categorised into three central themes. These were those that were overarching or transversal, those that dealt with access to information, and those that dealt with the transformation of service delivery. One of the main principles underpinning Batho Pele examines the setting of service standards (DPSA, 2006: 1). The Batho Pele principle underpins the need for benchmarks to regularly monitor and evaluate the extent to which citizens were satisfied with the service or products they received from government departments. It also plays a critical role in the development of service delivery improvement plans to ensure a better life for

all South Africans (DPSA, 2006:1). While all three themes have a bearing on job satisfaction, crucial to the central thesis of this research is the last theme of service delivery which will be expanded in later chapters.

2.5 THE NATIONAL HEALTH ACT, 2003

The South African Health Act (61 of 2003) aims at providing a framework for a controlled uniform health system within the Republic of South Africa. It takes into account the obligations imposed by the Constitution and other laws on the national, provincial and local governments with regard to health services and provides for matters related to healthcare concerns (Republic of South Africa, National Health Act No. 61, 2003: 2).

2.6 DEPARTMENT OF HEALTH OF SOUTH AFRICA (DoH)

The National Department of Health (DoH) of South Africa is a government-owned institution whose functions relate to healthcare service delivery in South Africa.

The vision of the National DoH is a considerate and humane society in which all South Africans have the right to affordable, good quality healthcare. The task of DoH is to consolidate and build on past achievements to improve access to healthcare for all, decrease inequity, and to focus on working in partnership with other stakeholders to improve the quality of care of all levels of the health system. Two of the goals of the DoH are to focus on preventive and promotive health, and to improve the overall efficiency of the healthcare delivery system (DoH, 2006: 5).

The provision of healthcare service delivery is a provincial competence. The Department of Health (DoH), KwaZulu-Natal (KZN) as a government department is required to perform according to the mandate of Government, guided by the Constitution of 1996, National and Provincial Acts, policies and other legislative framework. (DoH. Guide to the retention of employees, Human Resources Circular No. 160: 2009: 3).

These imperatives are guided by the coming together of adequate and appropriate human resources, available facilities in defined health districts, and above all, appropriate technological resourcing of these facilities. This is much like a tripod, where if one leg is defective, maintaining balance is a challenge.

Globalisation and the liberalisation of trade in services, coupled with the growth of the knowledge and service based economy, have resulted in a growing demand for skilled personnel. As our societies become more interdependent and interconnected, the mobility of skilled personnel is increasing. The health labour market is no different, and the movement of health professionals is high, with adverse consequences for countries, and indeed areas within countries, faced with a net outflow of health professionals (DoH, 2006).

The existence of the international professional labour market is one of the many double-edged features of globalisation. On the one hand, it offers opportunities for individual travel and professional advancement, for example by the acquisition and exchange of new knowledge programmes, academic exchanges and conferences. In some cases, especially for some developing countries that export professionals as a source of national income, working in developed countries also forms part of valued remittances back to the home countries. On the other hand, the global professional market also presents severe threats for many developing countries that are losing the professionals they educate to countries that can pay them more and offer better working and living conditions. The existence of shortages at both ends of the development spectrum contributes to the international pull- and push-factors (Breier, Wildschut and Mqolozana, 2009: 5).

The shortage of healthcare professionals, including nurses, has a strong correlation with the retention of healthcare professionals that impacts on healthcare delivery globally, as well as in developing countries such as South Africa. It is significant to note that international recruitment alleviates shortages (from the perspective of the recipient country), but exacerbates shortages in donor countries, often leading to further disaffection and emigration. This is the plight of many poor African countries (Breier *et al*, 2009: 6) and has severely compromised an already over-burdened continent.

In South Africa, these human resource challenges have forced the government to come up with creative strategies to address not only the inequities of the past, but also to ensure an acceptable standard in the quality of healthcare services. It has thus prioritised the more serious challenges that adversely affect the outcomes of healthcare, which are discussed below.

2.6.1 Quality of Healthcare Services

In 2009/10, the DoH highlighted the following sub-programmes:

- *Hospital Services.* This sub-programme looks at policy on the provision and management of hospital services and emergency medical services. It is also responsible for the large conditional grants for the revitalization of hospitals.
- *Primary Healthcare, District Health and Development.* This sub-programme promotes and co-ordinates the development of the district health system, and monitors the implementation of primary healthcare and activities related to the integrated sustainable rural development programme and the urban renewal programme. It also looks at policy-making and monitoring of health promotion and environmental health (PDoH, 2009/2010, Part A: Strategic Overview. Annual Performance Plan).

2.6.2 National Priorities

The DoH (2009) priorities in the 10-Point Plan for Health Sector Reform include the following:

- Provide strategic leadership and creation of social compact for better health outcomes;
- Implementation of a National Health Insurance Plan;
- Improve the quality of health services;
- Overhaul the healthcare system and improve its management;

- Revitalization of physical infrastructure;
- Accelerated implementation of the HIV and AIDS Plan and reduction of mortality due to TB and associated diseases;
- Mass mobilization for better health for the population;
- Review drug policy;
- Research and development, and
- Improvement of Human Resources.

The development of the Human Resources for Health (HRH) Plan for the health sector was considered to be a matter of urgency. It alluded to shortages in the South African health sector and identified the gaps in the levels of human resources. The Health Sector Strategic Framework identified the improvement of human resource development and management as one of the main strategic health priorities that would promote the improvement of human resources in health.

According to the HRH Plan, the improvement of human resources would include the following:

- Refinement of the Human Resources Plan for Health

Human resource planning is crucial for any organisation to ensure that its human resources are capable of meeting its operational objectives. Such planning ensures that an organisation obtains the (right) quality and (adequate) quantity of the staff it requires; makes the best possible use of its human resources; is able to anticipate and manage surpluses and shortages of staff, and develops a multi-skilled, representative and flexible workforce, which enables the organisation to adapt rapidly to a changing operational environment. The purpose of this National HRH plan was to put in place a national guideline for human resource policy and planning which spans the entire health system.

One of the approaches of the HRP was that health professionals were correctly remunerated to benefit the nature of the sector and therefore

improve attractiveness to careers and retention (DoH, 2006: 2-3). Other strategies and recommendations posited include the following:

- Re-opening of nursing schools and colleges;
- Recruitment and retention of professionals, including urgent cooperation with countries that have excess of these professionals;
- Identify staff shortages and training targets for the next 5 years;
- Make an assessment of and also review the role of the Health Professional Training and Development Grant and the National Tertiary Services Grant;
- Manage the consistent integration and standardisation of all categories of Community Health Workers;
- Finalise policy, plans and budget for task shifting, including proposals of 'career-paths', for all Auxiliary Health Workers and list proposed new health cadres, and
- Standardise the community Development Workers' Programme (Part A, Strategic Overview: Annual Performance Plan 2009/2010).

2.6.3 Programme 5: Tertiary and Central Hospitals: Provincial Priorities

The main purpose of Programme 5 was to provide Tertiary and Central Hospital services, and to create a platform for the training of health workers. IALCH provides 100% Tertiary package of services (DoH Strategic Plan 2010-2014: 108-110).

2.6.3.1 Provincial Priorities

The following priorities are noted:

- **Priority 1: Rationalisation of hospital services**
 - Review delegations to ensure more effective decentralised operational management, accountability and control.

- Improve community participation through the establishment of Hospital Boards.
 - Review service delivery platform including hospital structures and post establishments to ensure adequate allocation of financial and human resources and infrastructure to deliver package of services.
 - Alignment of STP, HRP (Provincial and District) and Infrastructure Plan to inform long-term planning.
 - Review and establish effective referral systems in collaboration with EMRS and aligned with STP imperatives.
- **Priority 2: Improve quality of care through improved clinical governance, accountability and oversight**
 - Monitoring of the Conditional Grant Business Plan.
 - Implementation of the National Core Standards towards national accreditation (DoH Strategic Plan 2010-2014: 108-110)

Due to financial constraints, however, the filling of vacant posts had been delayed. High vacancy rates resulting from cost cutting measures and the concomitant skills gaps severely affected services delivery. Expansion of services, as necessitated by the increased burden of disease, was not possible due to inadequate financial and human resources. Failure to develop adequate services had an impact on eventual long-term costs as well as the Province's ability to respond aptly to the health needs and requirements of its beneficiaries.

The subsequent discussion focuses on public resource management to address the framework structure within the public service.

2.6.4 Public Resource Management

In March 2006, the DPSA circulated an Information Guide to all government departments aimed at the retention of staff within the Public Service. This Guide

was specifically developed for human resource practitioners and departmental line-managers to make them aware of, and to inform them about the need to retain skilled staff. It was also used to as a platform for governments and line managers to use to formulate their own retention strategies taking into account their own circumstances and needs. The rationale of the Information Guide was also to draw attention to critical aspects of human resource management and development. These included the following:

- The importance of retaining appropriately trained staff within the Public Service;
- To ensure that people in supervisory capacity understand the concepts of staff retention and that with this base line knowledge, develop appropriate strategies to retain staff, and
- Develop strategic retention mechanisms that would enable them to understand the trends in the labour market.

Developing retention intervention strategies requires constant monitoring of factors that influence the retention of staff, particularly where there are chronic shortages as in the case of nurses. The national target for clinical workload for nurses, on average, is 1:40 patients per nurse per day and 1:30 patients per doctor per day. However, this is a broad definition that should be broken down into the various categories to accommodate the various factors that affect this indicator. For example, such a ratio would not apply to an ICU nurse, and a community educational officer will probably see in excess of this number at mass information campaigns. The two most significant factors would be the rapidly changing disease profile, the quadruple burden of disease, and the changing scope of practice especially related to nurses.

Given the immense challenges that government faced in the delivery of healthcare, it is understandable that other models of healthcare delivery would be considered. One such model that has proved to be successful in other countries has been the Public Private Partnerships (PPPs).

2.6.5 Public Private Partnership (PPP)

According to Lund (2004: 70-71), a PPP is a contract between a public institution and a private company in which the private company takes on vital financial, technical and operating risk to design, finance, builds and operates a project. This model has become a favourite choice for supporting public services in both developed and developing countries. At the most standard levels, PPPs are generally recognised as long-term co-operative institutional arrangements between public and private institutions to achieve various objectives.

Lund (2004: 70-71) distinguishes between the two types of PPPs. In one the private party performs a public function, and in the other, the private party is granted the use of state property for its commercial purposes. Sometimes these two types are combined in one project. The private company in a PPP is a consortium of companies formed into a special purpose vehicle company for the sole purpose of entering into the PPP agreement. The private company then enters into subcontracts, typically with construction and operating companies, to effect delivery. In a PPP, the private party takes major risk for up-front financing and delivery. Given that a substantial financial risk has been taken, the private party is incentivised to manage these risks optimally by the judicious use of its resources to deliver these services timeously and within budget. In return, the private party as a profit-making business makes a reasonable return on its investment (Lund, 2004: 70-71).

According to Van Zyl (2004: 67), departments and provincial administrations have a history of often neglecting to link their functions and services to their department's mandates, vision and mission. They also fail to adapt to the changing needs of their customers. This leads to wastage of time and resources on non-core functions. To counter this wastage, the public/private models are pursued in the hope of improving efficiency, by allowing departments to concentrate on core-functions while non-core activities at the business end are managed by the private partner.

2.6.6 Human Resources Management

On 1st July 1999, the DPSA introduced a then new human resource management framework for the Public Service (DPSA, March 2006: 4). The salient issues highlighted included the following:

- The DPSA decentralised control by giving government departments wide powers to develop and implement their own human resources management policies, practices and processes.
- The newly introduced HR management framework also introduced an open employment system. This meant that all vacancies in the Public Service had to be advertised prior to their filling. Concurrent with these new powers was the need for government departments to manage their recruitment, selection and retention of staff in an efficient and fair manner.

According to the DPSA (DPSA, March 2006: 4), studies have shown that employment practices at government institutions were flawed in the manner in which they recruited and retained staff. Of particular note was the appointment of staff that was not commensurate with the organisational, service delivery, equity and strategic priorities of the departments (DPSA, March 2006: 4).

To develop a strategic for the recruitment and retention of staff in the public service, shortcomings in the areas of recruitment and retention of staff had to be taken into account. To this end, one of the strategies adopted was the recognition of scarce skills in certain categories of healthcare professionals.

2.6.7 Scarce Skills Strategy and Policy

With the democratisation of the country and the inclusion of previously excluded [parts of its population, the Public Service began to experience a serious skills shortage, that were most noticeable in the service delivery departments. This had formed the impetus for further strategies to be adopted to retain the skills and experience while ensuring that the Public Service became more representative of

the population at large. The adoption of a “Scarce Skills Development Strategy for the Public Service” in 2002 called for a renewed focus on staff retention (DPSA, March 2006: 5).

The World Health Organisation Report of 2006 estimated a shortage of more than 4 million doctors, nurses, midwives and others (WHO Report, 2006: 12). In its assessment of the global shortfall of healthcare professionals, the Joint Learning Initiative of the WHO stated that at least 2,5 doctors, nurses and midwives per 1000 population were required to reach the minimum desired level of 80% healthcare services coverage rate. Fifty-seven countries that fell below this threshold were defined as having a critical shortage of these healthcare professionals. Of the 57 countries identified above, 36 were in sub-Saharan Africa (WHO Report, 2006: 12).

To identify and quantify the skills shortage, the South African Department of Labour (DoL) created a database (National Scarce Skills List) of occupations and skills referred to as being scarce, to meet the needs of its population. Amongst the identified occupations were nurses. According to the DoL, there was a shortage of 10250 Registered Nurses and 4120 Primary healthcare nurses, thus indicating a total need of 14370 nurses (Wildschut and Mqolozana, 2008: 9).

The recognition of scarce skills as one of the retentive instruments is an important consideration for the nursing profession in this study and within a national perspective which underpins the basis for the current investigation – i.e., to explore the need to develop retention and turnover policies, formulate strategies and to curb nursing shortages at IALCH.

2.6.8 Occupation Specific Remuneration and Career Progression Dispensation (OSD)

The OSD framework adopted in 2007 aimed to introduce an integrated career framework encompassing several aspects including remuneration, career progression models, career paths and performance management for its professional workforce. This approach was meant to put into place new

mechanisms for recruitment of professionals into the public health sector and to retain them for as long as possible (DoH, 2010). The fact that the nursing profession was the first to benefit from this new dispensation is testimony to the recognition of the critical challenges facing the nursing profession. Once the OSD framework was implemented for nurses, medical doctors, dentists and other professions then followed.

From the foregoing discussion, a need for a policy document that unequivocally clarifies the model of staff retention was acknowledged. A focus on nursing retention therefore follows.

2.7 NURSING RETENTION

Retention and turnover for nurses is a serious concern across continents. The changing pattern of healthcare and rising service expectation is increasingly showing the need for health professionals. At the same time, more career opportunities for women, changing patterns of career choices amongst young people and difficulties in retaining qualified practitioners are reducing supply. Amidst widespread concern about staffing shortages, nursing is portrayed as facing particular challenges.

In order to retain nurses in the public sector, vigorous recruitment and retention strategies have to be implemented at institutional and national levels in South Africa and worldwide. It is therefore essential for public sector managers to understand and recognise the factors that impact on the retention of employees in organisations. Employee retention is influenced by a number of factors. If it is managed effectively, it is more likely that employees will remain in the organisation (Govender, 2009: 110).

The next section of the chapter will introduce and focus on the case study used in the research at Inkosi Albert Luthuli Central Hospital (IALCH), which is located in Durban, South Africa.

2.8 CASE STUDY: INKOSI ALBERT LUTHULI CENTRAL HOSPITAL (IALCH)

To attain a new level of excellence of service, the National DoH in conjunction with the KZN DoH, specified a single source management solution for the newly-constructed 850-bed Inkosi Albert Luthuli Central Hospital, awarding the first Private Public Partnership (PPP) contract in the African health sector.

2.8.1 Background

IALCH is a public/private sector hospital serving the people of the Province of KwaZulu-Natal and its borders in its quest to render quality service delivery. It is the first public/private sector partnership. This model separates healthcare into zones of clinical care, managed according to public health strategies, while support and logistical systems, such as procurement of medical equipment, IT, facilities management, fall within the realm of the private partner.

The privatisation of the non-core functions was implemented in order that there would be improved clinical staff focus on the core functions such as quality patient treatment and improved service delivery. However, in spite of this model, patients are experiencing long waiting times in critical care areas such as operating theatres, critical care units and pharmacy.

The mission of IALCH is to provide accessible quality patient care to the people it serves. The core values of IALCH are quality, integrity, innovation, learning and growth, achievement, partnership, equality and teamwork. IALCH is an 846 bedded hospital comprising six domains: Management, Medical, Surgical, Paramedical, Mother and Child and Peri-operative Care.

2.8.2 Public Private Partnership at IALCH

Assisted by the National Treasury PPP Unit and their Transaction Advisory (EC Harris, PriceWaterhouseCoopers, Hiltron and Gobodo and White and Case), the DoH evaluated highly competitive bids from four short-listed consortia. These were Hospitalia Consortium, Impilo Consortium, Kobimed Consortium and Mkhumbani

Consortium. A Request for Proposals (RFP) was issued to these short-listed bidders on 15 January 2001 (PPP Quarterly, Public Private Partnerships, 2001: 1).

On 1 December 2001, Impilo Consortium was awarded a 15-year contract by the KwaZulu-Natal Department of Health. This contract was to provide equipment, information management and technology, facilities management and their associated services at IALCH (IALCH Annual Report, 2003: 5).

The Public Private Partnership (PPP) route was decided upon after careful consideration by the provincial authority: this would allow the department to concentrate on their core business (clinical services) and allow the experts from Impilo to concentrate on the non-core functions of the hospital. (IALCH Annual Report, 2003: 5). To contextualise the above, a brief discussion of Impilo Consortium follows.

Impilo Consortium has five shareholder groupings:

- Vulindlela Holdings, through joint ventures with Siemens and AME to form Siemed and AME Africa;
- Siemens, through Siemed: medical equipment;
- AME International, via AME Africa: Information Management & Technology equipment; Total Hospital Information Systems to integrate with medical equipment, and
- Drake & Scull: non-medical equipment and facilities management services.
- Umongi, via shareholders Drake & Scull, Omame and Mbekani Health & Well-being: certain hospital facilities services, building maintenance, specialist engineering, procurement, central and satellite stores management, a 24-hour central help desk, all soft facilities management services including security, management of CSSD and TSSU services, catering, cleaning, patient portering, landscaping, parking, waste management, residential village, retail units and crèche (IALCH Annual Report, 2003: 5).

Impilo Consortium is BEE compliant and employs over 800 staff. It is responsible for monitoring its own performance in accordance with the project agreement (IALCH Annual Report, 2003: 5), and for training all staff on the new systems. Part of the agreement states that no clinical staff is allowed to operate any piece of equipment or system until they have been fully trained and certified. This condition has its challenges as many clinical staff had to adapt to completely new technology. Training of staff, however, is an ongoing function. With more than 1 500 personal computers, IALCH was the first paperless and film-less hospital in the southern hemisphere (IALCH Annual Report, 2003: 5).

2.9 CONCLUSION

In order to understand the dictates of the health service provision in South Africa, this chapter focused on contextualising healthcare services within the ambit of the constitution, the mandate of national government (policy) and the execution by provincial and local authorities (service delivery). Located within this context were some of the challenges plaguing the effective and efficient delivery of health services, including that of the ongoing challenges of appropriately trained personnel to staff these institutions.

There are a number of key drivers or role players within the healthcare System in South Africa, each playing a significant role in facilitating the role-out of processes within healthcare in South Africa. The DoH, which regulates healthcare in South Africa, has a number of initiatives that aid in the retention of nurses within the healthcare system.

As an alternative model to either the state-only or private-only facilities of the past, a unique Public Private Partnership in South Africa, in the form of IALCH, was introduced as an innovative concept in the South African setting as one of the models that was successful in other countries. The overall outcome of this partnership was to relieve the health department of support and logistical functions, and for it to concentrate on its core business of healthcare delivery.

Despite these initiatives, however, there remains a shortage of nurses, and in particular, professional nurses. As this aspect severely compromises service delivery, a .critical evaluation of these initiatives in necessary. The question of whether these initiatives are helping the problem or indeed “masking” it, also needs to be answered.

CHAPTER THREE

NURSING RETENTION AND TURNOVER FOR PROFESSIONAL NURSES

3.1 INTRODUCTION

Nursing remains the heart and backbone of a health service. Without nurses, the health services would collapse as was evident in the 2010 public service strikes that involved the nursing profession at state hospitals. Nursing is a very challenging profession that demands long working hours, night-shifts, and caring for patients with a wide range of illnesses. These patients include those requiring intensive or critical medical care, those terminally ill who are resident in hospice, and those whose ages range from premature infants to the aged. It therefore comes as no surprise that this profession suffers burnout, job dissatisfaction, and change of careers, and places a huge strain on the physical abilities of employees.

To address the challenges facing the nursing profession with the aim of retaining them in the profession, some countries have tried to introduce minimum standards and nursing patient ratios. For example, the State of California, USA, has introduced patient-nursing legislation (Aiken, *et al.*, 2010). Depending on the unit involved, the nurse-patient ratio varied from 1:1 in the operating room, to 1:2 in intensive care, to 1:5 in general medical wards. Yet, other hospitals have adopted a different model. For example, the Victoria State Hospital in Australia has adopted a tailored approach to its staffing to ensure optimum care for its patients (Bateman: 2009). While such minimum standards may be applicable in the developed countries, it is more challenging to implement in developing countries that suffer additional burdens of diseases, poor infra-structure, and heavy migration to more lucrative job opportunities elsewhere. Table 3.1 below indicates the number of professional nurses in the public sector in 2010.

PROFESSIONAL NURSES IN THE PUBLIC SECTOR 2010									
EC	FS	GP	KZN	LP	MP	NC	NW	WC	TOTAL
8 287	1 868	9 393	12 463	7 243	3 732	1 258	3 321	4 399	51 966
EC: Eastern Cape FS: Free State GP: Gauteng			KZN: KwaZulu-Natal LP: Limpopo MP: Mpumalanga			NC: Northern Cape NW: North West WC: Western			

Table 3.1: Number of Professional Nurses in the Public Sector

Source: www.hst.org.za

From the above table, in 2010, there were 231 086 nurses registered with the South African Nursing Council (SANC, 2011). Of this number, 115 244 were registered nurses, of which 51 966 (45.1%) were in the public sector (Health Systems Trust-HST 2011). Of the total registered nurses with the SANC, 24360 were in KwaZulu-Natal (SANC 2011), of which 12 463 (51.2%) were in the public sector (HST, 2011), representing a private-public ratio of 48.8:51.2.

Despite public healthcare facilities serving approximately 85% of the population, it accounts for only 49.0% of healthcare spending. In contrast to this, the private sector accounts for 51.0% of total health expenditure on the remaining 15.0% of the population (Kannegiesser, 2009: 1; Pillay, 2009: 2). According to Kannegiesser (2009: 1), 20% of hospital beds in South Africa were found in the private sector, while the remainder of beds and also other resources that were in state hospitals often remained underutilised due to chronic staffing constraints. The private hospitals also provided a substantial training ground for nurses, training 50% of registered nurses and 70.0% of enrolled nurses (Kannegiesser, 2009: 1).

