ACCELERATED STAFF TURNOVER AMONG
PROFESSIONAL
NURSES AT A DISTRICT HOSPITAL

by

GLADYS NOSISANA TONI

Submitted in partial fulfillment of the requirements for the degree

MAGISTER ARTIUM

in the

FACULTY OF HEALTH SCIENCES

at the

NELSON MANDELA METROPOLITAN UNIVERSITY

SUPERVISOR: DR SV JAMES
CO-SUPERVISOR: PROFESSOR J STRÜMPHER

JANUARY 2007
ACKNOWLEDGEMENTS

I wish to express my sincere appreciation and gratitude to the following people who in many ways have contributed to this study.

My living God for His blessings, strength and power that enabled me to complete this study.

Myself, for the passion, determination and courage to pursue this study, no matter what

The management of the institution where I was working, for affording me the opportunity to conduct the study

My friends Bongiwe and Zola, for being sources of inspiration.

My supervisors in this study, Professor J Strümpfer and Dr. S James for their patience, guidance and commitment, which enabled me to grow professionally and academically.

My family, Mom Grace, daughters Bulelwa and Asekho, for without their support it would have been impossible for me to complete the study

All the participants who so willingly shared their information for the success of this study.

Cindy, Karen, Hlengiwe, Noluvuyo, Mbulelo, Sdumise, Nomvelo, Lameki, Zenande, Anele, and Fezeka for assisting me with typing.
SUMMARY

The study emanated from the researcher’s experience and involvement in clinical nursing and nursing management. The researcher noted how heavy losses of recruited professional nurses might have had an influence on the quality of service delivery. It is a costly and time-consuming task to recruit enough nurses into the profession and retention of staff is especially difficult. There had been a significant increase in the number of professional nurses leaving the district hospitals either to primary health care service, private hospitals or other countries. Before the commencement of the study the turnover rate at the district hospital where the study was conducted, almost doubled the accepted norm, which was ten percent of the staff. For those reasons the researcher decided to conduct a study named, “Accelerated staff turnover among professional nurses at a district hospital.”

The constant heavy losses of qualified nurses from the profession constitute one of the serious challenges for nursing managers. The researcher wanted answers to the following question:

“What were your experiences of your job as a professional nurse at the district hospital?”

The objectives of the study were:

• to explore and describe factors leading to high staff turnover of professional nurses at a district hospital
• to develop guidelines to help retain professional nurses.

The design of this study, which was conducted in one of the district hospitals in the Makana Local Service Area in the Eastern Cape, is qualitative, descriptive and contextual. Informed permission for conducting the research was obtained from relevant authorities and participants were asked to sign a consent form
before the researcher proceeded with the study. Participants that met the selection criteria were selected by means of purposive sampling.

Data was obtained by means of semi-structured telephonic interviews that were audio-taped and later transcribed verbatim. To ensure trustworthiness of the study, the researcher applied the four strategies as proposed by Lincoln and Guba (De Vos, 2002:351) namely, credibility, transferability, dependability and confirmability.

Collected data was analysed according to the descriptive method proposed by Tesch (in Creswell, 1994:154). The services of an independent coder, who was provided with transcripts and a protocol to guide data analysis, were utilised. A consensus meeting was held between the researcher and the independent coder to discuss the identified themes and sub-themes. Following the data analysis, a literature control was undertaken to highlight the similarities to and differences in comparison between this and previous studies.

Four major themes and sub-themes were identified through analysis of the database. The participants expressed their views as follows;

**Theme 1:** The professional nurses experienced their environment as non-conducive to performing their role effectively owing to specific obstacles, namely:

1.1 lack of orientation,  
1.2 inadequate supply of resources,  
1.3 inadequate support system and  
1.4 caring for HIV/Aids patients

**Theme 2:** The professional nurses experienced their job as impacting negatively on their social lives resulting in:

1.1 professional nurses spending too little time with their families,  
1.2 professional nurses not fulfilling family responsibilities and  
1.3 family relationships were also being affected.
Theme 3: The professional nurses experienced unfair treatment from their managers

The following provide evidence for this statement:

3.1 the professional nurses were denied promotional opportunities and
3.2 professional nurses experienced their managers as practicing favouritism

Theme 4: The following positive experiences were a pillar of strength for the professional nurses:

4.1 good communication
4.2 learning opportunities and
4.3 support from