The problems of staff shortages besetting public hospitals were further compounded by allegations of mismanagement, inadequate financing and human capital constraints (Kannegiesser, 2009: 1; Pillay, 2009: 2). Given these inequities, the healthcare industry in South Africa faced substantial challenges, in the access to and the provision of healthcare.

Following the democratisation of South Africa, its success to meet the rising expectations of the previously disenfranchised population depended upon the adequate production of professionals who not only have globally competitive knowledge and skills, but also want to stay and work in the country and contribute to national development and social transformation. This quest has particular significance in the nursing profession, which has lost many thousands of nurses to developed countries that are already better supplied with health professionals than South Africa.

Given the fundamental role that nurses play in determining the efficiency, effectiveness and sustainability of healthcare systems, it is significant to understand what motivates them, and the extent to which the organisation and other contextual variables satisfy them.

Work satisfaction was found to be an important predictor of where health professionals intended to work (Pillay, 2009: 2). Pillay (2009) reported that the resultant high turnover of nurses and job absenteeism have been cited as factors contributing to job dissatisfaction that has impeded efficiency and effectiveness of service delivery. This has caused a subsequent cascade of events by adversely affecting a healthcare organisation's capacity to provide good care, and meet the needs of patients. It has, in turn, increased the work pressure on the remaining nurses, contributing to the lowering of morale and a decrease in productivity. Such events can create a continuous self-perpetuating sequence of events, leading to further work dissatisfaction, loss of staff and an added increase in nurse turnover.

Such events have led skilled employees in South Africa to seek better job opportunities abroad where the environment offers better working conditions (Samuel, and Chipunza, 2009: 410).

The worldwide inability to retain skilled staff and the subsequent ever-increasing high rate of employee turnover has been of serious concern to managers in a very competitive environment. This applies equally to the private sector as well as to the public sector; both of which rely on the expertise and skills of their employees to compete favourably and indeed gain competitive advantage in the international

market. However, the retention of highly skilled employees has become a difficult task for managers as this category of employees are being attracted by more than one organisation at a time with various kinds of incentives.

In South Africa, nurses are struggling to cope with the demands of a population that has high levels of diseases related to poverty and underdevelopment, injuries and HIV/AIDS, as well as other chronic diseases. Conditions are particularly bad in the public sector, where at best, only 60% of nurses are serving potentially 85% of the population that are often uninsured and largely reliant on public services (Breier, Wildschut & Mqolozana, 2009: vii). It is therefore not unreasonable to understand why, like many of the other professionals, nurses too look for opportunities elsewhere where working conditions are better.

3.2 NURSING SHORTAGE

The shortage of professional nurses is experienced both globally and in South Africa. A discussion of the global perspective follows.

3.2.1 Global perspective

The shortage of nurses has been recognised by the International Council of Nurses (ICN) as a critical workplace imbalance of supply and demand. The growing population coupled with an ageing population in this millennium were factors driving the demand for healthcare and for more nurses, contributing to many countries facing the same challenges of serious nursing staff shortages (Buchan & Calman 2004: 60). According to Doiron and Jones (2004: 1), shortages of nursing staff were, in part, also attributed to a low intake worsened by high turnover rates.

For Hirschfield (1993: 2), nursing shortages were commonly observed features of hospital systems in Australia, Europe and the United States. As an example, the author showed that that US labour force planning model suggested that there would be a shortfall of 7% to 14% between the number of nurses available and the

number of nurses required. A similar situation existed in Australia, where the National Review of Nursing Education estimated that by 2010, in excess of 40 000 registered nurses would be required to meet the nursing needs of that country. Nursing shortages in the People's Republic of China resulted from the closure of nursing schools during the Cultural Revolution, while in the United States of America (USA), nurses left the profession due to poor working conditions such as undesirable working hours, lack of supervision and support, as well as strain brought about by looking after severely ill patients with minimal staff. Shortages in Australia also resulted when nurses left the profession, citing reasons such as poor working conditions, stress and failure to involve nurses in decision-making processes (Hirschfield, 1993: 2).

In a study conducted by Lynn and Redman (2005: 264), more than 126 000 registered nurse (RN) positions are unfilled in the United States, and the current RN shortage is projected to worsen as both the nursing work force and the baby boom generation age. In 1980, less than half of the RNs were older than 40 years; in 2000, more than two thirds of all RNs were older than 40. The average age of nurses has risen from 40 in 1980 to 45 in 2000 and was projected to be 50 years in 2010. When the baby boomers (generation born between 1946 to 1964, attain retirement, Duchscher & Cowin, 2004: 493-501) (next 20 years), it is estimated that the United States will have 400,000 fewer RNs than will be needed (Lynn and Redman, 2005: 264).

According to the 2008 National Sample Survey of Registered Nurses released in September 2010 by the federal Division of Nursing, the average age of the RN population in 2008 was 46 years of age, up from 45.2 in 2000 (American Association of Colleges of Nursing, 2010) <http://www.aacn.nche.edu/media-relations/fact-sheets/nursing-shortage>).

In their study on strategies for improving nurse retention and recruitment levels in Southampton in the UK, Shobbrook and Fenton (2002: 534) identified problem areas which compounded nursing shortages. These were increased workload, low staffing levels, skills mix and poor working conditions. Recruiting from other countries proved to be a short-term solution, with a limited ongoing effect. In order

to address the problem in the long-term, a nursing modernisation project was established to address the required changes.

A discussion on the South African perspective follows.

3.2.2 South African Perspective

The nursing shortage in South Africa follows similar patterns of nursing shortages experienced globally. Thousands of nurses have left the country, either temporarily or permanently, to seek better employment conditions and opportunities abroad. Those who remain face increasingly demanding workloads as HIV/AIDS and tuberculosis (TB) take their toll.

In order to contextualise the nursing profession, it is first necessary to understand the chain of production, beginning with availability of places for the training of nurses.

3.2.2.1 Nursing education system

According to Breier *et al.*, (2009: 65), the shortage of nurses has emerged as the key issue facing the profession. They highlight two specific concerns relating to the nurse shortage:

- Firstly, the declining contribution of the public sector towards nursing training and the corresponding growth in the contribution of the private sector, and
- Secondly, the large discrepancy between the sizeable growth in production of nurses and the much lower growth as reflected in the South African Nursing Council (SANC) registers. This means that there is a possibility of substantial attrition (emigration) soon after graduation, and the concomitant retirement of older professionals. This discrepancy, where the loss far outweighs the gains, is a serious concern for the nursing profession.

Further, the South African Nursing Council maintains records of the current registration, their training and qualifications. It does not record whether they are practising their core profession, in management or indeed abroad. It is known that many healthcare professionals continue to maintain their professional registration in their home countries while practicing in other countries and in other cases, even though they have ceased to practise altogether.

3.2.2.2 Production of professional nurses

In its Human Resource Plan for Health, the National Department of Health (2006) indicated that there was a significant need to increase all categories of nursing personnel to meet the needs of South Africa. This begins with recruiting and increasing the enrolment of post matriculants into nursing colleges.

Although many young people choose to study nursing, the numbers of applications for nursing education programmes far outnumber available places. For example, out of approximately 1500 applicants for a nursing degree, the University of KwaZulu-Natal accepts only about 50% (Mkhize and Nzimandi, 2007). Attrition levels, both during and after training, are high, and two-thirds of all practising nurses are over the age of 40 years (Breier, Wildschut, & Mqolozana, 2009: 1). According to the SANC, during the period 2001-2010, there was a substantial growth in the numbers of all types of nursing students at institutions of higher learning (Figure 3.1). However, the focus of the study is primarily on students whom on qualifying, become registered nurses or registered midwives (RN/RM).

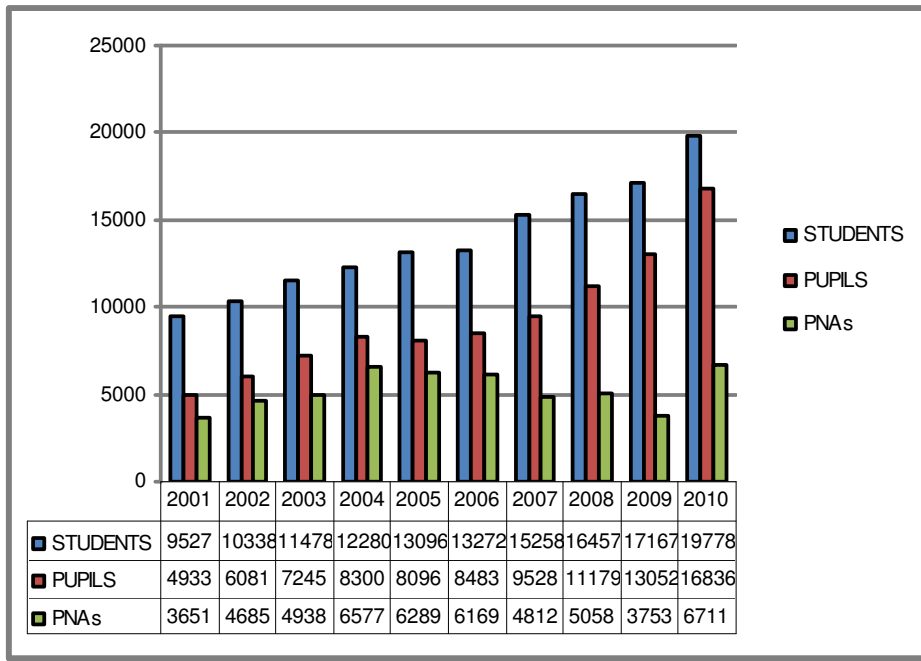


Fig 3.1: South African Nursing Council growth in students/pupils

Source:http://www.sanc.co.za/stats/stat_ts/Growth%202001-2010_files/frame.htm

From the above illustration, it was evident that over the decade there has been a variable but steady increase in the numbers of students that enrolled for nursing at institutions of higher learning. For the student nurses only, from 2001-2010 there have been increases of 8.5%, 11%, 7%, 6.6%, 1.3%, 15%, 7.9%, 4.3% and 15.2% respectively (Calculation reflected in Figure 3.1)

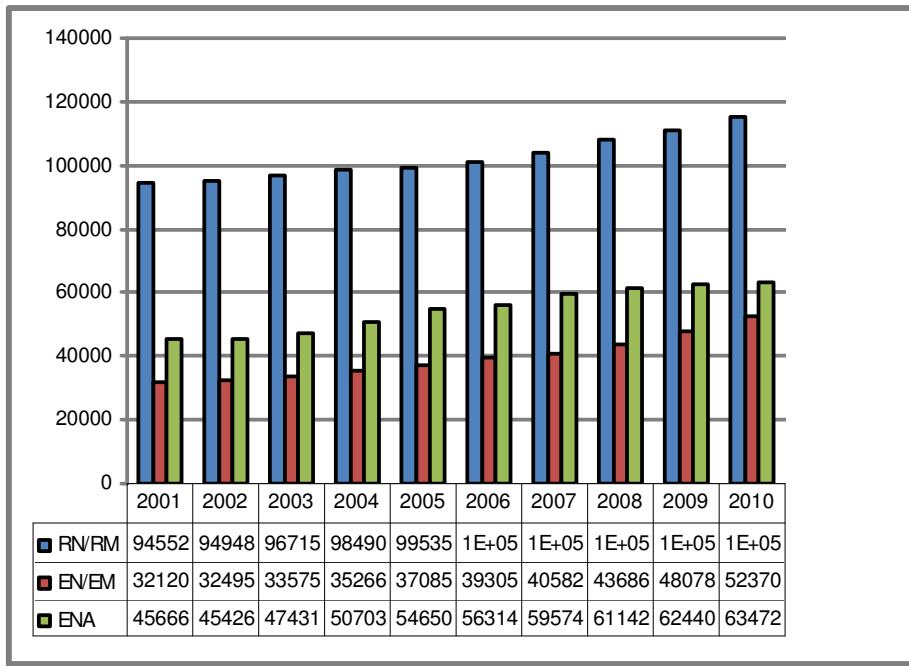


Fig 3.2: South African Nursing Council Growth registers

Source: http://www.sanc.co.za/stats/stat_ts/Growth%202001-2010_files/frame.htm

Similarly, the figure above reveals that there has been a steady increase in the number of registered nurses and midwives (RN/RM) when compared to the total nursing workforce. For the period 2001-2010, the percentage increase of registered nurses and registered midwives were 0.4%; 1.9%; 1.8%; 1.1%; 1.8%; 2.5%; 4%; 3.1% and 3.6% respectively (Calculation reflected in Figure 3.2).

As evidenced from the above calculations, the increase in the registered nurses and registered midwives lagged considerably behind the output of students as per calculations from the data provided. The SANC does, however, acknowledge that this shortfall in the growth does not take into account general population growth, migrations, and other factors that reduce the number of nurses available for the country. This finding translates in the inability to fill vacant posts.

FILLED AND VACANT POSTS FOR SPECIFIED HEALTH PERSONNEL BY OCCUPATIONAL CLASSIFICATION AS AT 31 MARCH 2010 IN SOUTH AFRICA			
PROVINCE	VACANT TOTAL	FILLED TOTAL	POST TOTAL
EASTERN CAPE	16,683 (66.8%)	8,287	24,970
FREE STATE	1,684 (47.4%)	1,868	3,552
GAUTENG	1,720 (15.5%)	9,393	11,113
KWAZULU/NATAL	4,381 (26.0%)	12,463	16,844
LIMPOPO	15,605 (68.3%)	7,243	22,848
MPUMALANGA	1,354 (26.6%)	3,732	5,086
NORTH WEST	443 (11.8%)	3,321	3,764
NORTHERN CAPE	638 (33.6%)	1,258	1,896
WESTERN CAPE	2,272 (34.1%)	4,399	6,671
NATIONAL DEPARTMENTS	-	2	2
TOTAL	44,780 (46.3%)	51,966 (53.7%)	96,746 (100%)

Table 3.2: Filled & vacant posts for professional nurses

Source: <http://www.hst.org.za/indicators/HumanResources/PERSAL>

As at 31 March 2010, there were 96 746 professional nursing posts on various state establishments as reflected in Table 3.2, of which approximately 46.3% were vacant. In KwaZulu-Natal, 26% of the professional nursing posts were vacant.

3.3 FACTORS CONTRIBUTING TO HIGH TURNOVER RATES

Turnover rates in the nursing profession are at an all-time high, plummeting healthcare delivery into a crisis of immeasurable proportions. Hospitals everywhere are experiencing nursing shortages. This is a phenomenon that seems to be occurring not only in the Republic of South Africa (RSA), but globally as indicated by Barney (2002: 154).

According to Chan *et al* (2004: 31-56), a high turnover of nursing staff in healthcare organisations led to negative consequences. This included the cost of recruiting and training new nurses, the loss of experienced and knowledgeable nurses with a resultant increase in nursing workloads, leading overall to a reduction in the capacity of the organisation to provide safe and effective care. In their study on the availability of critical care nurses for South Africa, Scribante & Bhagwanjee (2007) demonstrated that Intensive Care Nursing faced the challenge of an acute shortage of trained and experienced nurses. The authors further found that these nurses were exhausted often not in the best of health and were beleaguered by discontent and low morale.

The reasons contributing to the high turnover and attrition rates of nurses are discussed below.

3.3.1 Migration of Professional Nurses

According to Breier *et al* (2009: 51), the migration of South African nurses is widely regarded as a major reason for the shortage. In the health sector, many nurses are recruited specifically by the developed countries which have failed to train sufficient staff of their own and need nurses to care for their aging populations. Yet other countries, for example the Philippines, willingly train and export large

numbers of nurses to gain external revenue by way of home remittances by these foreign based nationals. According to Aiken *et al* (2004), the Philippines, as part of government policy, trained nurses with the explicit intention that these nurses work abroad in order to generate external revenue by way of remittances to their home country whilst working abroad. The 2001-2004 Medium Term Philippines Development Plan viewed overseas employment as one of the important sources of its economic growth.

Statistics show that between 1998 and 2001, 5259 nurses were recruited by the United Kingdom (UK) from South Africa alone, with the number increasing every year (Lephalala, 2006: 3). Other countries such as Australia, New Zealand, Canada and the Middle East also recruit professional nurses from South Africa. If this situation were to continue, South Africa's healthcare delivery system could collapse.

3.3.1.1 Reasons for emigration

There are many different reasons why professional nurses from developing countries might leave their home countries to work in a developed country. Economic hardship, crime, low salaries, political oppression and poor working conditions, opportunities to gain further qualifications or experience that will benefit one's career and create better opportunities for one's children.

According to a study commissioned by DENOSA in 2001 as reported by Breier *et al* (2009: 51-52), the reasons for leaving were divided into five main themes:

- **Lack of competitive incentives in the public service**
This was one the key reasons to explain why nursing personnel were leaving the public service for the private sector or were going abroad.
- **Work pressure**
The high patient-to-nurse rations in poorly resourced hospitals do not replace nurses who leave, which leads to stress and exhaustion.

- **Lack of space to grow professionally**

The lack of career opportunities for promotion and other benefits such as study leave and subsidy for further nursing education causes nurses to leave the public service.

- **Need for better-resourced working environments**

Nursing personnel require gaining experience in highly resourced hospitals in a highly educated environment with sophisticated equipment in order to improve nursing care in South Africa.

- **Escalating crime and the rise of HIV/AIDS in South Africa**

The escalating crime and the rise of HIV/AIDS in South Africa are reported to have compromised safety at hospitals. The overcrowding of HIV/AIDS patients and the spread of infection were factors that contributed to nurse emigration (Breier *et al.*, 2009: 51-52).

3.3.2 Attrition of professional nurses

Between 1997 and 2005, a total of 34 351 professional nurses had qualified. In the period 1998-2006, the SANC register of professional nurses grew by only 10 284 new professional nurse registrations, 30% of the total produced in the relevant years (Breier *et al.*, 2009: 78). This represents a notable attrition rate of 70%. Subedar (2005: 94) suggested that the attrition might be explained as the result of a combination of various factors that included nurses leaving the profession the attainment of retirement age, morbidity and mortality, job and country migration.

3.4 RETENTION OF PROFESSIONAL NURSES

Rosenkoetter (2005: 306) also advocated that the nursing shortage experienced worldwide had strong links with retention of nurses, and this impacted on healthcare delivery throughout the world. There were several factors that focused on the retention of professional nurses; some of which are discussed in the next section.

3.4.1 Historical perspective

“Those who ignore history are doomed to repeat it” is an often cited phrase. With this in mind, it is important to understand the history of nursing and its associated financial and compensation. Kirby (2009: 2725) demonstrated how an appreciation of the history of nursing could lead towards a better understanding of problems faced by the profession and to also provide signposts for the future. To fully value this, the recruitment had to be appreciated within the context of their social and economic status from the past to the present. The author emphasised that nursing was difficult to define because it encompassed so many skills, many of which were difficult to quantify. Many were the legacy of its origins in gendered tasks. The core skills of nursing also encompassed “the invisible skills” that only became apparent once people found themselves or their loved ones in need of care. Thus, according to Kirby (2009: 2730), having an awareness of such factors that have shaped the present could help nurses to face the future where these skills and their practitioners had to be acknowledged and rewarded.

According to Wolfe (1997: 75), nursing was initially a voluntary, often religion-based effort, to which individuals were drawn due to feelings of compassion, duty, and altruism. Until the 1500s, nursing care consisted principally of custodial functions of either servants or kindly persons who visited the poor. Compensation, if any, was on a case-by-case basis, dependent on the available resources of the individual needing care could offer. In recognising the need for more structure in the practise of this profession, the Sisters of Charity began the “systematic education” of nurses in the 1500s. This was later reformed and expanded in the 1800s by, most notably, people such as Florence Nightingale in London who served in the Crimean War, and also by other women that played supportive roles in events such as the American Civil War.

3.4.2 Employee retention and turnover

Although unemployment in the Republic of South Africa (RSA) is 24.0% as at end 2010 (StatsOnline South Africa), there is a shortage of skilled staff in the Public

Service. Retaining skilled staff remains one of the main challenges faced by the Public Service, as improved service delivery is one of the highest policy imperatives of the Government Provincial Department of Health Guide on the retention of employees (Circular 160 of 2009: 3).

In the study conducted by Govender (2009: 110), the author found that retention and turnover of nurses was a serious concern for the profession across continents. The changing pattern of healthcare and rising service expectation had increased the need for health professionals. At the same time, the availability of better and more varied career opportunities for women, changing patterns of career choices amongst young people as well as the difficulties in retaining qualified practitioners were reducing the supply of nurses.

While there is widespread concern about health staffing shortages in general, nursing is depicted as facing particular challenges. In order to retain nurses in the public sector, vigorous recruitment and retention strategies have to be implemented at institutional and national level in South Africa and worldwide. It is integral for public sector managers to understand and recognise the factors that impact on the retention of employees in organisations. When employee retention is managed effectively, it is more likely that the employee will remain in the organisation.

As the nursing shortage appears to be a global phenomenon, hospitals management authorities are looking at solutions to staffing problems. Methods adopted by some organisations include measures such as rescheduling overtime and using in-house staffing pool agencies, and scheduling nurses to work flex-time on an on-call basis. Financial rewards have also been increased or revised to include sign-on and retention bonuses. However, these strategies are regarded as short-term “band-aid” solutions which do not seem to affirm and guarantee ongoing retention (Fabre 2005:10; Zimmerman 2002: 83 cited by Mokoka, 2007: 71).

The study by Samuel and Chipunza (2009: 410-415) showed that combinations of intrinsic and extrinsic motivational factors such as training and development, challenging/interesting work, freedom for innovative thinking and job security, influenced employees to remain in their organisations. An interesting observation made by these researchers was that managers, irrespective of whether they were in the private or public sector, were unable to correctly identify and apply motivational variables that could influence the retention of employees. This observation led these authors to remark that once this shortcoming was identified, managers will be able to apply these variables in reducing the high rate of employee turnover.

According to Pillay (2009: 1), work satisfaction of nurses was very important. He believed that there was adequate empirical evidence to show that work satisfaction affected the individual, the organisation and the greater health and social outcomes. This study not only highlighted the overall dissatisfaction amongst South African nurses in general, but also confirmed the levels of disparity in job satisfaction between nurses in the public sector and those in the private sector. The study recommended that Health Managers address factors that adversely affected job satisfaction, and therefore by extension, the retention of nurses in South Africa. These factors included improving the work environment so that it provided a context congruent with the aspirations and value systems of nurses that could contribute towards the job satisfaction of nurses and consequently have a positive effect on the individual, the origination and health outcomes of its population.

The next discussion will focus on the retention models and theories for nursing.

3.5 RETENTION MODELS AND THEORIES

In order to develop retention and turnover strategies, it is necessary to examine various motivation theories. These theories analyse what motivates employees in their jobs. To contextualise motivation amongst employees, a few selected theories are expounded in the subsequent discussion.

3.5.1 Maslow's Hierarchy of Needs Theory

The foundation of Maslow's motivation theory was that human beings were motivated by unmet needs, the most fundamental being the physiological need before higher needs can be satisfied. He grouped this with physiological need at the most basic level followed by safety and security, love and belonging, then self-esteem, before an individual can act altruistically or unselfishly (self actualisation) (Figure 3.1). According to Maslow, each level had to be met before the next level could be realised. Figure 3.1 depicts the hierarchical nature of Maslow's theory, which is also called 'Maslow's Needs Pyramid' or 'Maslow's Needs Triangle.' Once a lower need is met, it no longer acts as a motivator and the next higher need starts to motivate individuals (Maslow, 1970).

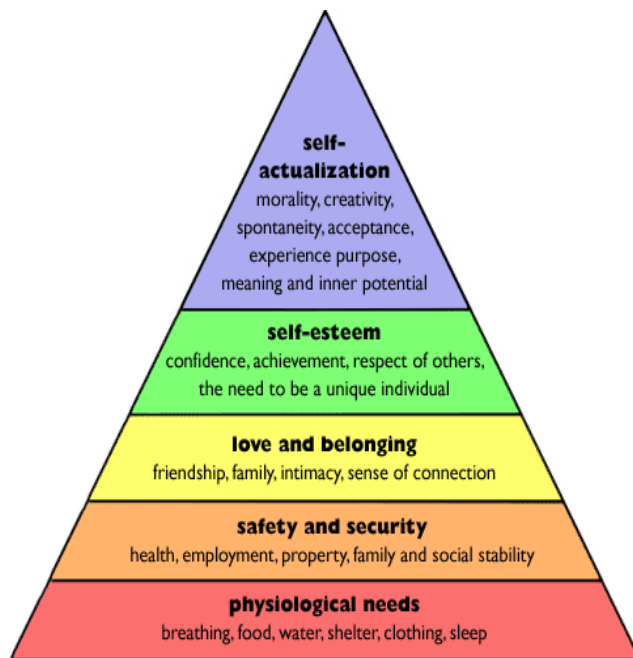


Figure 3.3: Maslow's hierarchy of Needs Theory
Source: Maslow (1970).

This theory is applicable in everyday life, including the workplace. Thus from the perspective of workplace motivation, it is essential that leadership intrinsically understands the basis for individual employee motivation.

Maslow's hierarchy of needs theory has been criticised on the basis that it cannot be applied across cultures. There is also no research suggesting that individuals have only five levels of needs and the lower level of needs must first be met before another one is activated. The theory, however, does provide good insight into the role of need deficiency in arousing employees to behave in a particular way. Maslow's hierarchy of needs theory has received little empirical support advocates (Robbins, 1993: 207).

3.5.2 The Regional Centre for Health Workforce Studies

The Regional Centre for Health Workforce Studies at the Centre for Health Economics and Policy (CHEP) conducted a study on retention strategies for registered nurses (RNs) in Texas (CHEP, 2006: 2-3). The aim of this study focused on both retaining current nurses and encouraging those who have left nursing careers to reenter the workforce. Some of the retention strategies proffered included the following:

- Improve workplace conditions;
- Enhance the education and professional development of nurses;
- Provide safer working conditions for nurses;
- Maintain suitable and competent staffing levels based on appropriate skills-to-patient. This strategy prohibited long working hours that could jeopardise the nurse's ability to provide safe patient care;
- Establish policies and strategies that prevents and addresses harassment and violence in the workplace, and
- Address remuneration to be in line with services and work provided (CHEP, 2006: 2-3).

3.5.3 Herzberg's Motivation-Hygiene Theory

Since the motivation of employees is one of several factors that significantly affect the productivity of employees, organisations should be aware of its importance in the production chain. Raising the levels of motivation of employees increases

profitability through greater creativity and commitment in employees (Greenberg and Baron, 1995: 174). This is depicted in the model that follows.

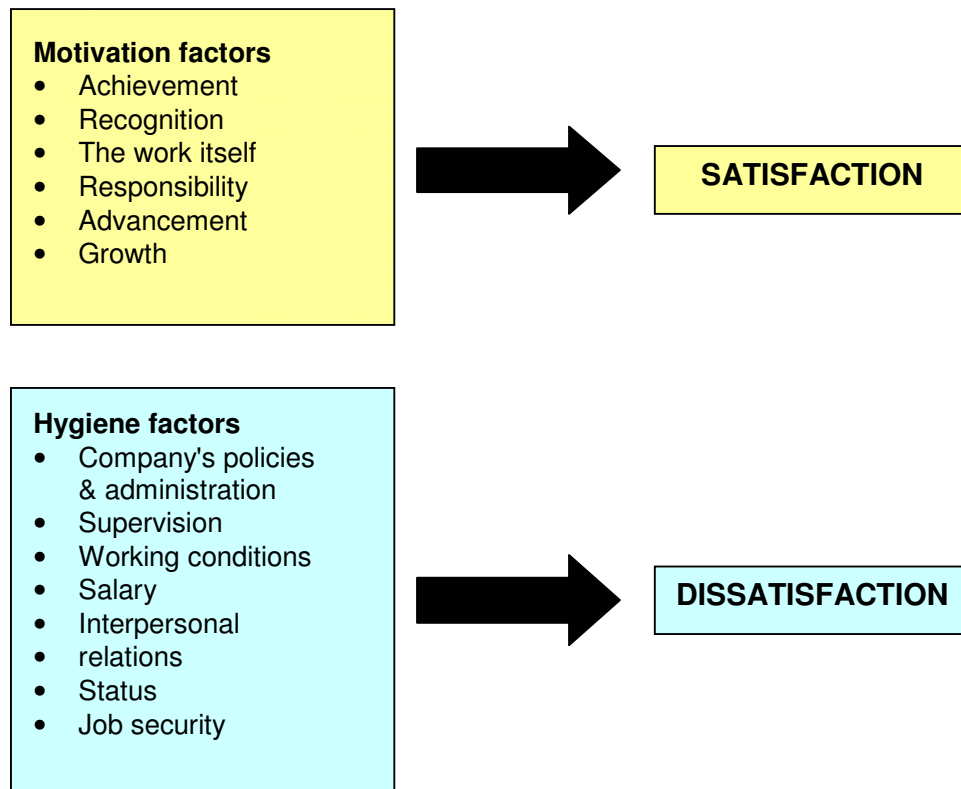


Figure 3.4: Herzberg's Two Factor Model of Motivation

Source: Greenberg and Baron, 1995: 174

According to Greenberg and Baron (1995:174), Herzberg's Two Factor Theory, also known as the Motivation-Hygiene Theory (Figure 3.4), was derived from a study designed to test the concept that people have two sets of needs. These were:

- Their needs as animals to avoid pain, and
- Their needs as humans to grow psychologically.

Herzberg split his factors of motivation into two categories which he labelled Hygiene factors and Motivation factors. The Hygiene factors could de-motivate a person or cause great dissatisfaction if they were not present. However, when

these factors were present, they did not necessarily often lead to, or create satisfaction, in the individual. In contrast, motivation factors did motivate individuals or led to satisfaction in individuals and was rarely the cause of dissatisfaction.

To locate the discussion within the KwaZulu-Natal Department of Health's Retention plan, a discussion of the strategies follows.

3.5.4 KwaZulu-Natal Department of Health Retention Strategies

According to Circular 160 (2009: 7-11), the KwaZulu-Natal Department of Health retention strategies for all employees in the employed in the department were as follows:

- **Recognition of Good Performance and Proven Managerial Skills:** In order to retain the required personnel, the Department was committed to promoting its serving personnel to senior positions;
- **Career Management:** The DoH was committed to providing guidance and advice on career paths;
- **Training and Development:** All managers and supervisors were required to identify the training needs of their supervisors and also to make certain that they were exposed to relevant training courses;
- **Bursary Allocation:** The granting of bursaries by the Department plays an important part in the development and retention of personnel. The bursary policy makes provision that where a bursary holder undertakes full-time studies, the bursary holder shall redeem the bursary by serving the Department on a basis of one for each year of study or part thereof;
- **Incentives/Rewards:** These include *inter alia* salaries (OSD), allowances, merit awards, cash bonuses, special awards etc;
- **Work Environment:** Provide conducive working conditions. Provide crèche facilities. Create a learning culture where initiative, creativity and innovation are awarded within the shortest time possible;

- **Employee Assistance Programme:** The intention is to help the workers as both employees and human beings, and
- **An Effective Grievance Procedure:** Institutions must have an effective grievance procedure in place and make certain that the timeframes for the resolution of grievances were adhered to Government Provincial Department of Health Guide on the retention of employees (Circular 160 of 2009: 7-11).

Furthermore, the Department of Health (DoH) was responsible for the delivery of quality healthcare to the citizens of South Africa. One of the strategic objectives of the DoH was to sustain and expand the health workforce through the implementation of innovative human resources management strategies. In this regard, the following strategies are of relevance to the study:

- Recruitment and retention of health professionals remain a significant challenge despite the introduction of Occupational Specific Dispensation (OSD), and facilities still report severe shortages of specialised staff that impact negatively on service delivery; and
- Current financial constraints challenge the appointment of adequate numbers of critical staff to comply with the standard package of services at all levels of care. This in turn, will have financial implications if services must be accessed elsewhere or at an inappropriate level of care (Annual Performance Plan, 2009: 52).

3.5.5 Transformational Leadership

While much has been written about management styles and how to accomplish an objective, transformational leadership has received much attention in the past two decades. Bass (1994: 4) defines transformational leadership as emphasising the exchanges amongst leaders, colleagues and followers, as to what is required and specifying the conditions and rewards these others will receive if they fulfill those requirements. Such a theory could form a basis for nurse managers to explore the relationship as a basis for retention of nurses. Transformational leadership depends on managers who display characteristics that would elevate their charges

to new heights while at the same time they themselves respond positively to greater challenges. Managers need to be more generous with their compliments, but where deficiencies are found, to provide corrective support.

3.6 CONCLUSION

This chapter has focused on the nursing shortage from both the global and the South African perspectives, retention of professional nurses, enhancing nurse retention and the factors enhancing retention. The literature review was based on research questions on the retention of professional nurses. The Department of Health (DoH) is responsible for the delivery of healthcare to all citizens in the country, therefore the retention of health professionals, more especially nurses, remains a significant challenge.

The shortage of nurses has become a crisis both locally and globally. The literature review revealed commonalities from various authors regarding the shortage of nurses. One of the reasons for the severe shortage of nurses is the emigration of professional nurses. There are many reasons why professional nurses leave the country to take up positions in developed countries. Some of the reasons are better salaries, good working conditions, career development and good economic climate.

The shortage of nurses can best be described as a revolving door concept – “as quickly as they enter, so do they leave”, as evidenced in the literature review in this chapter. This is further exacerbated by the profession attracting fewer numbers as students. Historically, nursing has been a female dominated profession. However, other opportunities are becoming more readily available to women in all professions.

Finally, this chapter aimed to analyse motivation theories and strategies that would assist in enhancing retention and turnover policies, which will contribute to a focal part of the conclusion and recommendations of this study in Chapter Six.

CHAPTER FOUR

RESEARCH METHODOLOGY

4.1 INTRODUCTION

This chapter focuses on the research methodology of this study. The areas of discussion are the aim and objectives, research design and methods, data collection strategies, and analysis of data.

4.2 AIM AND OBJECTIVES

The aim of this research was to:

- Examine the reasons and responses for the shortage of nurses at Inkosi Albert Luthuli Central Hospital (IALCH), and
- To propose appropriate retention and turnover guidelines for professional nurses at this institution.

The key objectives are as follows:

- Explore the factors that influence attrition of nurses at IALCH;
- Determine individual nursing needs that will enhance the retention of the professional nurses;
- Examine guidelines for enhancing and sustaining nurse retention at IALCH, and
- Present recommendations that could reduce nursing turnover.

4.3 RESEARCH DESIGN AND METHODS

Extensive discussion on the research design and methods follows.

4.3.1 Review of the literature

The aim of this study was to investigate the reasons and responses for the shortage of nurses; to formulate strategies to curb nursing shortages for the profession, and to explore the need to develop retention and turnover policies. To this effect, a comprehensive in-depth review of literature was undertaken to determine the factors contributing to the attrition of professional nurses.

Extensive internet searches (including Google Scholar and Books) were undertaken and appropriate books and medical and social science journals were sourced. Further, the most recent statistics (2010) from the website (www.sanc.co.za) of the South African Nursing Council, a statutory body whose remit amongst other things is to maintain a record of the registration of the nursing profession, was used. These figures were supplemented by those available from the Health Systems Trust (2007) which is often used as an authoritative source while at the same time contextualising information.

4.3.2 Data collection method – The Survey

This study involved collecting information on people's actions, knowledge, intentions, opinions and attitudes to investigate the retention and turnover of professional nurses at IALCH. Thus, for this study, the survey method was chosen as this research method is based on self-reports that is the respondents answered questions posed by the researcher which was considered the most appropriate research method. Survey research is highly flexible and can be functional to many populations. Moreover, according to Polit *et al* (2001: 186), surveys can concentrate on a wide range of topics, and their information can be used for many purposes.

In this study, questionnaires were randomly distributed to professional nurses in the various clinical domains to identify factors that would give some background information about themselves and their employment circumstances that may influence their retention at IALCH.

4.3.3 Structure of the questionnaire

Both quantitative and qualitative approaches were used in this study to examine the factors that influence professional nurse retention and turnover using the survey method. Qualitative research is concerned with what we experience as we proceed through life. The quest is for meaning rather than facts (Roberts and Priest, 2010: 27). Quantitative research consists of a particular research design intended to seek empirical information that can be collected impartially and objectively, quantified to as great an extent as possible, and analysed in an equally objective way using standards of reliability and validity to test the strength or probability value of the knowledge gained (Roberts and Priest, 2010: 22).

Questions were formulated from the review of the literature, including Minnesota Satisfaction Questionnaire (Cook, Hepworth, Wall & Warr, 1981: 23), as well as discussions during an initial pilot survey to determine clarity and appropriateness of questions in a South African setting. Nurses found no difficulty in answering the questions put to them, although it was pointed out that the skill level of English as a second or even third language needed to be considered. In the end, the 20-question (short version) Minnesota Satisfaction Questionnaire was used to determine satisfaction of professional nurses in IALCH. Selebi (2006) also used the same questionnaire to investigate the satisfaction of all categories of nurses in a public sector hospital. The advantage of adopting the same questionnaire, implied that significant comparisons could be made both nationally and internationally, thus eventually forming a large database of nursing satisfaction across continents, but based on a local environment.

The questionnaire consisted of three sections, described as Section A, Section B and Section C (See Appendix 3). Section A contained biographical/ demographic data. In Section B, the Job Satisfaction section, the questionnaires used a 20

question 5-level Likert-type scale for ordinal data - very satisfied, satisfied, neutral, dissatisfied and very dissatisfied - as responses to a statement. Respondents were also given open-ended questions, Section C of the questionnaire, to express their opinions without being influenced by the researcher, and to encourage spontaneity. This section was intended to elicit responses on their intention to stay in the job and/or profession.

4.3.4 Professional Nurse Population at IALCH

All Domains	Filled Posts	Vacant Posts	Total Posts	% Vacant
Management	7	6	13	46.15
Medical	73	17	90	18.89
Mother & Child	92	22	114	19.30
Para Medical Service	5	0	5	0.00
Peri-Operative	228	50	278	17.99
Surgical	64	28	92	30.43
All Domains	469	123	592	20.78

Table 4.1: Number of filled and vacant posts at IALCH

Source: IALCH, Speedminer: Management/Human Resources, 2010

In 2010, during the period of that the survey was being undertaken, there was an average of 20.78% of vacant posts (range; 0% - 46% vacant). The majority of vacant posts were in the surgical domain where the ratio of nurse-to- patients required is generally much lower than in the medical wards. Excluding the management domain which is not at the coal-face of service delivery, the surgical domain had the most (30.43%) vacant posts. However, further breakdown of information into the different domains was not collected in the questionnaire. To

have done so would have entailed a more focused sampling technique (stratified random per domain) and would have rendered the data small for meaningful comparisons.

4.3.5 Population and Sample

Polit *et al* (2001: 233) defined a population as the entire aggregation of cases that meets a specified set of criteria. Researchers sample from an accessible population with the intention of generalising to a target population. The target population can thus be defined as the entire population cohort in whom the researcher is interested. In this study, the target population was the 592 professional nurses at IALCH.

There were different types of sampling in this study which were as follows:

- **Probability Sampling**

This is where every item has a calculable chance of selection.

- **Non-probability Sampling**

This is where there is a choice in whom or what is selected.

4.3.6 Types of Random Sample

The two types of random samples applicable in the study are:

- **Simple Random Sample**

This is obtained if each element of the population that has not yet been included in the sample stands an equal chance of being selected in the next draw (Steyn *et al*, 1994: 22).

- **Stratified Sample**

This involves dividing the group into subgroups or strata. Each stratum is homogeneous with respect to the characteristics being studied (Steyn, *et al*, 1994: 25).

4.3.7 Types of Non-Random Sample

The types of non-random samples include:

- **Quota Sample**

The method amounts to the formation of reasonably homogeneous subpopulations or cells by using so called control characteristics for which census figures of the population are available (Steyn, *et al*, 1994: 39)

There are two sample possibilities that the researcher can choose from:

- **Probability sampling**

This is a sample where random selection is employed so that each individual in the population has a known chance of being selected. When this selection of the population is used, it is generally assumed that a representative sample is the outcome of this process. Probability sampling also keeps sampling error to a minimum.

- **Non-probability sampling**

Using this technique ensures a non-random selection method. This translates to some individuals of a population having a better chance of being selected for a survey (Bryman and Bell 2007: 427).

4.3.8 Sampling Technique

There were 592 professional nursing staff made up of general nursing, specialty nursing, phlebotomists, and operational managers in both general and specialty units.

This research study focused only on the category of professional nurses of the different nursing components, (stratified sampling) and the questionnaires were randomly distributed (probability sampling). Hence, the stratified random sampling technique was used. Further, to obtain a sample that would have sufficient statistical power to determine significance (5%), sample tables were used to ensure a combination of precision, confidence level (5%) and variability. Therefore for a population of 600 to yield an obtained response rate that could meet the

above criteria, between 212 and 240 responses were needed (see Appendix 4 A and 4 B Tables).

Prior to distribution of the questionnaire at a particular domain, a briefing was given to those present or interested in the research being undertaken and where possible, included the most senior person in that environment. The purpose of the study was explained and nurses were briefed about the possible value of the results of the study (see section 4.6 on Ethics later in the chapter).

Two-hundred-and-ninety questionnaires (equivalent to 50% of the professional nurse population at IALCH) were randomly distributed to all domains in which professional nurses were employed full-time in the public service at IALCH. The questionnaires were distributed in such a manner so as to ensure that all domains were proportionally represented; night staff was encouraged to complete the forms as well. There were no identifying features on the questionnaire, which were completed anonymously by the respondents and placed into a sealed envelope and put into a box for collection that was emptied daily.

To ensure a representative sample was obtained the anticipated period of collection was initially placed at 10 days. However, this was extended by a further 5 days due to the Public Service strike that was taking place during that time. At that time there was no knowledge when the strike would end and it was decided that once the minimum response rate was obtained as per table of sampling (Appendix 4 A & 4 B), the collection of completed questionnaires would be brought to an end.

Of the 290 questionnaires sent out, 212 were completed and duly returned. This gives an acceptable return rate of 73%.

4.4 STATISTICAL ANALYSES

A discussion of the statistical analyses follows.

4.4.1 Statistical Software used

The questionnaires were collated and the assistance of a statistician sought to capture the data and compute the results. PASW Statistics 18.0 (SPSS release 23 August 2008) and Statgraphics Centurion 15.1 (2006) were used. Ten per cent of the sample captured was checked for data accuracy. Missing data, if any, were omitted from calculations and no attempt was made to compute these figures.

4.4.2 Statistics

The two most important aspects of precision are **reliability** and **validity**.

In any survey it is necessary to ensure that the measurements of responses can be repeated when the same question is being asked under similar conditions and whether the survey sets out to measure the intent of the question being asked. The two most important aspects of testing this precision are **reliability** and **validity**. In order to provide a background for the understanding of the computation of results and the tests performed, details of the tests are given below.

4.4.2.1 Reliability

A test is referred to as reliable when one gets the same result repeatedly after taking several measurements on the same subjects. Mathematically, reliability is defined as the proportion of the variability in the responses to the survey that is the result of differences in the respondents. A reliability coefficient of 0.70 or higher is considered as “acceptable” (UCLA, 2010: 2). Responses to a reliable survey will differ as respondents have diverse views, not necessarily because the survey is confusing or has multiple explanations.

One of the measures used to test reliability is Cronbach's alpha. According to UCLA (2010: 2), Cronbach's alpha is a measure of internal consistency by measuring how closely related a set of items are as a group. More specifically, alpha is a lower bound for the true reliability of the survey. Technically speaking,

Cronbach's alpha is not a statistical test - it is a coefficient of reliability (or consistency).

According to Saxena (2009: 10), whose explanation on Cronbach's alpha below is referred to, the computation is based on the number of items on the survey (k) and the ratio of the average inter-item covariance to the average item variance.

$$\alpha = \frac{k \left(\frac{\text{COV}}{\text{var}} \right)}{1 + (k - 1) \left(\frac{\text{COV}}{\text{var}} \right)}$$

Under the postulation that the item variances are all equal, this ratio simplifies to the average inter-item correlation and the result is known as the Standardized item alpha (or Spearman-Brown stepped-up reliability coefficient). The Standardized item alpha is computed only if inter-item statistics are specified. The coefficient of 0.921 reported for these items is an estimate of the true alpha, which in turn is a lower bound for the true reliability.

$$\alpha = \frac{kr}{1 + (k - 1)r}$$

Cronbach's alpha measures how well a set of items (or variables) calculates a single one-dimensional latent construct (something that cannot be measured directly). When data have a multidimensional structure, Cronbach's alpha will usually be low.

According to SPSS FAQ, Cronbach's alpha can be written as a function of the number of test items and the average inter-correlation among the items. Below, for conceptual purposes, we show the formula for the standardized Cronbach's alpha:

$$\alpha = \frac{N \cdot \bar{c}}{v + (N - 1) \cdot \bar{c}}$$

Here N is equal to the number of items, c -bar is the average inter-item covariance among the items and v -bar equals the average variance.

From this formula it becomes evident that an increase in the number of items (N) results in an increase in Cronbach's alpha. Cronbach's alpha will be low when the average inter-item correlation is low and will proportionally increase with an increase in the other. A high inter-item correlation provides evidence that the items are measuring the same underlying single unidimensional latent construct; often referred to a "high" or "good" reliability.

In multi-dimensional data, Cronbach's alpha will generally be low for all items; thus other methods of analyses, such as Factor Analysis, need to be employed.

4.4.2.2 Factor Analysis

Factor analysis is a statistical technique often employed when analysing the responses to questionnaires where the variables are inter-related. Factor analysis thus reveals the relationships amongst and between several variables being measured by reducing the data into fewer groups or "factors." For example, job satisfaction can be influenced by a number of factors, amongst which are recognition, supervision, promotion opportunities and salaries. Respondents may answer five separate questions regarding job satisfaction containing these variables. Each question, by itself, may be inadequate as an accurate measure of attitude towards job satisfaction, but together they may provide a better measure of the attitude (PASW Statistics version 18.0 [SPSS]).

4.4.2.3 Measurement

According to Babbie (1989: 405), descriptive research describes data and characteristics about the population or phenomenon being studied and answers the questions of "who, what, where, when and how." Despite the fact that the description of the data is factual, accurate and systematic, the research cannot describe what caused the situation. Thus while descriptive research on the one hand tells one what it is, it has a low requirement for internal validity (Babbie,

1989: 405). Inferential statistics, on the other hand, is used to determine a cause and effect relationship, where one variable affects another (AECT: 2001).

Descriptive statistics describes the organising and summarising of quantitative data. Both univariate and bivariate analysis are the most appropriate for descriptive statistics.

- **Nominal** (or categorical) is a classification of responses (e.g. Gender).
- **Ordinal** measurement is achieved by ranking (e.g. the use of a 1 to 5 rating scale from 'strongly agree' to 'strongly disagree').
- **Interval** measurement is achieved is the differences are meaningful (e.g. temperature).
- **Ratio** measurement is the highest level – where difference and the absence of a characteristic (zero) are both meaningful (e.g. distance) (Steyn, *et al*, 1994: 7).

4.5 PRESENTATION OF THE DATA

Discussion of the presentation of the data is addressed next.

4.5.1 Figures

Results are presented in tables and graphically using bar charts and pie charts. The properties of these charts are given below.

- **Discrete data – bar charts**
Can be horizontal or vertical bars.
Various levels of complexity are possible.
Generally, all bars are same width, with the length corresponding to the frequency (Willemse, 2009: 29-34).
- **Discrete data – pie charts**
Widely used as divisions between people/groups/spending.

Various levels of complexity also possible (Willemse, 2009: 34-35).

4.5.2 Cross Tabulations

For cross tabulations, data resulting from observations made on two different related categorical variables (bivariate) can be summarised using a table, known as a two-way frequency table or contingency table. According to Willemse (2009: 28), the word “contingency” is used to determine whether there is an association between the variables being analysed.

4.5.3 Hypotheses tests: P-values and statistical significance

Inferential statistical analysis is concerned with the testing of hypothesis. Inferential statistical analysis allows the researcher to determine causal relationships and to draw conclusions about populations from sample data (AECT 2001). According to Lind *et al* (2004: 348-351), the independent t-test is the most appropriate parametric test for a comparison of the means. This statistical test analyses whether the difference between the two variables was statistically significant and based on the results obtained; appropriate comments and concluding discussions are made thereafter (Lind *et al.*, 2004: 348-351).

The most important application in the social sciences of the statistical theory around sampling distributions has been significance testing or statistical hypothesis testing. The researcher is interested in the outcome of a study of the shortage of professional nurses and the low morale and job satisfaction on the impact of service delivery.

According to Lind *et al* (2004: 347), the traditional approach to reporting a result requires a statement of statistical significance known as the p-value. A significant result is indicated with "p < 0.05."

4.5.4 Chi-Square test

A Chi-Square test is a statistical test employed to determine whether the difference observed from the research was significantly different to that which was expected in one or more of the categories. In other words, was the difference between the two real or due to error of sampling?

According to Spatz (2011: 304), the null hypothesis for the Chi-Square test of independence is that the two variables are independent, that there is no relationship between them. If the null hypothesis is rejected, one can conclude that the two variables are related. Specifically, a Chi-Square test for independence evaluates statistically significant *differences* between proportions for two or more groups in a data set.

Chi-Square test statistic:

$$\chi^2 = \frac{(f_o - f_e)^2}{f_e}$$

$$df = (r-1)(c-1)$$

(Willemse, 2009: 209 – 214)

The Chi-Square test was used to determine whether there were significant relationships between column and row variables of the research being undertaken.

4.6 ETHICAL CONSIDERATIONS

Burns and Grove (2003: 62) identified ethical issues that need to be considered by the researcher at various stages and steps of the process that must be followed. Importantly, the research problems benefit the population of the study. As with all studies undertaken in which human participants are involved, it is necessary to adhere to national and international standards. These include Good Clinical

Practice (South African) and the Declaration of Helsinki Declaration amongst others.

The following steps were taken by the researcher to uphold ethical standards prior to requesting their permission to participate voluntarily in the study:

- Approval was granted by Senior Management at IALCH and the Department of Health, KwaZulu-Natal Provincial Government and the Research and Ethics Committee of the University of KwaZulu-Natal (Approval Number HSS/0208/2010 – see Appendix 2);
- Participants were given all the relevant information regarding the study and its anticipated value on completion;
- Patients were informed prior to consent and during data collection, that they were not exposed to any risks as this was a non-intervention study and their rights were full respected and protected, and
- Participants of the study were assured of the anonymity of their participation and that once the study was completed, accepted and successfully submitted for examination, they would be informed of the salient finding of the study.

Providing such detailed explanations to the participants or their accountable officers had the effect of ensuring clarity of the questions, thus minimising (eliminating) missing data. There was an added benefit of providing detailed explanations in that it aimed to minimise low response rates.

The findings of this study would be communicated to the Senior Management at IALCH; Department of Health, University of KwaZulu-Natal and the participants.

4.7 CONCLUSION

This chapter described the aims and objectives of the research, and provided the methodology that framed the empirical study. The latter included the research methods and design, the data collection methods as well as an explanation (terminology and reasons) of the analyses used. The statistical software used was

PASW Statistics 18.0 (SPSS) and Statgraphics Centurion 15.1. Cronbach's alpha approach was used to measure reliability. Factor analysis and descriptive statistics were used to analyse the data. Figures, cross tabulations, hypotheses tests and Chi-Square test were used to present the data. The data was analysed and discussed in Chapter Five.

CHAPTER FIVE

FINDINGS, ANALYSIS AND DISCUSSION OF RESULTS

5.1 INTRODUCTION

This chapter presents the results and discusses the findings obtained for the questionnaire in this study. The data collected from the responses were analysed with the PASW Statistical Package for Social Sciences (SPSS) version 18.0. The results are presented in the form of bar graphs, cross-tabulations and other figures.

5.2 RELIABILITY

The two most significant aspects of precision are **reliability** and **validity**. Reliability was computed by taking a number of measurements on the similar subjects. A reliability coefficient of 0.70 or higher was measured as “acceptable” (UCLA, 2010: 2). The results are presented in Table 5.1 below.

Section	Reliability
Job Satisfaction	0.797
Management	0.741
Creativity	0.790
People Interaction	0.679
Knowledge and Skills	0.715
Overall	0.915

Table 5.1: Reliability co-efficient of responses

The overall reliability score for the study was 0.915. The individual sections all have reliabilities that fall within the acceptable norms. This indicates that, for the most part, the final questionnaire achieved what it was set out to measure. It also implies that there was a high degree of consistent scoring.

5.3 DESCRIPTIVE STATISTICS

This section presents the descriptive statistics based on the demographic information obtained from this study. Descriptive statistics describes the organising and summarising of quantitative data and presents the results in a summarised form. Univariate and bivariate analysis is considered the most appropriate for descriptive statistics. Univariate analysis is concerned with measures of central tendency and measures of dispersion. Descriptive data analysis is intended to describe the data, the investigation and the distribution of scores of each variable. It also determines whether the different variables are related to each other.

5.3.1 Demographic characteristics of the sample

The overall frequencies for gender, race and age are given by the figures and tables and graphs below.

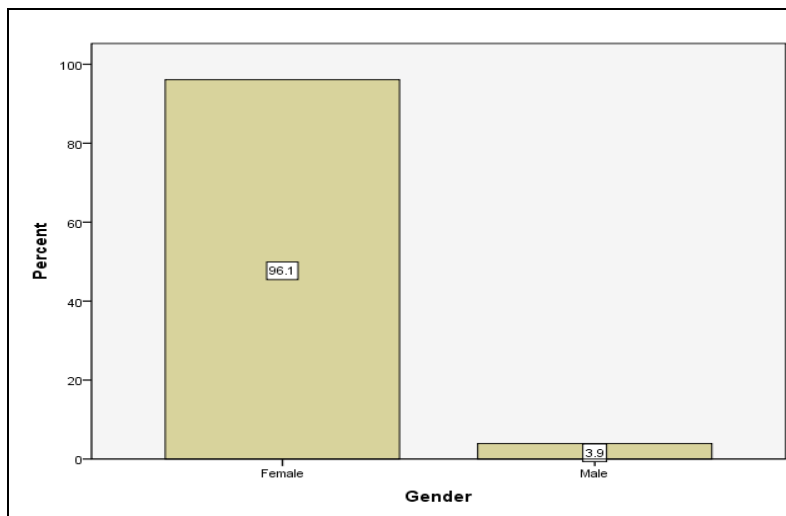


Fig 5.1: Distribution of the sample by gender

Gender	Frequency	Percent
Female	197	96.1
Male	8	3.9
Total	205	100.0

Table 5.2: Distribution of the sample by gender

The sample was reflected as a majority of females (96.1%) (Fig 5.1, Table 5.2). This is in keeping with the gender distribution worldwide, as well as in South Africa. Historically, nursing is predominantly a female profession. According to Arnstein (1956: 540), modern nursing derives so completely from the example and teaching of Florence Nightingale in that it is hard to single out particular practices that do not owe their existence to her influence. In their study, Wildschut and Mqolozana (2008:13) also found female nurses were in the majority across all nursing categories in South Africa.

For the total number of nurses registered in South Africa, the professional nurse category comprised almost 50% (SANC, 2010). Males have only recently started entering the profession in bigger numbers especially at the auxiliary level. According to the SANC, of the total 115244 registered nurses on its books as at 31 December 2010, 92.9% were female with a similar percentage distribution in KwaZulu-Natal (<http://www.sanc.co.za/stats.htm>). In 2010, male professional nurses in South Africa comprised 7.1% compared to 5.1% in 2001 (<http://www.sanc.co.za/stats.htm>). This is probably a reflection of the changing attitudes of the democratisation of the country, including historically assigned careers, as well as career opportunities that have student financial benefits.

At the time of data collection, professional nurses comprised 38% of all nursing categories at IALCH, which is less than the national average. As the sample was a reflection of the hospital population, it is an indication that there are more females in the profession than males. However, there has been a slow, but steady growth of males.

The majority (72.9%) of the sample comprised Black/African nurses, with Indians forming the second highest grouping (15.8%) (Fig 5.2 and Table 5.3).

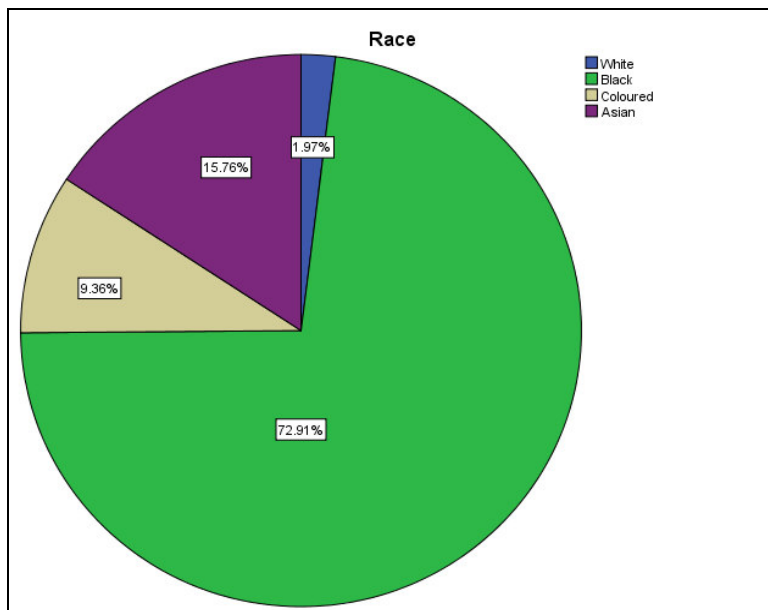


Fig 5.2: Distribution of the sample by race

Race	Frequency	Percent
White	4	2.0
Black	148	72.9
Coloured	19	9.4
Indian	32	15.8
Total	203	100.0

Table 5.3: Distribution of the sample by race

Since the democratisation of South Africa and its statutory institutions including the South African Nursing Council (SANC) and other bodies such as the Health Professions Council of South Africa (HPCSA), statistics on race are no longer recorded. However, the Health Systems Trust (2007) found the racial distribution of nursing staff in their report was as follows: African, 36807 (81%); Coloured 4520

(10%); Indian, 1092 (2.4%) and White 2683 (6%) in the professional nurse category (cited in Wildschut and Mqolozana, 2008:15).

The reason for the higher values of “Indians” found in this study is that compared to the national average of “Indians” of 2.6%, almost 9% live in Kwazulu-Natal, of which the great majority (82.7%) are in the Ethekeweni Municipality in which IALCH is situated (Provide, 2005: 2-4; Stats SA, 2010).

Although race was not a significant factor for the study, attrition affected all sectors of the population, which is an important factor for due consideration by IALCH.

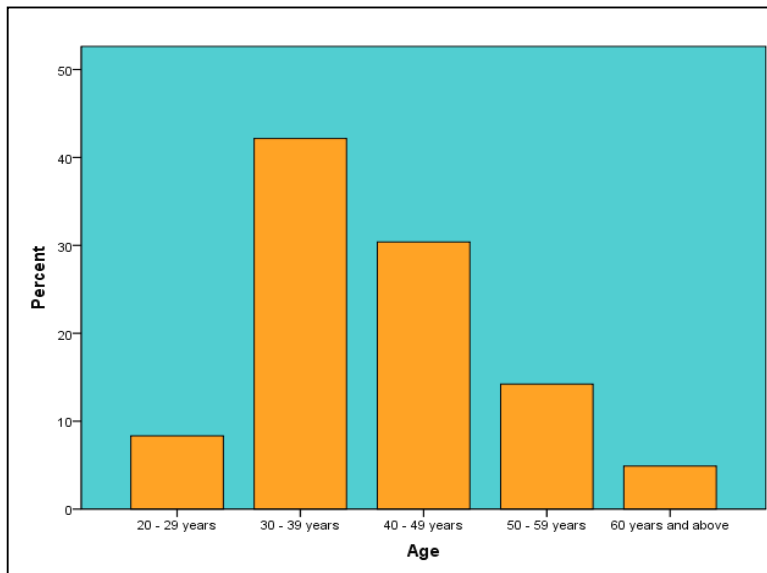


Fig 5.3: Distribution of the sample by age

The majority of nurses (42.2%) were between the ages of 30-49 years. There was a downward trend with the age of the respondents from the 40-49 year group (Fig 5.3, Table 5.4).

Age	Frequency	Percent
20 - 29 years	17	8.3
30 - 39 years	86	42.2
40 - 49 years	62	30.4
50 - 59 years	29	14.2
60 years +	10	4.9
Total	204	100.0

Table 5.4: Distribution of the sample by age

In the 20-29 age groups, there were only 8.3% of respondents which may suggest that at this age group, limited numbers of professionals are entering the nursing profession. According to the SANC 2010 statistics, 19% of registered nurses/midwives were between the ages of 30-39 years, and 31% were between the 40-49 year group. However, 13% were between 60-69 years of age and 4% were below the age of 30 years.

By law, public servants including nurses in the public sector must retire by the age of 65, although they may choose to do so from the age of 60 years of age. Early retirement is also an option from the age of 55 years as are mobility exit mechanisms (MEMs) from the 55-60 years. The mandatory retirement age accounts for the lower than average in the mature-age (60 years+) nursing group when compared to the national average. This is due to the presence of nurses older than 60 years of age who may either be in the private sector or registered, but not practising.

From the above results, while the figure for younger nurses (<30 years old) in itself was not ideal, it was not less than the retirement age group (60-65 years). This implies that at least the prevailing situation was not being exacerbated by absolute lower numbers entering the profession. These figures, however, do not account for attrition for other reasons discussed elsewhere.

A more detailed analysis of the biographical factors was done using cross-tabulations to show the ratio of respondents by race, age and gender in the tables that follow (Tables 5.5 to 5.8).

Race				Gender		Total
				Female	Male	
White	Age	20-29 years	Count	1	0	1
			% within Age	100%	0%	100%
			% within Gender	33%	0%	25%
			% of Total	25%	0%	25%
		30-39 years	Count	0	1	1
			% within Age	0%	100%	100%
			% within Gender	0%	100%	25%
			% of Total	0%	25%	25%
		40-49 years	Count	1	0	1
			% within Age	100%	0%	100%
			% within Gender	33%	0%	25%
			% of Total	25%	0%	25%
	50-59 years	Count	1	0	1	
		% within Age	100%	0%	100%	
		% within Gender	33%	0%	25%	
		% of Total	25%	0%	25%	
	Total	Count	3	1	4	
		% within Age	75%	25%	100%	
		% within Gender	100%	100%	100%	
		% of Total	75%	25%	100%	

Table 5.5: Biographical distribution for Whites

Notwithstanding the very small cohort of the White race group, within this race grouping, 75% of the respondents were female and 25% were male. For the females, there was an equal representation across all age groups (33.3%), except for the 30-39 year category which had no respondents. Twenty-five percent of the respondents within the White race group fell in this age (30-39) category. This would imply that this age category was composed of the males. The large

percentage of females indicated that the field of nursing has been the preferred profession for females.

Within the African race group (Table 5.6), almost 97% of the respondents were female and 3% were male. For the females, there was various representation of all age groups, the largest percentage of respondents were found between the ages of 30-39 years. With this age group (30-39 years), 95% of the respondents were female and 5% were male.

RACE				Gender		TOTAL
				Female	Male	
Black	Age	20-29 years	Count	10	0	10
			% within Age	100%	0%	100%
			% within Gender	7%	0%	7%
			% of Total	7%	0%	7%
		30-39 years	Count	57	3	60
			% within Age	95%	5%	100%
			% within Gender	40%	60%	41%
			% of Total	39%	2%	41%
		40-49 years	Count	43	2	45
			% within Age	96%	4%	100%
			% within Gender	30%	40%	31%
			% of Total	29%	1%	31%
	50-59 years	Count	23	0	23	
		% within Age	100%	0%	100%	
		% within Gender	16%	0%	16%	
		% of Total	16%	0%	16%	
	60 years and above	Count	9	0	9	
		% within Age	100%	0%	100%	
		% within Gender	6%	0%	6%	
		% of Total	6%	0%	6%	
Total	Count	142	5	147		
	% within Age	97%	3%	100%		
	% within Gender	100%	100%	100%		
	% of Total	97%	3%	100%		

Table 5.6: Biographical distribution for Black/Africans

RACE				Gender		TOTAL
				Female	Male	
Coloured	Age	20-29 years	Count	1		1
			% within Age	100%		100%
			% within Gender	5%		5%
			% of Total	5%		5%
		30-39 years	Count	9		9
			% within Age	100%		100%
			% within Gender	47%		47%
			% of Total	47%		47%
		40-49 years	Count	6		6
			% within Age	100%		100%
			% within Gender	32%		32%
			% of Total	32%		32%
	50-59 years	Count	3		3	
		% within Age	100%		100%	
		% within Gender	16%		16%	
		% of Total	16%		16%	
	Total	Count	19		19	
		% within Age	100%		100%	
		% within Gender	100%		100%	
		% of Total	100%		100%	

Table 5.7: Biographical distribution for Coloureds

Within the Coloured race group (Table 5.7), 100% of the respondents were female. The 30-39 age group has the majority of respondents (47%), with 32% for the 40-49 years age group.

RACE				Gender		TOTAL		
				Female	Male			
Indian	Age	20-29 years	Count	4	0	4		
			% within Age	100%	0%	100%		
			% within Gender	13%	0%	13%		
			% of Total	13%	0%	13%		
		30-39 years	Count	14	1	15		
			% within Age	93%	7%	100%		
			% within Gender	47%	50%	47%		
			% of Total	44%	3%	47%		
		40-49 years	Count	9	1	10		
			% within Age	90%	10%	100%		
			% within Gender	30%	50%	31%		
			% of Total	28%	3%	31%		
		50-59 years	Count	2	0	2		
			% within Age	100%	0%	100%		
			% within Gender	7%	0%	6%		
			% of Total	6%	0%	6%		
		60 years and above	Count	1	0	1		
			% within Age	100%	0%	100%		
			% within Gender	3%	0%	3%		
			% of Total	3%	0%	3%		
		Total			Count	30	2	32
					% within Age	94%	6%	100%
					% within Gender	100%	100%	100%
					% of Total	94%	6%	100%

Table 5.8: Biographical distribution for Indians

Within the Indian race group (Table 5.8), 94% of the respondents were female and 6% were male. There were high percentages for female category 47% in the 30-39 year category and 30% in the 40-49 year category. Male representation was in the 30-39 and 40-49 year categories.

For all of the race groups, the majority respondents were female. Notwithstanding the contributions of Florence Nightingale, the modern and largely female profession of nursing as is found today in South Africa dates back to the latter decades of the nineteenth century, when an Anglican nun, Sister Henrietta Stockdale, began training nurses in Kimberley. The earliest trained nurses were nuns of religious orders and English 'ladies and God-fearing women' (Marks 1994: 15). Black middle-class women were eventually brought into the profession only when the health of the black labour force became a matter of considerable concern, and the laying of white hands on black bodies even more so. At a time when only around 6% of African women could read or write (1994: 90), Cecilia Makiwane passed the Nursing Certificate of the Cape Colonial Medical Council and became the country's first African professional nurse in 1908.

Rispel and Schneider (1991: 111) argue that the early growth in the professionalisation of nursing can be attributed "partly to the need for social recognition of the nurse as an educated, professional woman". In previous decades of the twentieth century, however, the professionalisation of nursing has moved away from the 'womanly' role defined by Florence Nightingale to other, more technical aspects. "Higher educational standards, stressing theory and research, and greater self-regulation and the status of being separate from, but equal to, medicine have become the touchstones of the present professionalisation process" (Breier, Wildschut & Mqolozana, 2009: 15-16).

5.4 SUB-CATEGORIES OF PROFESSIONAL NURSES

The categories or different grades to which the professional nurses belong are listed as Figure 5.4 and Table 5.9, and follow.

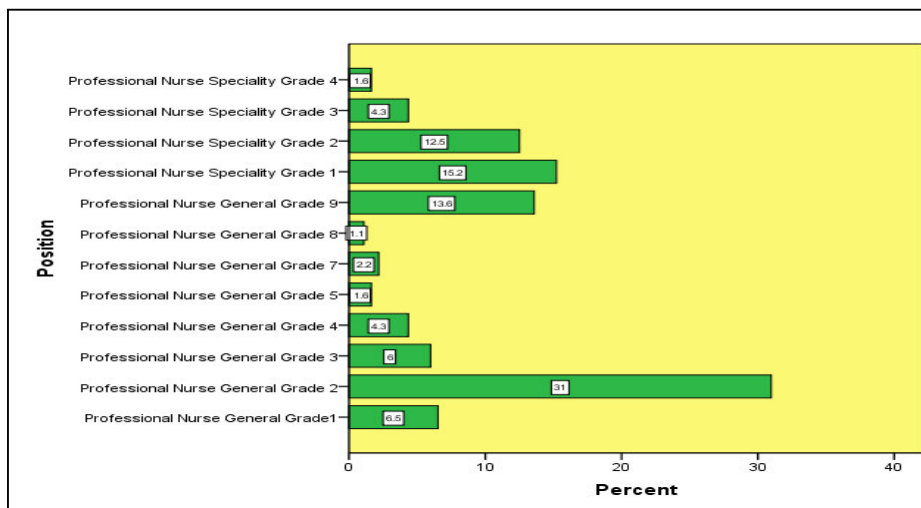


Fig 5.4: Bar graph: Percentage of professional nurses in the different categories

GRADE POSITIONS	Frequency	Percent
Professional Nurse General Grade 1	12	6.5
Professional Nurse General Grade 2	57	31.0
Professional Nurse General Grade 3	11	6.0
Professional Nurse General Grade 4	8	4.3
Professional Nurse General Grade 5	3	1.6
Professional Nurse General Grade 7	4	2.2
Professional Nurse General Grade 8	2	1.1
Professional Nurse General Grade 9	25	13.6
Professional Nurse Speciality Grade 1	28	15.2
Professional Nurse Speciality Grade 2	23	12.5
Professional Nurse Speciality Grade 3	8	4.3
Professional Nurse Speciality Grade 4	3	1.6
Total	184	100.0

Table 5.9: Percentage of professional nurses in the different categories

From the illustrations on the previous page, professional nurses are subdivided into several grades. The occupational specific dispensation (OSD) is the new remuneration system which was developed in terms of the PHSDSBC Resolution 3 of 2007. This dispensation took into account various factors. Posts were profiled, and clear appointment and promotion guidelines provided with concomitant career pathing.

The grades for the professional nurse category for Grade 1 are community service nurses, Grades 2, 3 and 4 being general nursing and placed according to the years of experience. Grade 5 professional nurses are placed as operational managers, Grade 7 are for assistant managers and Grade 8 are for deputy managers. Grade 9 is designated manager at/of hospitals and Grade 10 is a senior manager of Nursing Services. In addition, speciality nurses were also recognised, for example, nurses with ICU qualifications and experience. This sub-category was also divided into grades 1 to 4 nurses (DoH, Remuneration Policy 2010: 21).

Nearly two thirds (66.3%) of the nurses were general professional nurses. Of these, 31% had a Grade 2 qualification. Approximately 28% of the Speciality nurses belonged to Grades 1 and 2. There was a low percentage within Grades 3 to 8 of professional nurses.

A discussion on factor analysis for data reduction follows.

5.5 FACTOR ANALYSIS

Depending on the focus of the research and the question to be answered, the questions of a questionnaire can be grouped together for factor analysis. For example, Samuel and Chipunza (2009: 410-415) found the following inherent motivational variables to have significantly influenced retention amongst employees in both public and private sector organisations:

- Training and Development;

- Sense of belonging to the organisation;
- Job security;
- Challenging interesting work, and
- Freedom for innovative thinking.

Factor analysis is a statistical technique whose main goal is data reduction. This statistical tool is typically used in survey research where a researcher wishes to represent a number of questions with a small number of hypothetical factors. As an example, participants may answer three separate questions regarding environmental policy, reflecting issues at the local, provincial and national level that comprise part of a national survey on political opinions. While each question in itself may not be adequate measure of attitude towards environmental policy, together they may provide a better measure of the attitude (PASW version 18.0 - SPSS).

The result of the factor analysis conducted in this research is presented in Table 5.10 below. It was noted from the analysis of the table that the data split into five factors, namely:

- Job Satisfaction,
- Management,
- Creativity,
- People Interaction, and
- Knowledge and Skills.

Two categories, People Interaction, and Knowledge and Skills, perfectly aligned along one factor. However, these categories aligned along the same factor, implying overlapping of these categories when being scored by the respondents.

	ROTATED COMPONENT MATRIX	COMPONENT				
		1	2	3	4	5
S1	Being able to be meaningfully occupied with your work at all times	.684	.323	.174	.047	.307
S4	The opportunity to be seen as contributing positively to the society living in your community	.597	.131	.355	.223	.225
S17	The working conditions in your workplace	.679	.107	.113	.270	.126
S19	The compliments and/or acknowledgement you get for doing a good job	.556	.127	.468	.342	-.038
S20	The feeling of accomplishment you get from your work	.737	.373	.052	.134	-.077
S7	Doing things that go against your conscience	-.094	.125	.199	.100	.686
S8	The way your employment is guaranteed	.303	-.040	-.089	.127	.705
S13	Your salary compared to the amount of work you do	.131	.163	.009	.693	.128
S14	The opportunity for promotion & advancement in your work	.135	.011	.052	.822	.139
S12	The way that the "Department of health" policies are put into practice	.503	.186	.172	.211	.360
S5	The way your supervisor handles his/her subordinates	.125	.255	.879	.017	.091
S6	The ability of your supervisor in making/taking decisions	.236	.214	.856	.094	.145
S2	The opportunity to work independently in your work	.389	.343	.147	.101	.559
S15	The freedom to use your own judgement in the workplace	.345	.364	.287	.541	.073
S16	The opportunity to be innovative & creative in work	.406	.487	.213	.504	.068
S9	The way in which you are taking care of other people	.492	.525	.018	-.284	.295
S10	The opportunity to delegate to other people	.213	.765	.272	.177	.090
S18	The way your co-workers get along with each other	.282	.636	.156	.126	-.093
S11	The opportunity to apply your knowledge and skills	.102	.753	.165	.165	.357
S3	The opportunity to practice different things from time to time	.238	.513	.372	.220	.398

Job Satisfaction	Management	Creativity	People Interaction	Knowledge & Skills
------------------	------------	------------	--------------------	--------------------

Table 5.10: Factor analyses – grouping the statements

Finer splitting occurred for the other categories. This implied that the questions that did not align with the majority of questions were interpreted as measuring traits from other categories. However, the majority of questions did align reasonably well.

One of the reasons for the overlapping of statements is that the construct is an untested one. Nonetheless, the results are still reliable and the factor loading is acceptable.

The rationale behind factors splitting will be discussed further in the section analysis.

5.6. COMMUNALITIES

For a given variable, the communality can be interpreted as the amount of variation in that variable explained by the factors that constitute the variable. In this instance for example, there were two variables that made up the last category (as indicated in the component matrix table below). The analysis was done in a manner similar to that for multiple regression: signage against the two common factors yields an $R^2 = 0.708$ (for the second statement S3 in the last category). This indicated that about 71% of the variation in terms of “The feeling of accomplishment you get from your work” can be explained by the factor model. This argument can then be extended to the rest of the model as the communality values are within acceptable norms, except for 5 values that are slightly below 0.60 (Table 5.11).

Communalities gives an assessment of how well this model is doing. The ideal is to obtain values that are as close as possible to 1. Such a figure would indicate that the model explains most of the variation for those variables. In this case, the model is acceptable as it explains approximately 66% of the variation for the 20 variables (statements).

This gives the percentage of variation explained in the model. It might be looked at as an overall assessment of the performance of the model. The individual communalities indicate how well the model is working for the individual variables, and the total communality gives an overall assessment of performance.

STATEMENTS IN THE QUESTIONNAIRE	Extraction
Being able to be meaningfully occupied with your work at all times	.698
The opportunity to work independently in your work	.613
The opportunity to practice different things from time to time	.665
The opportunity to be seen as contributing positively to the society living in your community	.599
The way your supervisor handles his/her subordinates	.861
The ability of your supervisor in making/taking decisions	.864
Doing things that go against your conscience	.545
The way your employment is guaranteed	.614
The way in which you are taking care of other people	.685
The opportunity to delegate to other people	.744
The opportunity to apply your knowledge and skills	.759
The way that the "Department of health" policies are put into practice	.491
Your salary compared to the amount of work you do	.540
The opportunity for promotion and advancement in your work	.715
The freedom to use your own judgement in the workplace	.632
The opportunity to be innovative and creative in your work	.706
The working conditions in your workplace	.574
The way your co-workers get along with each other	.532
The compliments and/or acknowledgement you get for doing a good job	.664
The feeling of accomplishment you get from your work	.708

Table 5.11: Factor analyses – communalities

5.7 SECTION ANALYSIS

The table and graphs below (Table 5.12 to 5.16 and Figures 5.5 to 5.14) indicate the analysis by section.

5.7.1 Job Satisfaction

Table 5.12 and Figures 5.5 and 5.6 show that there was a general level of satisfaction with regard to the type of work that is inherent in the nursing field.

	STATEMENT	Mean	SD	Dissatis-fied	Neutral	Satisfied
S1	Being able to be meaningfully occupied with your work at all times	3.75	.92	9.68	18.82	71.51
S4	The opportunity to be seen as contributing positively to the society living in your community	3.56	1.08	16.92	15.90	67.18
S17	The working conditions in your workplace	3.24	1.20	28.93	15.74	55.33
S19	The compliments and/or acknowledgement you get for doing a good job	2.90	1.22	38.38	22.22	39.39
S20	The feeling of accomplishment you get from your work	3.47	1.14	20.51	17.44	62.05
S7	Doing things that go against your conscience	2.88	1.14	38.67	25.41	35.91
S8	The way your employment is guaranteed	3.70	.95	13.20	15.74	71.07
S13	Your salary compared to the amount of work you do	2.12	1.12	69.74	14.36	15.90
S14	The opportunity for promotion and advancement in your work	2.38	1.21	56.06	20.71	23.23

Table 5.12: Job satisfaction



Fig 5.5: Bar graph: Job Satisfaction per statements S1, S4, S17, S19 S20, S7, S8, S13 and S14



Fig 5.6: Bar graph: Job Satisfaction (Response to statements S1, S4, S17, S19, S20, S7, S8, S13 and S14)

Statements S1, S4, S20 and S8 all have values above the neutral scores. These statements relate directly to the nursing vocation and why people take up the profession. Between 60% and 70% of respondents were satisfied with respect to these statements. This observation is supported by the findings of Uys *et al* (2004) who found that 72% of nurses were most satisfied with the factor reflecting "personal satisfaction about their contribution to the work" (72%). A similar result

of 64% was made by Zweni (2005), and Beagan and Ellis (2007: 41), who found that nurses express an implicit desire to “help” others, identifying this as the primary reason for their career choice.

Between 67.18% and 62.05% were positive about their contribution to their society and communities: S4 - “*The opportunity to be seen as contributing positively to the society living in your community*” and S20 - “*The feeling of accomplishment you get from your work.*” This contrasts sharply with the satisfaction levels of 41.94% and 35.48% respectively in the study by Selebi (2006: 41).

In a similar study on job satisfaction, Pillay (2009: 16) explained that work satisfaction was also an essential part of ensuring high-quality care. He found that dissatisfied providers not only gave poor quality and less efficient care, but there was also evidence of a positive correlation between professional satisfaction and patient satisfaction outcomes. Pillay (2009: 15) further stated that job satisfaction has frequently been mentioned as the major reason for a high turnover of nurses and has substantially contributed towards the high rate of absenteeism. Both these factors, namely high turnover and absenteeism of staff, impede efficiency and effectiveness of services, threatening the organisation’s capacity to provide good care and meet the needs of patients.

Satisfaction levels are low with respect to salaries (15.90%) and promotion prospects (23.23%, highlighted in statements 13 and 14). Selebi (2006: 44) found that only 1.61% and 17.74% of professional nurses were satisfied with regard to their salary and promotional prospects respectively in a South African public hospital. Similar findings regarding nurses in the public sector were also reported by Pillay (2009). Zondagh (2005) found an overwhelming majority of respondents were unhappy with their salaries, and this was the primary reason nurses would consider leaving the profession.

Low satisfaction with regard to remuneration in public sector is to be expected given that the health profession went on national strike in 2007, 2008, 2009 and 2010 in South Africa, to bring attention to their poor working conditions and their salaries. It is known that nurses in developing countries are poorly paid. Nurses fare much better in developed countries. For example, The Times of London (<http://www.timesonline.co.uk/tol/news/uk/article5258487.ece>) had reported nurses

to be earning in excess of twice their basic salary by exploiting generous incentive schemes, but this is a rarity.

The improved remuneration policy for health professionals employed in the public health sector, namely the occupational specific dispensation (OSD) implemented in 2008 for nursing professionals, was intended to introduce a totally new career path for different categories of nurses. The OSD also included a separate dispensation for professional nurses working in specialised and highly specialised clinical units (DOH, May 2010:19).

According to DENOSA (2007b:1), the year 2007 following national strikes was a year of “blessing” for nurses in South Africa, when nurses’ salaries, long regarded as abysmally low, were reviewed and substantially increased. For example, during the implementation of the OSD negotiations, it was pointed out that the salary increments for an entry level professional nurse increased by 24% (<http://www.info.gov.za/speeches/2008.0811609151002.htm>). Yet this incentive, however welcome it was at the time of implementation, did little to avert further strikes by nurses, the latest being the general Public Service strike in South Africa in 2010. National television footage of the strike showed nurses *toy-toying* at hospital entrances, even preventing medical emergencies from entering the hospital in their quest for higher salaries.

Promotional aspects in the public service are often dependent on posts becoming vacant. As with most jobs, the pyramid structure of posts in an organisation, especially in the public service, means that there are fewer opportunities for promotion as one progress up the career ladder. Moreover, when a higher post becomes available at an institution, applications for that vacancy are advertised in public service as a whole and competition is more demanding. It is therefore not surprising that the majority (56.06%) of respondents were either dissatisfied with opportunities for promotion and advancement at their work or neutral (20.71%). It is not known whether this is also related to the low morale of nurses. By comparison Selebi (2006: 41) found 82.26% were dissatisfied or 11.29% neutral with regard to promotional opportunities. Similar findings were reported by Pillay (2009).

Statements S19 concern the compliments and/or acknowledgement one got for doing a good job. 39.39% of the respondents were satisfied and an almost similar percentage (38.38%) was dissatisfied, while 22.22% were neutral. In a response to the same statement in a public hospital, Selebi (2006: 44) found this to be 12.9% satisfied; 67.74% dissatisfied and 19.35% neutral. The findings of both these studies are in contrast to the observations of Zweni (2005) who found that 60% of respondents felt that their managers did not compliment them for the value they add to the institution while 21% were uncertain. Whether this is related to other enabling factors such as leadership, sound infrastructure, technologically well-resourced work environment, are not known at this stage. Swansburg (1996: 303) argues that nurse managers can promote creativity (see 5.7.3) through sensitivity that gives people the attention they want and by treating them as distinct individuals. He also suggests that nurse managers give praise and support, use tact and have patience.

Statement S7 is the statement "Doing things that go against one's conscience". An inspection of the percentage responses indicates that there were as many respondents who were satisfied (36%) as those who were dissatisfied (39%); both have mean scores close to 3. Similar observations, namely 33.87% (satisfied) and 38.71 (dissatisfied) were reported by Selebi (2006: 41). However, these observations do not support the argument proffered by Laabs (2009), who has argued that nurses indicated that they were expected to set aside their beliefs and values and do what others tell them to do even if this meant acting against their conscience. However, in their study of nurses, Beagan & Ellis (2007: 44) indicated that nurses often found their values in conflict with patients.

To summarise, and in support of the observations of Pillay (2009: 1), work satisfaction of nurses is important as there was sufficient empirical evidence to show that it tended to affect individual, organisation and greater health and social outcomes. Huston and Marquis (1999: 321) also support the role or impact that organisations have in creating an enabling work environments to enhance the retention of employees. According to these authors, if an organisation can create a positive work environment that ensured satisfaction, nurturing and growth for its nurses, it will be providing an environment that enhances nurse retention.

5.7.2 Management

In order to execute the policies of national government and to implement provincial government strategies, a “buy-in” of all stakeholders is necessary. Amongst the requirements is a well motivated workforce. To achieve this, the relationship between the workforce at the coalface and their “superiors” (including different strata of managers) must function at optimum levels of trust as the quality of leadership influences retention. Three statements (S12, S5 and S6) were considered Management-related issues, and their responses are shown in Table 5.13, and Figures 5.7 and 5.8.

	STATEMENT	Mean	SD	Dissatis- fied	Neutral	Satisfied
S12	The way that the “Department of Health” policies are put into practice	3.17	1.10	28.64	26.13	45.23
S5	The way your supervisor handles his/her subordinates	3.44	1.14	21.00	20.50	58.50
S6	The ability of your supervisor in making/taking decisions	3.42	1.15	23.83	17.10	59.07

Table 5.13: Management Issues

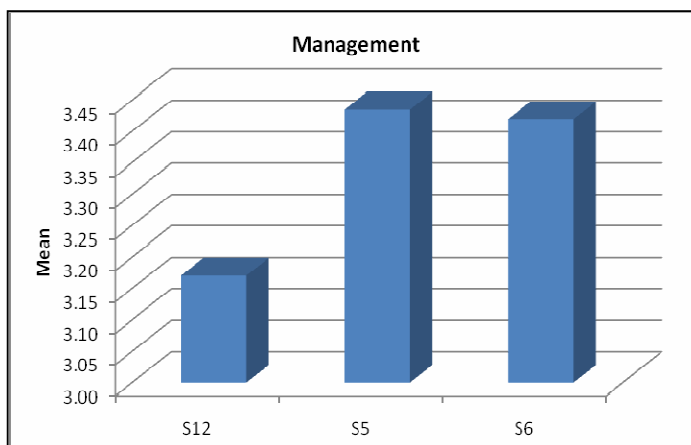


Fig 5.7: Bar graph: Management Issues per statement S12, S5 and S6

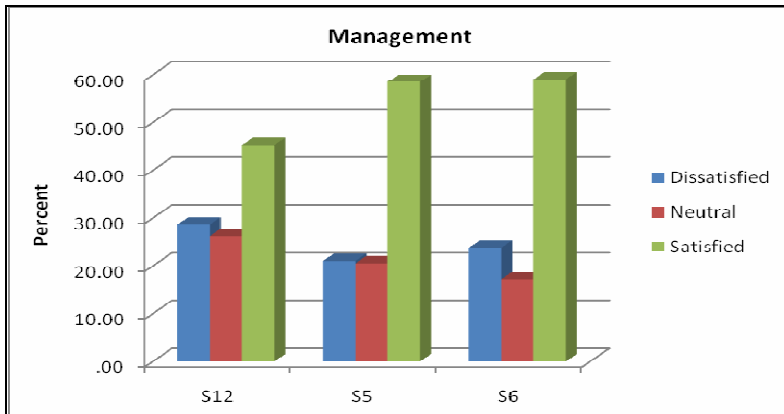


Fig 5.8: Bar graph: Management Issues (Response to statements S12, S5 and S6)

The above illustration reveals 45.23% of satisfied respondents and 26.13% neutral responses with respect to statement S12- regarding the way that the “Department of Health” policies were put into practice. 28.64% were dissatisfied in this study compared to 67.74% in the study by Selebi (2006: 44).

Between 50% and 60% were more satisfied with the way the supervisor handled his/her subordinates (58.50%) and the ability of the supervisor in making/taking decisions (59.07%). By comparison, Selebi (2006: 44) found this to be 43.55% and 32.26% respectively in her study.

One of the key roles of structure is to afford clarity in terms of communication. Knowing who reports to whom in an organisation and what functions or operations fit in where, is critical in ensuring workflow, job satisfaction, developing potential talent and motivation and even retaining people in the organisation. Another role that the formal structure has to deal with is how employees act and react, how they interpret their perceived roles, how they are perceived as individuals and ultimately, whether co-operation, communication and co-ordination exist or not. These roles are also ensured through policies, directives, procedures, rules and regulations (Vogt, *et al.*, 1983: 200).

Shared values are necessary for an organisation to function. This means an understanding of national and provincial government’s programmes by all from the

junior member to the most senior, albeit at different levels. As shown earlier in Figure 5.4 and Table 9, there was a vast range of professional experience amongst the respondents. 13.6% of the respondents (General Nurse Grade 9) were considered front line managers within the hospital. Their effective communication and execution of national and provincial programmes would form an important communication strategy of how the Department of Health policies are put into place.

According to Fabre (2005: 77), nurse managers can aid retention by displaying certain characteristics in the workplace. These include being a trust builder, being honest, sincere and an effective communicator. Creating interesting work opportunities, listening to subordinates, responding to their needs, giving feedback and guidance, nurse managers will enhance nurse retention (Rhule, 2002: 23). These are important factors for consideration by management in addressing nursing retention.

However, one often hears the remark that “It is not easy to be a good manager in an ever changing environment.” This may reflect that managers might be guilty of letting their personal preferences override the logical and proper choice of management style, emphasises Ainsworth Land (1986: 168-9). He further argues that managers/supervisors should raise the task-relevant maturity (within their competencies) of their subordinates as quickly as possible, so that motivation and creativity was most likely to come from within and from self-actualisation, factors which are a powerful source of energy and effort that a manager could harness.

The next section focuses on creativity in which the opportunities to work independently and freedom to use one’s judgement are explored.

5.7.3 Creativity

The field of nursing is a very broad one, combining science, art and spirituality in the healing process. The nursing of critically ill and sick patients allows for little latitude for creativity as the treatment and management protocols of such patients are clearly defined. However, human (patient) behaviour and the non-availability

of resources sometimes require nurses to be creative in their approaches. This is especially true in the nursing fields of psychiatric nursing, chronic long term medical wards for adults and for children and rehabilitation that pose challenges to the nursing staff to keep these patients occupied and to lessen the boredom.

Creativity can be described as an attitude brought to the job by workers (Swansburg, 1996: 302). The responses of this survey are shown in Table 5.14 and Figures 5.9 and 5.10.

	STATEMENT	Mean	SD	Dissatis- fied	Neutral	Satisfied
S2	The opportunity to work independently in your work	3.87	.79	7.58	9.60	82.83
S15	The freedom to use your own judgement in the workplace	3.11	1.18	32.47	19.59	47.94
S16	The opportunity to be innovative and creative in your work	3.29	1.08	20.10	28.87	51.03

Table 5.14: Creativity

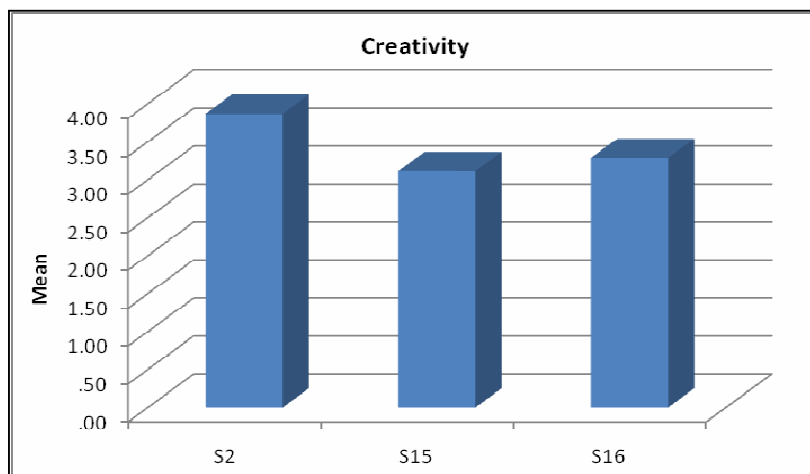


Fig 5.9: Bar graph: Creativity per statements S2, S15 and S16

Respondents indicated that, for the most part (82.83%), they were given the opportunity to work independently (S2). This is particularly true for especially younger nurses that have grown-up in a society that promotes a culture of independence. In her study, Selebi (2006: 41) found 66.13% were satisfied with the opportunity to work independently. This lower percentage of the latter's finding may be explained by the fact that the study by Selebi included enrolled nurses and nursing assistants (sub-professionals) who have a rather limited scope of practice by comparison.

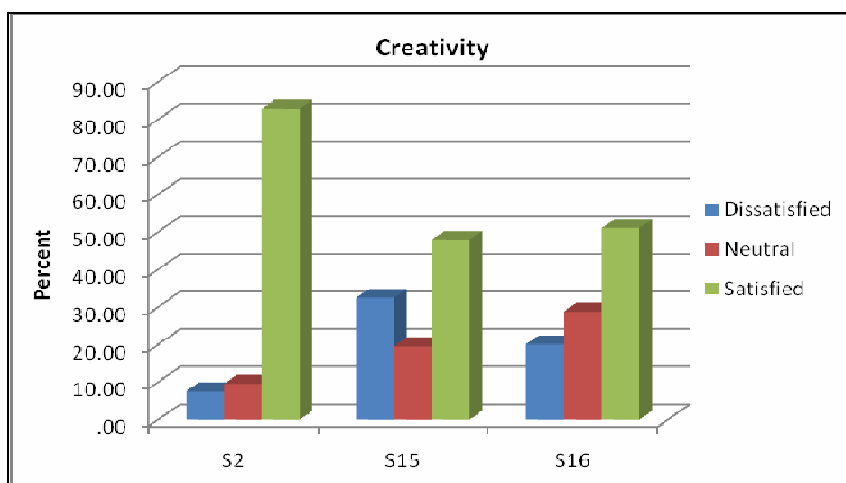


Fig 5.10: Bar graph: Creativity (Response to statements S2, S15 and S16)

In their study, Duchscher & Cowin (2004: 499) found nurses below 40 years of age wanting to be more creative in their work environment. However, in the current study, this independence did not translate into freedom to use their own judgement (47.94%) or the opportunity to be innovative and creative at work (51.03%). The implication was that nurses do what is required of them “as per instructions.” This is supported by Swansburg (1996: 303) who observed that there was no lack of creativity in nurses, but there appeared to be a lack of ability to put new ideas into operation. He also reported that professionally inspired managers inspire creativity by taking risks as well as by showing confidence (Swansburg, 1996: 303).

According to Swansburg (1996: 304), for creativity to prosper, the organisation should provide a warm intellectual environment that gives employees recognition,

prestige, and an opportunity to participate. They will gain a sense of ownership and commitment by being involved in planning their work and making discussions. The manager who practices management by objectives supports creativity.

The finding of this study, however, are contrary to the observations of Jerrard (2002, cited in Duchscher & Cowin, 2004: 499), who found that younger nurses were more likely to find their work motivation in being given a task and then being left alone to complete it. This might be related to cultural differences in the study under review.

The scope of practice is codified in the Nursing Charter of South Africa (<http://www.sanc.co.za/newsi401.htm> ;<http://www.sanc.co.za/regulate.reg-5cp.htm>) that allows professional nurses a fair degree of decision-making. Despite the fact that the nursing work environment allows for nurses to work independently, they tend not to exploit this situation fully. To support this observation, Clay (1987:1) regarded nursing as perhaps the most unassertive of all [medical] professions. Nurses were not seen to participate in any arguments on policies that affected their future or the future of their profession. They were seen to be reluctant in confronting issues that pertained to their practice, probably due to fear of negatively affecting patients under their care. Another possible reason may be due to the possible threat of a misconduct case being brought against them should their clinical decision have had an unfortunate adverse effect on patient care.

5.7.4 People Interaction

This section focuses on people interaction – measuring the responses of how people relate to their patients/clients and each other both individually and as a team. The responses are shown in Table 5.15 and Figures 5.11 and 5.12.

	STATEMENT	Mean	SD	Dissatis- fied	Neutral	Satisfied
S9	The way in which you are taking care of other people	4.25	.74	2.54	5.58	91.88
S10	The opportunity to delegate to other people	3.70	.90	11.50	16.00	72.50
S18	The way your co-workers get along with each other	3.45	1.05	20.92	16.33	62.76

Table 5.15: People Interaction

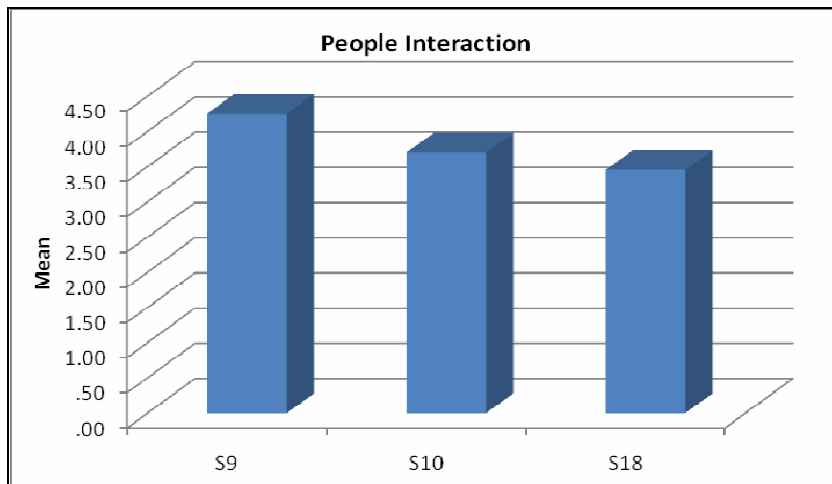


Fig 5.11: Bar graph: People Interaction per statements S9, S10 and S18

There were general levels of satisfaction in this category, although the levels follow a pareto fall-off pattern in terms of level of satisfaction. There was a corresponding increase in dissatisfaction levels with decreases in satisfaction levels.

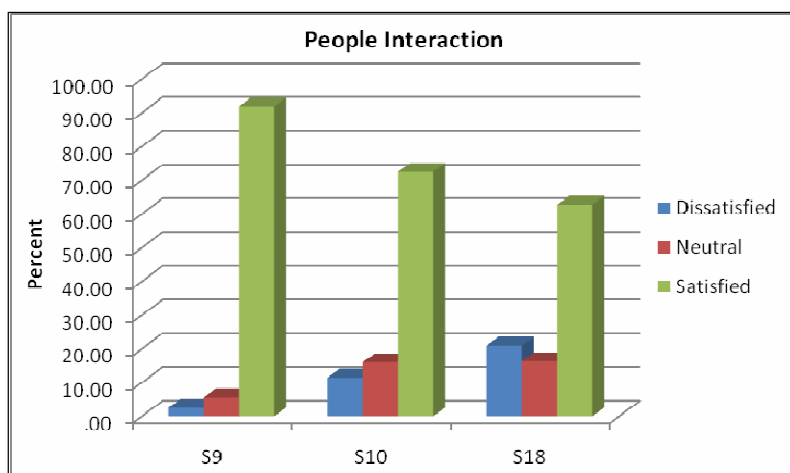


Fig 5.12: Bar graph: People Interaction (Response to statements S9, S10 and S18)

One of the most important character requirements of a nurse is to interact with the patient (Beagan and Ellis, 2004). Respondents seem to be doing this with nearly 92% of respondents agreeing. This was considerably higher than the 72.58% reported by Selebi (2006: 41).

There was a reasonable level (72.50%) of delegation in this study. Considering that professional nurses are allowed to delegate, one might have expected this figure to be a bit higher. In Selebi's study (2006), this figure was even lower (55.6%). Her population sample, however, comprised all categories of nurses, including sub-professional nurses who are not allowed to delegate which may explain the difference in responses between the two studies.

Slightly more than 60% of the respondents believe that co-workers got along with one another. The finding of this study compares favourably (58.06%) with that of Selebi (2006: 44).

According to Ellenbecker, (2004: 307), the nurse's interdependent role in relation to team members in an organisation where her clinical decision-making is encouraged, supported and trusted, might also increase the possibility of remaining in an organisation. Organisation characteristics include the relationship with managers, supervisors and their styles of management and leadership, as

well as the organisation's commitment to professional values. If these characteristics are perceived to be positive, the nurse will experience job satisfaction and is more likely to choose to stay in his or her job. A relationship which fosters open communication with management and which provides recognition, support and consideration will have a positive effect and enhance nurses' intentions to stay in their current jobs.

5.7.5 Knowledge and Skills

This section highlights the respondent's satisfaction to the application of their knowledge, as well as to practise different things from time to time. The results are shown in Table 5.16 and Figures 5.13 and 5.14.

	STATEMENT	Mean	SD	Dissatis -fied	Neutral	Satisfied
S11	The opportunity to apply your knowledge and skills	3.88	.89	10.05	6.53	83.42
S3	The opportunity to practice different things from time to time	3.57	1.00	18.04	12.37	69.59

Table 5.16: Knowledge and skills

The satisfaction levels of the application of knowledge and skills (83.42%) were an indication that nurses had been trained to apply their knowledge. Of these, approximately 70% of the respondents got a chance to experiment with new skills. Selebi (2006: 41) found that 67.74% of professional nurses were satisfied with their application of knowledge and skills, of which only 45.16% reported taking the opportunity to practise different things from time to time.

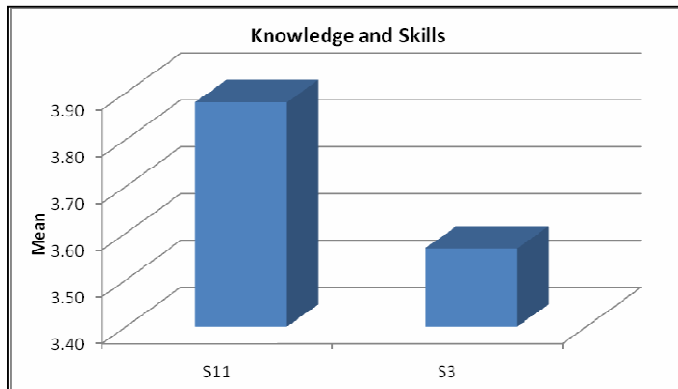


Fig 5.13: Bar graph: Knowledge and skills per statements S11 and S3

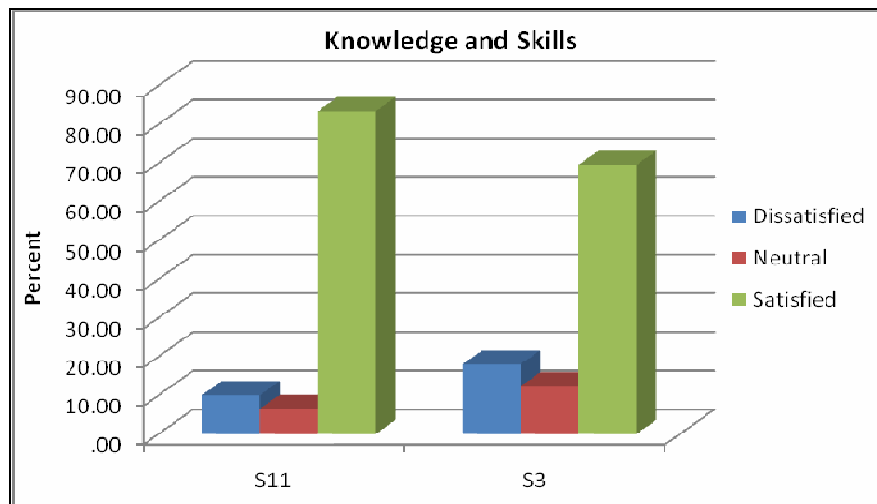


Fig 5.14: Bar graph: Knowledge and Skills (Response to level of satisfaction)

The next section gives the respondents an opportunity to present their views in their own words as to whether they would be working in the IALCH in the next 12 months.

5.8 OPEN-ENDED QUESTIONS

The aim of the open-ended questions was to elicit more information than could be accessed with close-ended questions. The questions were framed in such a way so as to focus the response on the centrality of the topic under discussion, while taking cognisance of the sensitivity of the question being asked. Intention to leave

is a sensitive question. An open-ended question thus gave nurses the opportunity to explain in their own words the reasons for their intention to leave the hospital, what motivated them the most during their work, and what could be changed in their jobs.

Unfortunately the response rate for the latter two questions was so poor and varied that no meaningful comparisons or generalisations could be made.

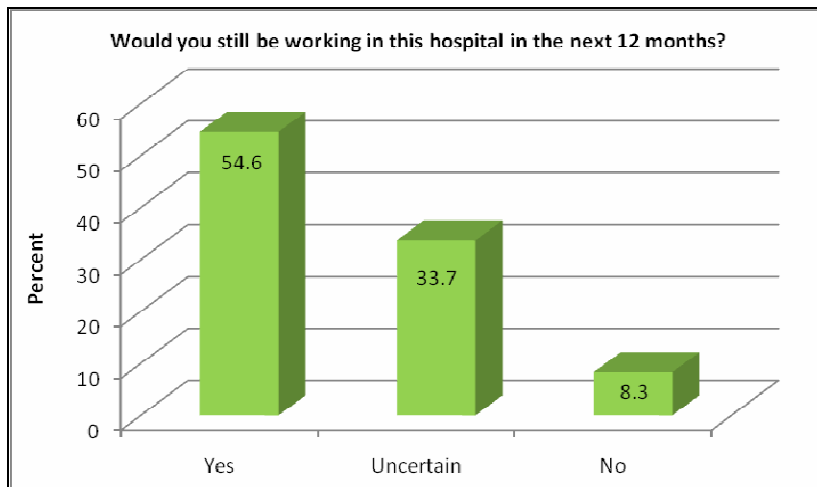


Fig 5.15: Bar graph: Response from respondents

In the open-ended question “*Would you still be working in this hospital in the next 12 months,*” 34% of the respondents were uncertain (Fig 5.15). Some of the reasons for wanting to leave the organisation included lack of upward mobility and self-development and salary not in keeping with the work performed.

According to Pillay (2009: 2), work satisfaction was found to be an important predictor of where health professionals intended to work. Almost 9% of the respondents indicated that they would not be working at this hospital (IALCH) in the next 12 months. Although 71.1% of nurses were satisfied that their jobs were guaranteed (job security - see Table 5.12 on Job satisfaction), the findings of this study highlight the concern that nurses were looking out to join other

organisations, which adds impetus to the urgent need for retention and turnover policies designed specifically for nurses.

Selebi (2006: 44) reported that in a public hospital, only 61.29% believed that their jobs were guaranteed. This is rather a surprising observation considering that South Africa has enacted a plethora of laws that guarantee worker security, and more so in the public service. A probable reason for this insecurity may be related to personal or intrinsic issues rather than extrinsic factors, but which have been internalised as an intrinsic factor.

5.9 GENERAL STATEMENTS

Both positive and negative general comments were made by the professional nurses. Professional nurses were committed to the condition and improvement of patients which can be viewed as a positive attitude towards their profession. The response of professional nurses to development and training and the appeal of work in various departments indicate their intention to stay in the organisation or the profession. This response may also be viewed as a prerequisite for promotion. However, comments about limited opportunities for training seem to be a barrier to achieving this goal. Professional nurses also saw rotation through other department/sections of the hospital as a positive factor in their own development and appreciated the fact that their work environment was technologically well-resourced. As alluded to earlier in the chapter, a harmonious work environment, including teamwork, is necessary for the retention of professional nurses.

Professional nurses were unhappy with the salary packages, and many did not see their role as teaching or mentoring as part of their core post descriptions.

The significance of any differences will be tested in the section on hypotheses testing. A discussion on the hypotheses testing follows.

5.10 HYPOTHESES TESTING

To test whether two variables are related, a Chi-Square test is used (Spatz, 2011: 299-306). The null hypothesis for Chi-Square test is that the two variables are independent. According to Spatz (2011: 301-304), the Chi-Square test is a statistical test that gives the frequencies of the probability of sampling distribution. It compares the observed frequencies of a category to frequencies that would be expected in such a distribution. If the null hypothesis is rejected, one could conclude that the two variables are related.

Specifically, a Chi-Square test for independence evaluates statistically significant differences between sizes for two or more groups in a data set.

The traditional approach to covering a result requires a statement of statistical significance. A **p-value** is generated from a **test statistic**. A meaningful result is indicated with " $p < 0.05$ ". Furthermore, two sets of Chi-Square tests were performed. The first tested hypothesis revealed that the frequencies per option per statement would be the same. There is no difference between the observed and expected frequencies.

The results are presented below in a table (Table 5.17). All of the significance values are less than 0.05. This means that the null hypotheses are rejected. There is a difference in the manner of the scoring patterns for each of the 20 statements that follow.

Hypothesis Test Summary				
	Null Hypothesis	Test	Sig.	Decision
1	The categories of Being able to be meaningfully occupied with your work at all times occur with equal probabilities.	One-Sample Chi-Square Test	.000	Reject the null hypothesis
2	The categories of The opportunity to work independently in your work occur with equal probabilities.	One-Sample Chi-Square Test	.000	Reject the null hypothesis
3	The categories of The opportunity to practise different things from time to time occur with equal probabilities.	One-Sample Chi-Square Test	.000	Reject the null hypothesis
4	The categories of The opportunity to be seen as contributing positively to the society living in your community occur with equal probabilities.	One-Sample Chi-Square Test	.000	Reject the null hypothesis
5	The categories of The way your supervisor handles his/her subordinates occur with equal probabilities.	One-Sample Chi-Square Test	.000	Reject the null hypothesis
6	The categories of The ability of your supervisor in making/taking decisions occur with equal probabilities.	One-Sample Chi-Square Test	.000	Reject the null hypothesis
7	The categories of Doing things that go against your conscience occur with equal probabilities.	One-Sample Chi-Square Test	.000	Reject the null hypothesis
8	The categories of The way your employment is guaranteed occur with equal probabilities.	One-Sample Chi-Square Test	.000	Reject the null hypothesis
9	The categories of The way in which you are taking care of other people occur with equal probabilities.	One-Sample Chi-Square Test	.000	Reject the null hypothesis
10	The categories of The opportunity to delegate to other people occur with equal probabilities.	One-Sample Chi-Square Test	.000	Reject the null hypothesis
11	The categories of The opportunity to apply your knowledge and skills occur with equal probabilities.	One-Sample Chi-Square Test	.000	Reject the null hypothesis
12	The categories of The way that the "Department of Health" policies are put into practice occur with equal probabilities.	One-Sample Chi-Square Test	.000	Reject the null hypothesis
13	The categories of Your salary compared to the amount of work you do occur with equal probabilities.	One-Sample Chi-Square Test	.000	Reject the null hypothesis
14	The categories of The opportunity for promotion & advancement in your work occur with equal probabilities.	One-Sample Chi-Square Test	.000	Reject the null hypothesis
15	The categories of The freedom to use your own judgement in the workplace occur with equal probabilities.	One-Sample Chi-Square Test	.000	Reject the null hypothesis
16	The categories of The opportunity to be innovative and creative in your work occur with equal probabilities.	One-Sample Chi-Square Test	.000	Reject the null hypothesis
17	The categories of The working conditions in your workplace occur with equal probabilities.	One-Sample Chi-Square Test	.000	Reject the null hypothesis
18	The categories of The way your co-workers get along with each other occur with equal probabilities.	One-Sample Chi-Square Test	.000	Reject the null hypothesis
19	The categories of The compliments and/or acknowledgement you get for doing a good job occur with equal probabilities.	One-Sample Chi-Square Test	.000	Reject the null hypothesis
20	The categories of The feeling of accomplishment you get from your work occur with equal probabilities.	One-Sample Chi-Square Test	.000	Reject the null hypothesis
Asymptotic significances are displayed. The significance level is 0.05				

Table 5.17: Hypothesis testing

The second Chi-Square test looked at whether there was any relationship between the column variables of gender, age, race and seniority (grade) of nurses and row variables (statements). The null hypothesis claims that there is no relationship. The results are presented below.

STATEMENT	Gender	Race	Age	Grade Position
Being meaningfully occupied with your work at all times	0.222	0.583	0.582	0.124
The opportunity to work independently in your work	0.710	0.245	0.929	0.171
The opportunity to practise different things from time to time	0.726	0.892	0.453	0.242
The opportunity to be seen as contributing positively to the society living in your community	0.364	0.419	0.230	0.500
The way your supervisor handles his/her subordinates	0.232	0.363	0.586	.007*
The ability of your supervisor in making/taking decisions	0.928	0.291	0.411	.006*
Doing things that go against your conscience	0.172	0.508	0.899	0.652
The way your employment is guaranteed	0.719	0.368	0.415	0.629
The way in which you are taking care of other people	0.917	0.272	0.845	.025*
The opportunity to delegate to other people	0.471	0.202	0.326	0.595
The opportunity to apply your knowledge and skills	0.879	.037*	0.903	0.784
Way that the "Department of Health" policies are put into practice	0.322	0.070	.041*	0.083
Your salary compared to the amount of work you do	0.545	0.28	0.283	0.130
The opportunity for promotion & advancement in your work	0.511	0.362	0.102	0.376
The freedom to use your own judgement in the workplace	0.687	0.768	0.766	0.544
The opportunity to be innovative and creative in your work	0.248	0.96	0.507	0.372
The working conditions in your workplace	0.628	0.632	.015*	0.291
The way your co-workers get along with each other	0.060	0.371	0.924	0.201
Compliments and acknowledgement for doing a good job	0.515	0.806	0.462	.008*
The feeling of accomplishment you get from your work	0.161	0.27	0.508	0.299

Table 5.18: Chi-Squared: Relationship between variables

The highlighted and bold values in Table 5.18 show a significant relationship for those variables. In all other instances, the factors did not influence one another.

The position (level of seniority) that nurses occupied played a significant role with respect to her as a supervisor handling her juniors, the supervisor making decisions, the way people were cared for, and acknowledgements for doing a good job. According to the findings, 42 of the respondents (17 respondents were very dissatisfied and 25 were dissatisfied) were disgruntled with their supervisor's ability to make/take decisions. This is a key determinant to nursing retention. In the study on strategies to retain professional nurses in South Africa, Pillay (2009: 39-57) stressed the importance of workplace organisation and opportunities to practice their profession optimally as a key to nurse retention. This is also an enduring theme in the nursing literature. Professional nurses prefer autonomy in practice and resist top-down autocratic cultures. Managers, who hope to "magnetise" their organisations, have a key responsibility to create an environment that is supportive and one that promotes open communication and participation in decision making. They need to facilitate professional development and create opportunities for nurses to practise in a manner that is congruent with the value system of their profession.

According to Duchscher & Cowin (2004: 494), age was significant with respect to the way health policies were implemented and also the perception of working conditions. Almost 1/5th of the sample was above the age of 50 (mature professional nurses) and almost 50% above the age of 40 years of age. Mature professional nurses would more likely be in administrative and decision-making positions, with a fair degree of understanding of the policies of the Provincial Department of Health, obtained in part by virtue of their experience and seniority. Characteristics displayed by mature professional nurses include loyalty, discipline teamwork, respect for authority. Given these values, nurses would tend to be more positive towards their working conditions in the work place.

Of the respondent, 57 (16 very dissatisfied; 41 dissatisfied) were unhappy with the way the DoH policies were put into practice. There were lack of communication, no feedback received and poor management of the way the policies are implemented. The key finding in this study to enhance retention is to improve communication

between professional nurses, management and authorities. Gender did not affect the responses of the respondents

5.11 CONCLUSION

In this chapter, the results were presented analysed and discussed. Reliability and descriptive statistics were used to describe the findings from the questionnaires completed by professional nurses. Tables, figures and graphs were used to display data on the information supplied by the respondents. Factor analysis was used to signify a number of questions with a small number of hypothetical factors. PASW version 18.0 (SPSS) was used for this purpose. Tables and graphs indicate the analysis by section. The five sections were Job Satisfaction, Management, Creativity, People Interaction and Knowledge and Skills. Open-ended questions were used to elicit more subjective information. Hypothesis Testing was used to determine whether significant relationships existed between variables.

The finding observed at IALCH, a unique public/private hospital partnership, were broadly compared to a similar study, using the Minnesota Satisfaction Questionnaire, undertaken in a public hospital on the West Rand, Gauteng, South Africa (Selebi, 2006).

There was a reasonable amount of satisfaction recorded amongst professional nurses with regard to “being able to be meaningfully occupied with your work at all times (71.51%),” and the “guarantee of employment (71.01%).” Professional nurses also valued being able to work independently (82.83%) and, from a people interaction point of view, taking care of other people (91.88%) as well as the opportunity to delegate to others (72.50%). The opportunity to apply one’s knowledge and skills (83.42%) as well as practise different things from time to time (70%) also received approval. Professional nurses expressed their extreme dissatisfaction at their salary (69.74%) and opportunities for promotion (56.06%).

The conclusion and limitations of the study will be presented in Chapter Six. The recommendations informed by the empirical survey are also presented in the last chapter.

CHAPTER SIX

GENERAL CONCLUSIONS AND RECOMMENDATIONS

6.1. INTRODUCTION

The results of several studies have shown that nurses provide a pivotal service to ensure the proficient and resourceful delivery of healthcare not only in South Africa, but globally. However, there is a global shortage of nurses to provide this nursing capability, especially in the public sector. Such a chronic shortage poses a real threat to the future of public health especially in developing countries, including South Africa. It thus becomes essential for healthcare managers to identify and address those factors which are the stumbling blocks to job satisfaction, which may translate into loss of nurses from the profession.

The chronic shortage of nurses is a complex issue and is due to a multitude of factors. Nursing satisfaction in a South African setting (Uys *et al.*, 2004; Selebi, 2006; Wilschut & Mqolozana, 2008) was one aspect of the research conducted in the literature. Pressure of being short staffed was one of the factors identified as leading to work dissatisfaction and consequently contributes to the high turnover rate of nurses. Nursing job satisfaction and retention strategies have received attention in the literature at large, but given the unique environment of IALCH as a public hospital supported by a private partner, this had not been previously studied.

Thus, the endpoint of this research was to address factors that led to job dissatisfaction and, following its analyses, to urgently develop strategies that will minimise turnover of nurses. Further, any attempt to address these factors must be tackled in a holistic manner, taking into account this unique environment at IALCH.

6.2 GENERAL CONCLUSIONS

The principal aim of this research was to examine reasons for the nursing shortage and to identify factors that exacerbated the turnover of nurses in IALCH. Once these factors had been identified, the next step was to develop appropriate retention and turnover guidelines to improve service delivery.

Thus the key objectives as outlined in Chapter One of this study to achieve the aim of this study were as follows:

- Explore the factors that influence the attrition of nurses at IALCH;
- Determine individual nursing needs that will enhance the retention of the nursing workforce;
- Examine guidelines for enhancing and sustaining nurse retention at IALCH, and
- Present recommendations that could reduce nursing turnover.

Amongst others, Pillay (2009: 1) had reported that work satisfaction of nurses was imperative, as there was adequate empirical evidence to show that it tended to affect the individual, the organisation and greater health and social outcomes. The focus of the current study was job satisfaction amongst professional nurses and how to address this. Thus two of the key research questions that were to be answered to achieve the aim of the study, were the following:

- Is there job satisfaction amongst nurses?
- What actions can IALCH take to create an enabling work environment that will enhance the retention of nurses?

Research question 1 in Chapter One sought to identify whether professional nurses were satisfied with their current jobs and what were the contributing factors. This question was based on the assumption that a lower job satisfaction was one of the principal factors that lead to nurses leaving organisation and/or the profession.

The results of this research study yielded an opportunity to gain deeper insight to the perception of nurses regarding their job satisfaction and its contributory effects to job retention. There were both positive and negative aspects affecting job satisfaction.

Overall, nurses were satisfied with aspects of their job inherent to the profession of nursing. However, though not surprisingly, professional nurses were dissatisfied with their salaries; promotional and advancement opportunities and acknowledgements for doing well were detrimental factors. Improving salaries, however, addresses only one aspect of challenges faced in the nursing environment. When the Occupational Specific Dispensation (OSD) was agreed upon, and nurse's salaries which were long regarded as abysmally low, were reviewed and substantially increased, DENOSA (2007b:1) proudly announced that the year 2007 was a year of celebration for nurses in South Africa. This new dispensation, however, did not ameliorate the dissatisfaction with salaries almost two years after its implementation in 2008. It is unknown whether the cost of living had since caught up with the increases, as 2008 was considered as a year of economic crisis.

The majority of respondents in this study were either dissatisfied or neutral about the opportunity for promotion and advancement in one's work (70.8%), doing things against one's conscience (64%), and being acknowledged or receiving compliments for performing a good job (60.6%). Shields *et al* (2001) found limiting promotional and training opportunities for nurses had a stronger impact than either work load or salaries. Therefore, apart from salaries and promotional and training opportunities, other enabling factors such as positive or transformational management also had to be addressed.

The second key research question sought to address the statement as to what actions IALCH could take to create an enabling work environment that will enhance the retention of nurses?

Studies by Pillay (2009) and Huston & Marquis (1989: 321) show that there is a causal relationship between retention of staff and the work environment, and that organisational structures can play a role or have an impact in creating a work

environment that enhances the retention of employees. According to these authors, if an organisation can create a positive work environment that ensures satisfaction, encouragement and growth for its nurses, it will be providing an environment that enhances employee retention.

South African public hospitals generally have a fair degree of autonomy as to how they can create an enabling work environment. At its inception, IALCH was deemed to be a high referral, tertiary and quaternary hospital. Therefore it is quite within its sphere of management activity to review the working conditions of staff including nurses and to address matters pertaining to areas of dissatisfaction (and neutrality) found in this study.

This study found that management issues such as implementing policies, management of subordinates and how supervisors take decisions that impact on job satisfaction were split at the 3rd quintile. Those that were either dissatisfied or neutral were found to be approximately 55% and 41.5% respectively. Less than 60% of respondents were happy with how their supervisors handled their subordinates, which underlines the need for further training of nursing supervisors. Further, management and leadership training should also be available for those candidates with potential for senior management appointments.

Transformational management should begin at the point of production the nursing colleges and reach the policy-making higher echelons. Senior nurse managers must therefore form relationships with the “feeder nursing colleges.” For example, by sitting on each other’s boards, they would ensure that each organisation is aware of the problems of the other, and more importantly, supports the other as well as facilitates the recruitment of new staff.

Innovative management strategies need to be explored to facilitate transformational leadership initiatives. This requires the appointment of dynamic and skilled leadership at various critical levels. Building trust and effective communication form part of the pillars of good management. For example, even though all respondents were in full-time permanent employment at IALCH, close to 30% of respondents were dissatisfied or neutral on how their jobs were guaranteed. Given that nursing jobs in the public service are virtually guaranteed

(unless there has been a serious violation of regulations), this perception by nurses demonstrates either a lack of knowledge or that there were other (unknown) factors that were not explored. Thus one of the retention strategies for consideration must therefore be aimed at organisational support in creating job security awareness in the workplace by way of effective communication.

Poor communication correlates with lower commitment, reduced productivity, increased absenteeism and higher turnover (Hargie *et al.*, 2002). Effective communication of DoH policies, and institutional guidelines as well as effective communication between management and staff can promote job satisfaction. Such communication strategies must also be devolved to various levels, as it is known that junior colleagues can, and may, feel intimidated in the presence of senior members or management.

Given that IALCH is a new technologically well-resourced hospital, it was disconcerting to note that only just over half of the respondents (55.3%) considered their working environment to be satisfactory. Nonetheless, professional nurses valued their independence to work autonomously (82.8%). While there was a high degree of latitude to apply one's skills and knowledge (83.4%), as well as to practise different things at different times (69.6%), this did not automatically translate into the freedom to use their own judgement (52.1% were dissatisfied or neutral) or to be more creative in the clinical setting (49% were dissatisfied or neutral). While the reasons for this need to be explored further, this matter should be broadly addressed by management. Clinical mentorship and small group discussions may provide a forum for organisational and peer group support to explore their work environment, academic autonomy and creativity.

The current study found that nurses tend to work more cohesively as a team as shown by peer interaction (62.8% were satisfied) and delegation of duties (72.5% were satisfied). This is also reflected by the high levels of job satisfaction with the patient interaction (91.9% were satisfied) as a character-requirement of a professional nurse. These positive attributes need to be reinforced as they demonstrate that nurses have the inherent ability to communicate and therefore should also be translated between nurse and nursing supervisor. For the latter to

take effect, appropriate forums should be created to facilitate communication between management and nurses of different levels.

Nursing management needs to engage different level nurses as part of an advisory forum. Not only is this good labour practice, but it will also form part of the strategy of communication and inclusive involvement of nurses at lower levels as a new transformational leadership ethos evolves. Improving this aspect is well within the purview of all levels of nursing and management. Management should keep their staff well informed and where possible, ensure their participation in decisions that have an impact on their daily working lives that is often replete with daily emotional challenges as well.

Nursing is a very demanding profession, requiring nurses to deal with human frailties and death on a daily basis. While their profession demands a certain amount of distancing of themselves from their patients, at the same time their profession also demands a certain amount of empathy. This dichotomy of personal feelings provides an inherent conflict with nurses and other members of the health profession. Organisational support for “care of the caregivers” needs to be further investigated to act as preventive measures for nurses to prevent burn-out.

Greyling and Stanz (2010) found that nurses would consider leaving the organisation due to the perception that they were not involved in, amongst other things, how they execute their jobs and any anticipated changes in the way in which they do their jobs. The study outcome data found that 42% of respondents indicated their intention to leave the hospital or were uncertain whether they would still be at the same institution after 12 months. This is serious cause for concern for any organisation, especially one that has a chronic shortage of such staff.

6.3 LIMITATIONS OF THE STUDY

There were limitations in this explorative study that would affect the findings of this investigation.

This investigation took place in a new hospital, the Inkosi Albert Luthuli Central Hospital, which is a unique public/private partnership hospital. This is a well-

resourced facility with new equipment and is meant to be comparable with most modern hospitals worldwide. The study was limited to nurses in the public sector only and nurses in the private sector were not considered.

Further, each province presents with its own challenges in terms of its physical, social and health characteristics. Therefore, the findings of this study cannot be directly extrapolated either to the public sector hospitals or to the private sector with this limitation.

The sample consisted of current employees, namely professional nurses. This has an element of bias as a true reflection would need to include responses from those that had resigned from the hospital.

Notwithstanding the assumption that respondents answered the questionnaires honestly, another possible limitation was the potential for bias as the data was collected during a period of labour unrest.

Another limitation could be that this study was conducted only in one new, well-resourced public hospital and only in one province in South Africa. This may limit the generalisation of its findings to other hospitals or provinces.

Despite these limitations, the conclusions drawn from the current research indicate that recommendations can be made to those in positions that can effect changes to the work environment to enhance job satisfaction and retention of staff.

6.4 RECOMMENDATIONS

One of the key objectives of the study was to examine guidelines for enhancing and sustaining nurse retention at IALCH and to present recommendations to guide leaders where changes could be made. The lack of information and research of nurse satisfaction at a technologically well-resourced public hospital such as IALCH, provided an opportunity to provide empirical data to management for consideration. The results of this study will provide decision-makers with knowledge of job satisfaction and the intention of nurses to seek alternative job

opportunities. It will give also management an opportunity to address concerns related to job satisfaction.

Many factors can contribute to the retention and turnover of nurses. These include remuneration packages, nurses' rewards, organisational aspects, workplace environment and the working conditions of nurses. While this is the first known study to investigate the job satisfaction of nurses working in a public/private facility, the results of this study suggest that recommendations can be made to provide guidelines for retention and turnover policies for professional nurses. To this end, it is necessary to draw the attention of the policy makers and management to the significant finding of this study.

Thus the following section presents an overview of the specific recommendations for consideration by the Management of IALCH and the Provincial Department of Health.

6.4.1 Competitiveness of Remuneration Packages

- Ensure that nurses' remuneration packages are competitive with those of similar professions.
 - This is an extrinsic factor as all public hospital nurses are remunerated by the state. However, the professional organisations represented the Public Service Bargaining Council will need to seriously address this matter.
- Pay professional nurses merit bonuses for outstanding performances and for those acquiring additional qualifications.
 - The advantage of merit bonuses is that this aspect falls within the mandate of the institution and can be applied.
 - The third (and final) phase of the OSD is envisaged to address professionals with higher and additional qualifications. This needs to be widely publicised within the profession, as it can be one of the motivating factors that serves to improve the salary package and thus contribute towards retention of nurses.

6.4.2 Recruitment strategies of Government

Studies have shown a steady emigration of nurses to other more developed countries (Breier, Wilschut & Mqolozana, 2009). In a report on Global Shortage of Nurses (ICN, 2004: 27), out of 10795 nurses from 5 commonwealth African Countries (South Africa, Nigeria, Zimbabwe, Ghana and Malawi) that registered with the UK Nursing Council over 1998-2003, South Africa accounted for 61.4% (6627) of the emigrant nurses. The findings in this study found that 34% of the respondents were uncertain about working in this hospital in the next 12 months (intention to leave), showing the determination of the professional nurses to look for work outside this institution (as reflected in Fig. 5.15 in Chapter Five).

Thus, the priority of central government should be a massive recruitment drive to get nurses back into the profession, as well as targeting those who have emigrated.

6.4.3 Strategies on organisational aspects to enhance retention of professional nurses

These include:

- Fill vacant professional nurses' posts as a matter of urgency to alleviate the shortage, and
- Ensure appropriate in-service training with new appointments or promotions, especially of front line managers, so that that these supervisors are able to appropriately manage their subordinates (supervisory skills).
 - Such training must include effective communication between professional nurses and management, and professional nurses and their subordinates.
 - Appropriate level training should be provided so that during annual (bi-annual) assessments, supervisors are familiar with what is available in terms of advancement and promotion opportunities, and to ensure that expectations on the part of the subordinates are realistic.

- Provide professional training and development for professional nurses for upward mobility.
 - These need to be provided by South African Qualifications Authorities (SAQA) accredited institutions for pay progression and advancement in the work place.
- Improve the workplace environment and working conditions of nurses.
- Enhance safety in the work place.

According to Fabre (2005: 77), nurse managers can aid retention by displaying certain characteristics in the workplace. These include being a trust builder, honest, sincere and an effective communicator. By creating interesting work opportunities, listening to subordinates, responding to their needs, giving feedback and guidance, nurse managers will enhance nurse retention (Rhule, 2002: 23).

Communication and correct forums for nurses to become part of policy decisions may go a long way to mitigate areas of dissatisfaction. This can be achieved by way of monthly or quarterly communication newsletters.

Creating and promoting appropriate forums such as ward groups where nurses can air their individual and collective concerns, as well as become part of the decision-making process will be helpful.

6.5 Recommendations for further research

The current study forms a foundation for further research about job satisfaction and turnover rates at other institutions and other healthcare professionals. The results of a quantitative and qualitative study may provide information for use by management and leaders to bring about changes in the conditions of service of nurses as well as other healthcare professionals.

This study focused only on professional nurses. Clearly other categories of nurses, such as enrolled and nursing assistants, also play a significant role in ensuring the nursing needs are met. Therefore this study should be expanded to include these categories as well.

Further research needs to be undertaken at other public hospitals as well as private hospitals to establish whether similar factors affect the retention of professional nurses.

This study showed that 42% of respondents indicated their intention to leave the hospital or were uncertain whether they would still be there after 12 months. The reasons professional nurses leave their place of work to seek employment elsewhere must be investigated further.

In this chapter, the aims and objectives of the research were examined to propose recommendations and guidelines for the retention of professional nurses' policies for IALCH. Recommendations of this research are made to provide guidelines for retention and turnover policies for professional nurses.

The purpose of this study was to investigate and examine reasons for the nursing shortage and to identify factors that exacerbate the turnover of nurses in a unique public private partnership hospital, the Inkosi Albert Luthuli Central Hospital (IALCH). From the findings, it is clear that this objective was met, as several factors were identified that could contribute towards dissatisfaction of nurses at their places of employment. Further, retention strategies as recommended at local level (hospital), can be put into place to facilitate an enabling environment.

BIBLIOGRAPHY

1. BOOKS

AECT. 2001. Handbook of Research for Educational Communications and Technology, 41(1).What is descriptive research?

<http://www.aect.org/edtech/ed1/41/41-01.html> (Accessed 08 July 2011).

Ainsworth-Land G. New rules for growth and Change. In The Leader Manager, Ed Williamson JN. John Wiley & Sons: 1986: 168-9.

<http://books.google.co.za/books?hl=en&lr=&id=Jy5o-L9wKdMC&oi=fnd&pg=PA433&dq=herzberg%27s+theor+of+motivation&ots=DGd5pwXSJq&sig=CfnM0Tr70EAah9UhvpKyJgINTP8#v=onepage&q&f=false> (Accessed 14 April 2010).

Babbie, E. 1999. The Basics of Social Research. Chapman University: Wadsworth Publishing Company, USA.

Breir, M; Wildschut A & Mqolozana T, 2009. Nursing in a New Era: The Profession and Education of Nurses in South Africa. HSRC Press, Pretoria.

Bryman, A. & Bell, E. 2007. Business Research Methods, 2nd ed. Oxford University Press, New York.

Burns, N. & Grove, S.K. 2001. The practice of nursing research: conduct, critique and utilization. 4th ed. WB Saunders, Philadelphia.

Clay, T. 1987. Nurses - Power and Politics. Heineman, London.

Constitution of the Republic of South Africa, Act 108 of 1996, South Africa. Government Printers.

Cook, J.D., Hepworth, S.J., Wall, T.B. & Warr, and P.B. 1981. The experience of work: A compendium and review of 249 measures and their use. London: Academia Press.

Fabre, J.C. 2005. Smart nursing: how to create a positive work environment that empowers and retains nurses. Springer, New York.

Greenberg, J. & Baron R.A. 1995. Behaviour in Organizations. 5th ed. Prentice-Hall, New Jersey.

Introduction to SAS. UCLA: Academic Technology Services, Statistical consulting. Cronbachs Alpha. <http://www.ats.ucla.edu/stat/sas/notes2/>. (Accessed 24 November 2010).

Israel G.D. (2009). Determining sample size.

file:///C:/Documents%20and%20Settings/Administrator/Desktop/Israel%20GD%202009%20Determining%20Sample%20Size.htm (Accessed 21 March 2010).

Kerr, A.W., Hall, H.K., Kozuth, S.A. 2004. Doing Statistics with SPSS. Sage Publications, London.

Lind, D.A., Marchal, W.G. & Mason, R.D. 2004. Statistical Techniques in Business and Economics. 11th ed. McGraw Hill, New York.

Maslow, A. 1970. Motivation and personality (2nd ed.). New York: Harper & Row. <http://www.accel-team.com/motivation>. (Accessed on 3 May 2011).

PASW version 18.0 (SPSS). Cronbachs Alpha. From the help menu.

Polit D.F, Beck, C.T & Hungler, B.P. 2001. Essentials of Nursing Research: Methods, Appraisal, and Utilization. 5th ed. Lippincott, Philadelphia.

Robbins, S. 1993. Organisational behaviour: Concepts, Controversies and applications. 6th ed. Prentice-Hall, New Jersey.

Roberts, P. and Priest, H. 2010. Healthcare research: A textbook for students and Practitioners: Wiley-Blackwell, Chichester.

Spatz, T.C. 2011. Basic Statistics: Tales of distribution. 10th ed. Wadsworth. Belmont California.

http://books.google.co.za/books?id=chVUEaHOXy8C&pg=PA300&dq=what+is+a+chi+quared+test&hl=en&ei=fCsYTs39CYTrrQfj2r3QAQ&sa=X&oi=book_result&ct=result&resnum=4&ved=0CDkQ6AEwAzgK#v=onepage&q&f=false (Accessed 08 July 2011).

Spector, P.E. 1997. Job satisfaction: application, assessment, causes and consequences. Sage Publications, California.

Spector, P.E. 2003. Industrial and organizational psychology: Research and practice. 3rd ed. John Wiley and Sons: New York. SPSS FAQ: What does Cronbachs alpha mean <http://www.ats.ucla.edu/stat/spss/faq/alpha.html>. (Accessed 08 July 2011).

Stephens, L.J. 2004. Advanced Statistics Demystified. McGraw Hill, New York.

Steyn, A.G.W., Smith, C.F., Du Toit, S.H.C, Strasheim, C. 1994. Modern Statistics in Practice. J.L. van Schalk, Pretoria.

Swansburg, R.C. 1996. Management and leadership for nurse managers. 2nd ed. Jones & Bartlett. Massachusetts, USA.

http://books.google.co.za/books?id=EUZj3K2lwT0C&pg=PA302&lpg=PA302&dq=creativity+of+nurses+in+their+jobs&source=bl&ots=hKBXncNqVt&sig=ocjbQ3RSilo8w0ob7-dCkjHfx7M&hl=en&ei=4z4HToSsHcSLhQeWh9m0BA&sa=X&oi=book_result&ct=result&resnum=1&ved=0CCcQ6AEwAA#v=onepage&q=creativity%20of%20nurses%20in%20their%20jobs&f=false (Accessed 06 May 2011).

Swansburg, R.C., & Swansburg, R.J. 2002. Introduction to management and leadership for nurse managers. Jones and Barlett, Sudbury, Massachusetts.

http://books.google.co.za/books?id=EUZj3K2lwT0C&pg=PA302&lpg=PA302&dq=creativity+of+nurses+in+their+jobs&source=bl&ots=hKBXncNqVt&sig=ocjbQ3RSilo8w0ob7-dCkjHfx7M&hl=en&ei=4z4HToSsHcSLhQeWh9m0BA&sa=X&oi=book_result&ct=result&resnum=1&ved=0CCcQ6AEwAA#v=onepage&q=creativity%20of%20nurses%20in%20their%20jobs&f=false. (Accessed 06 May 2011).

Willemse, I. 2009. Statistical Methods and Calculation Skills. 3rd ed. Juta & Co., Cape Town.

2. JOURNALS

Aiken, L.H., Sloane, D.M., Cimiotti, J.P., Clarke, S.P., Flynn, L., Seago, J.A., Spetz, J & Smith, H.L. 2010. Implications of the California Nurse Staffing Mandate for Other States. Health Services Research, 45(4): 904-921.

Aiken, L.H., Buchan, J., Sochalski, J, Nichols, B. & Powell, M. 2004. Trends in International Nurse Migration. Health Affairs, 23(3): 69-77.

Aiken, L.H., Clarke, S.P., Cheung, R.B., Sloane, D.M., & Silber, J.H. (2003). Educational levels of hospital nurses and surgical patient mortality. Journal of American Medical Association, 290. 1617-1623.

Aiken, L.H., Clarke, S.P., Sloane, J., & Silber J.H. 2002. Hospital nurse staffing and patient mortality, nurse burn out and job satisfaction. *Journal of American Medical Association*, 288(16): 1987-1993.

American Association of Colleges of Nursing, 2010. <http://www.aacn.nche.edu/media-relations/fact-sheets/nursing-shortage>) Accessed 31 October 2011.

Arnstein, M.G. 1956. Florence Nightingale's influence on nursing. *Chief of the Division of Nursing Resources, United States Public Health Service* 32 (7): 540-546.

Barney, S.M. 2002. The nursing shortage: Why is it happening? *Journal of Health Management*, 47(3): 153-155.

Bass, B.M. 1998. *Transformational leadership: industrial, military, and educational impact*. Lawrence Erlbaum Associates, New Jersey.
<http://books.google.co.za/books?id=CF7yFpsFYZgC&printsec=frontcover#v=onepage&q&f=false> (Accessed 22 May 2011).

Bateman, C. 2009. Legislating for nurse/patient ratios 'clumsy and costly' experts. *SAMJ*, 99(8): 561-3.

Batho Pele Principles. <http://www.dpsa.gov.za/batho-pele/Principles.asp> (Accessed 9 August 2010).

Beagan, B. Ellis, C. 2007. Values that matter, Barriers that interfere: The Struggle of Canadian Nurses to enact their values. *CJNR*, 39 (4): 36 –57.

Buchan, J. & Calman, L. 2004. The global shortage of Registered Nurses: An overview of issues and actions, (1): 60. *International Council of Nurses: Geneva*.

Buchan, J. and May, F.O. 1999. Globalisation and Healthcare Labour Markets.: A case study from the United Kingdom. *HRDJ*, 3(3): 199-209.

Chan, C.C., McBey, K., Basset, M., O'Donnell, M. & Winter, R. 2004. Nursing Crisis: Retention strategies for hospital administrators. *Research and Practice in Human Resource Management*, 12(2): 31-56.

Cho, S.H. 2001. Nursing staffing and adverse patient outcomes: A systems approach. *Nursing Outlook*, 49(2): 78-85.

DENOSA. 2007b. Finally the sun has shined for nurses. <http://www.denosa.org.za/Finally%20the%20sun%20has%20shined%20for%20nurses.pdf> (Accessed 29 May 2008).

Department of Health (DoH), 2006. A National Human Resources plan for Health to provide skilled human resources for healthcare adequate to take care of all South Africans. http://www.doh.gov.za/docs/discuss/2006/hrh_plan/index.html. (Accessed May 17 2010).

Department of Health (DoH), KwaZulu-Natal. 2010-2014. Strategic Plan.

Department of Health (DoH). 2010. Remuneration Policy for Health Professionals Employed in the Public health Sector, May 2010.

Department of Health (DoH). IALCH Speedminer. 2010. Management/Human resources.

Department of Public Service and Administration (DPSA). 2006. Managing Staff Retention. An information guide to Government Departments. pp.1-64.

Doiron, D. & Jones, G. 2004. Nurses' retention and hospital characteristics in New South Wales. School of Economics, UNSW & Research Associate, CHERE, UTS: 1.

Duchscher, J.E & Cowin, L. 2004. Multigenerational Nurses in the Workplace. *JONA*, 34(11): 493-501.

Ellenbecker, C.H. 2004. A theoretical model of job retention for home health care nurses. *Journal of Advanced Nursing*, 47, (3): 303-310.

Geyer, N. 2001. The high risk of low staffing. *Nursing Update*, 30(4): 5.

Govender, V. 2009. Valuing and retaining employees in South African public sector organizations. *Administration Publica*, 17(2): 104-110.

Greyling, J., & Stanz, K. 2010. Turnover of nursing employees in a Gauteng hospital group. *SA Journal of Industrial Psychology/SA Tydskrif vir Bedryfsielkunde*, 36 (1). <http://www.sajip.co.za/index.php/sajip/article/view/850/948>. (Accessed 10 May 2011).

Hargie, O., Tourish, D., & Wilson, N. 2002. Communication audits and the effects of increased information: A follow-up study. *Journal of Business Communication*, 39(4): 414-436. Cited in Greyling, 2010.

Harrison, D. 2009. An Overview of Health and Health Care in South Africa 1994-2010: Priorities, Progress and Prospects for New Gains. A discussion document commissioned by the Henry J. Kaiser family foundation to help inform the National Health Leaders' retreat at Muldersdrift, 24-26 January 2010. <http://www.hst.org.za/indicators/HumanResources/PERSAL>. (Accessed 8 May 2011).

Hirschfield, MJ, Henry, B & Griffith, H. 1993. Nursing personnel resources: results of a survey of perceptions in Ministries of Health on nursing shortages, nursing education and quality of care. WHO, Geneva.

Huston, C.J., & Marquis, B.L. 1989. Retention and productivity strategies for nurse managers. Lippincott, Philadelphia.

International Council of Nurses (ICN). 2004. The Global Shortage of Registered Nurses: An Overview of Issues and Actions. <http://www.icn.ch> (Accessed 20 May 2010).

Kannegiesser, L. 2009. Can PPPs in South Africa's healthcare sector be exploited? <http://www.frost.com/prod/servlet/market-insight-top.pag?Src> (Accessed 5 Apr 2010).

Kirby, S. 2009. Recruitment, retention and representation of nurses: an historical perspective. *Journal of Clinical Nursing*, 18(19): 2725-2731.

KwaZulu-Natal Department of Health (DoH). 2009. Guide on the retention of employees. Human Resources Management circular No. 160 of 2009.

KwaZulu-Natal Provincial Department of Health. 2009. Part A: Strategic Overview. Annual Performance Plan 2009/2010.

Laabs, C.A. 2009. Nurses and Conundrums of Conscience. Forum on Public Policy. <http://forumonpublicpolicy.com/spring09papers/archivespr09/laabs.pdf> (Accessed 05 May 2011).

Laschinger, H.K.S., Finegan, J. 2005. Using empowerment to build trust and respect in the workplace: A strategy for addressing the nursing shortage. *Nursing Economics*, 23

(Lund, S. 2004. Public Private Partnerships Deliver. *Service Delivery Review*, 3(1): 70-73.

Lynn, M.R. & Redman, R.W. 2005. Faces of the Nursing Shortage. Influences on Staff Nurse's intentions to leave their positions or nursing. *The Journal of Nursing Administration*, 35(5): 217-278.

Marks, S. 1994. Divided sisterhood: Race, class and gender in the South African Nursing profession. Johannesburg: Witwatersrand University Press.1): 6-13.

Masterson, S.S. 2001. A trickle-down model of organisational justice: relating employees' and customers perceptions of and reactions to fairness. *Journal of Applied Psychology*, 86(4): 594-604.

McNeese-Smith, D.K. 1997. The influence of management behaviour on nurses' job satisfaction, productivity, and commitment. *Journal of Nursing Administration*, 27(9): 47-55.

Mkhize, S, & Nzimandi, S. 2007. Career choices in relation to nursing. A cross-sectional descriptive study investigating the career choices of school leavers in relation to nursing and what influences these choices. Health Systems Trust, Durban.

Naidoo, Y. 2008. Nurse Shortage Cripples Health System. Inter Press Service (IPS). 24 Sept 2008. <http://www.ipsnews.net/print.asp?idnews=43975>. (Accessed 12 February 2011).

Padarath, A., Chamberlain, C., McCoy D., Ntuli , A., Rowson, M., & Loewensen R. 2003. Health Personnel in Southern Africa: Confronting Maldistribution and Brain Drain, Equinet Discussion paper 3. Health Systems Trust and Medact. http://www.hst.org.za/uploads/files/hrh_review.pdf (Accessed 15 May 2010).

PPP Quarterly, Public Private Partnerships, 2001: 1

Pillay, R. 2009. Work satisfaction of professional nurses in South Africa: a comparative analysis of the public and private sectors. *Human Resources for Health*, 7(1): 7-15. <http://www.human-resources-health.com/content/7/1/15> (Accessed January 2010).

Pillay, R. 2009b. Retention strategies for professional nurses in South Africa. *Leadership in Health Services*, 22(1):39-57. Emerald Group Publishing Limited 1751-1879. <http://www.emeraldinsight.com/10.1108/17511870910928010>. (Accessed January 2010).

Provide. 2005. A profile of KwaZulu-Natal: Demographics, poverty, inequality and unemployment. (1): 5. http://www.elsenburg.com/provide/documents/BP2005_1_5%20Demographics%20KZ.pdf. (Accessed 13 April 2011).

Provincial Department of Health (PDoH). IALCH Annual Report 2003. pp.1-24.

Reid, S. 2000. An Overview of the First Two Years of Community Service, Community Service Update, November, Issue 57. <http://www.hst.org.za/uploads/files/upd57.pdf> (Accessed 16 May 2010).

Republic of South Africa. National Health Act, No.61, 2003. http://www.pub.ac.za/resources/docs/national_health_bill.pdf. (Accessed 10 August 2010).

Rispel L & Schneider H 1991. Professionalisation of South African nursing: Who benefits? *International Journal of Health Services* 21(1): 109–126.

Rosenkoetter, M.M. 2005. White paper on global nursing and health. American Academy of Nursing Expert Panel on Global Nursing and Health. http://www.aannet.org/files/public/white_paper.pdf (Accessed 18 January 2010).

Samuel, M.O. & Chipunza, C. 2009. Employee retention and turnover: Using motivational variables as a panacea. *African Journal of Business Management*. September, 3(8): 410-415.

SA Community–South African Info. <http://www.safrika.info/about/health/health-htm#ixzz1c6RP3qcH> (Accessed 30 October 2011)

Saxena, M. 2009. A study on the customer perceptions of the quality of service at a large hospital in New Delhi. <http://www.slideshare.net/mns2002/a-study-on-the-customer-perceptions-of-quality-of-services-of-a-large-hospital-in-new-delhi-2358778>. (Accessed 08 July 2011).

Scribante J & Bhagwanjee S. 2007. National audit of critical care resources in South Africa – Nursing profile. *SAMJ*. 97(12): 1315-1318.

Shields, M.A., & Ward, M. 2001. Improving nurse retention in the National Health Service in England: The impact of job satisfaction on intentions to quit. *Journal of Health Economics*, 20(5): 677–701. Cited Greyling 2010.

Shimkus, J. 2005. Rx for RN shortages. *National Commission on Correctional Health Care Management*. September, 3(8): 410-415.

Shobbrook, P., & Fenton, K. 2002. A strategy for improving nurse retention and recruitment levels. 17(9): 534-6 Southampton University Hospitals NHS Trust.

South African Government Information. 2008. All nurses to benefit from an agreement with unions. <http://www.info.gov.za/speeches/2008/08011609151002.htm>. (Accessed 14 May 2011).

South African Nursing Council. Website for Statistics. <http://www.sanc.co.za/stats.htm> (Accessed 05 May 2011).

Statistics South Africa: Mid-year population estimates 2010. www.statssa.co.za, (Accessed 14 May 2011).

Subedar, H. (2005). Nursing Profession: Production of nurses and proposed scope of practice, In: The South African Health Review 2005. Health Systems Trust (HST), Pretoria, 88-101.

Sunday Times. 2008. Revealed: Nurse who earns £100000. 30 Nov 2008 <http://www.timesonline.co.uk/tol/news/uk/article5258487.ece> (Accessed 01 May 2011).

Texas Department of State Health Services. 2006. Recruitment and Retention of Nurses in the Workforce. Publication #25-12518.

Uys, L.R., Minnaar, A., Reid, S, & Naidoo, J.R. 2004. The perceptions of nurses in a district health system in KwaZulu-Natal of their supervision, self-esteem and job satisfaction. *Curationis*, 27(2): 50-6 (Abstract).

Van Zyl, G.J. & Shuping, S. 2004. Public/Private Initiatives: The Pelonomi Experience. *Service Delivery Review*, 3: 1.

Vogt, J.F; Cox J.L; Velthouse, B.A & Thames, B.H. 1983. Retaining professional nurses: A planned process. Mosby, London.

WHO 2006. See World Health Organisation.

Wilschut, A. & Mqolozana, T. 2008. Shortage of Nurses in South Africa: Relative or absolute? Case study report, forming part of the HSRC study. HSRC Press, Pretoria.

Wolfe, M. N. 1997. Nursing compensation: A historical review. *Hospital Topics*, Spring, 75(2): 27.

Workman, L.L. 2006. In Annual Report 2006. Western Cape Department of Environmental Affairs and Development Planning. Vote 9. Human Resources Management Part V. <http://www.treasury.gov.za/publications/annual%20reports/provincial/2006/WC/WC%20-%20Vote%2009%20-%20Env%20Affairs%20and%20Dev%20Planning.pdf> (Accessed 20 May 2010).

World Health Organisation (WHO). 2006. World Health report 2006: Working together for health. Geneva. WHO Press. <http://www.who.int/D44D2BFD-6AC0-4DC4-A18F-2FBF2964249E/FinalDownload/DownloadId->

300DC56098A8420B901D8B1CAE1390B3/D44D2BFD-6AC0-4DC4-A18F-2F2964249E/whr/2006/whr06_en.pdf (Accessed 3 May 2010).

3. DISSERTATIONS/THESIS

Gurney, G.A. 1990. Determinants of intent to leave among nurses with doctoral degrees. UMI Dissertation Services. Chicago.

Lephalala, R. P. 2006. Factors influencing Nursing Turnover in selected Private hospitals in England. Unpublished Masters in Nursing Science Dissertation. University of South Africa, Pretoria.

Mokoka, K.E. 2007. Factors affecting the retention of professional nurses in the Gauteng Province. Health Studies, Unpublished PhD degree. University of South Africa, Pretoria.

Otube, N.W. 2004. Job motivation of teachers educating learners with special needs in four provinces of Kenya. Unpublished PhD thesis, University of Hamburg, Germany.

Rhule, K.J. 2004. The effects of the managers' behaviour on the retention of high potential employees from different generations. Unpublished D Ed Thesis, Duquesne University, Pittsburgh.

Selebi, O.C. 2006. Nurses satisfaction with their working environment in a public sector hospital. Unpublished MSc Nursing Dissertation, University of South Africa, Pretoria.

Zondag, C. 2005. Impact of the global nursing shortage on quality patient care and nurses' quality of work life. Master's dissertation. University of Johannesburg, Johannesburg.

Zweni, S.S. 2005. An assessment of strategies used to retain nurses in selected hospitals in the Nelson Mandela Metropolitan municipal area. Masters thesis submitted to Nelson Mandela Metropolitan University, Port Elizabeth.

APPENDIX 1



UNIVERSITY OF KWAZULU-NATAL

*University of KwaZulu-Natal
Research Office
Govan Mbeki Centre
Westville Campus
University Road
Chiltern Hills
Westville
3629
South Africa
Tel No: +27 31 260 3587
Fax No: +27 31 260 2384
E-mail : naidoo4@ukzn.ac.za*

14 July 2010

Mrs T Moodley
43 Strawberry Fields
144 Wattle Grove
WEST RIDING
4091

Dear Mrs Moodley

PROTOCOL: Retention and Turnover Policies for Professional Nurses at Inkosi Albert Luthuli Central Hospital
ETHICAL APPROVAL NUMBER: HSS/0208/2010 M: Faculty of Management Studies

In response to your application dated 07 July 2010, Student Number: **981109426** the Humanities & Social Sciences Ethics Committee has considered the abovementioned application and the protocol has been given **FULL APPROVAL**.

PLEASE NOTE: Research data should be securely stored in the school/department for a period of 5 years.

Yours faithfully

Professor Steve Collings (Chair)
HUMANITIES & SOCIAL SCIENCES ETHICS COMMITTEE

SC/sn

cc: Dr M Suban (Supervisor)
cc: Mrs C Haddon

Postal Address:

Telephone:

Facsimile:

Email:

Website: www.ukzn.ac.za

Founding Campuses:

■ Edgewood

■ Howard College

■ Medical School

■ Pietermaritzburg

■ Westville

APPENDIX 2



HEALTH

KwaZulu-Natal

Health Research & Knowledge Management sub-component

10 – 103 Natalia Building, 330 Langalibalele Street

Private Bag x9051

Pietermaritzburg, 3200

Tel.: 033 – 3953189

Fax.: 033 – 394 3782

Email.: hrkm@kznhealth.gov.za

www.kznhealth.gov.za

Reference : HRKM094/10

Enquiries : Mr X Xaba

Telephone : 033 – 3953189

Dear Mrs T. Moodley

Subject: Approval of a Research Proposal

1. The research proposal titled '**Retention and turnover policies for Professional nurses at Inkosi Albert Luthuli Central Hospital**' was reviewed by the KwaZulu-Natal Department of Health. The proposal is hereby **approved** for research to be undertaken at Inkosi Albert Luthuli Central Hospital.
2. You are requested to take note of the following:
 - a. Make the necessary arrangement with the identified facility before commencing with your research project.
 - b. Provide an interim progress report and final report (electronic and hard copies) when your research is complete.
3. Your final report must be posted to **HEALTH RESEARCH AND KNOWLEDGE MANAGEMENT, 10-102, PRIVATE BAG X9051, PIETERMARITZBURG, 3200** and e-mail an electronic copy to hrkm@kznhealth.gov.za

For any additional information please contact Mr X. Xaba on 033-395 2805.

Yours Sincerely

Dr S.S.S. Buthelezi

Date: 08/07/2010

Chairperson, Health Research Committee

KwaZulu-Natal Department of Health

APPENDIX 3

ETHICAL CLEARANCE APPROVAL: HSS/0208/2010

GENERAL SATISFACTION QUESTIONNAIRE

Please answer each question on satisfaction in relation with this hospital only. Do not discuss the questions with your colleagues.

SECTION A: BIOGRAPHICAL DATA

1) GENDER:

Female	
Male	

2) RACE

White	
Black	
Coloured	
Asian	
Other	

3) AGE:

HOW OLD WERE YOU ON YOUR LAST BIRTHDAY?	
20-29 years	
30-39 years	
40-49 years	
50-59 years	
60 years and above	

4) POSITION:

WHAT IS YOUR CURRENT RANK/POSITION?	
Professional Nurse General Grade 1	
Professional Nurse General Grade 2	
Professional Nurse General Grade 3	
Professional Nurse General Grade 4	
Professional Nurse General Grade 5	

Professional Nurse General Grade 6	
Professional Nurse General Grade 7	
Professional Nurse General Grade 8	
Professional Nurse General Grade 9	
Professional Nurse Specialty Grade 1	
Professional Nurse Specialty Grade 2	
Professional Nurse Specialty Grade 3	
Professional Nurse Specialty Grade 4	

SECTION B: JOB SATISFACTION

5) Please check/tick (X) in the appropriate response that closely resembles what you experience in your job.

RATING SCALE:

VERY DISSATISFIED
DISSATISFIED
CAN'T DECIDE/UNCERTAIN
SATISFIED
VERY SATISFIED

6) In your present job, how do you feel about the following?

STATEMENTS	Very Dissatisfied	Dissatisfied	Can't Decide/Neutral	Satisfied	Very Satisfied
6.1) Being able to be meaningfully occupied with your work at all times.					
6.2) The opportunity to work independently in your work.					
6.3) The opportunity to practice different things from time to time.					
6.4) The opportunity to be seen as contributing positively to the society living in your community.					
6.5) The way your supervisor handles his/her subordinates.					

6.6) The ability of your supervisor in making/taking decisions.					
6.7) Doing things that go against your conscience.					
6.8) The way your employment is guaranteed.					
6.9) The way in which you are taking care of other people.					
6.10) The opportunity to delegate to other people.					
6.11) The opportunity to apply your knowledge and skills.					
5.12 The way that the “Department of health” policies are put into practice.					
6.13) Your salary compared to the amount of work you do.					
6.14) The opportunity for promotion and advancement in your work.					
6.15) The freedom to use your own judgement in the workplace.					
6.16) The opportunity to be innovative and creative in your work.					
6.17) The working conditions in your workplace.					
6.18) The way your co-workers get along with each other.					
6.19) The compliments and/or acknowledgement you get for doing a good job.					
6.20) The feeling of accomplishment you get from your work.					

SECTION C: ENHANCE RETENTION & REDUCE TURNOVER

7)

Would you still be working in this hospital in the next 12 months?	
YES	
UNCERTAIN	
NO	

8) If your response is No, would you kindly give reasons for your decision?

9) In your own words, can you state what motivated you the most in your job during the past 12 months?

10) Is there anything that can be changed or improved in your job?

YES	
UNCERTAIN	
NO	

11) If yes, can you highlight what aspects of your job could be improved?

Thank you for your time and effort in completing this questionnaire.

APPENDIX 4 A

Sampling Tables taken from Israel GD (2009)

Determining Sample Size

Table 1. Sample size for $\pm 3\%$, $\pm 5\%$, $\pm 7\%$ and $\pm 10\%$ Precision Levels Where Confidence Level is 95% and $P=.5$.

Size of Population	Sample Size (n) for Precision (e) of:			
	$\pm 3\%$	$\pm 5\%$	$\pm 7\%$	$\pm 10\%$
500	a	222	145	83
600	a	240	152	86
700	a	255	158	88
800	a	267	163	89
900	a	277	166	90
1,000	a	286	169	91
2,000	714	333	185	95
3,000	811	353	191	97
4,000	870	364	194	98
5,000	909	370	196	98
6,000	938	375	197	98
7,000	959	378	198	99
8,000	976	381	199	99
9,000	989	383	200	99
10,000	1,000	385	200	99
15,000	1,034	390	201	99
20,000	1,053	392	204	100
25,000	1,064	394	204	100
50,000	1,087	397	204	100
100,000	1,099	398	204	100
>100,000	1,111	400	204	100

a = Assumption of normal population is poor (Yamane, 1967). The entire population should be sampled.

APPENDIX 4 B

Table 2. Sample size for $\pm 5\%$, $\pm 7\%$ and $\pm 10\%$ Precision Levels Where Confidence Level is 95% and $P=.5$.

Size of Population	Sample Size (n) for Precision (e) of:		
	$\pm 5\%$	$\pm 7\%$	$\pm 10\%$
100	81	67	51
125	96	78	56
150	110	86	61
175	122	94	64
200	134	101	67
225	144	107	70
250	154	112	72
275	163	117	74
300	172	121	76
325	180	125	77
350	187	129	78
375	194	132	80
400	201	135	81
425	207	138	82
450	212	140	82

APPENDIX 5

TO WHOM IT MAY CONCERN

20 July 2011

This dissertation, entitled **Retention and Turnover Policies for Professional Nurses at Inkosi Albert Luthuli Central Hospital**, has been edited to ensure technically accurate and contextually appropriate use of language, appropriate to the level of study and discipline.

Sincerely

A handwritten signature in blue ink, appearing to read 'CM Israel', with a long horizontal flourish underneath.

CM ISRAEL
BA Hons (UDW) MA (UND) MA (US) PhD (UNH)
Language Editor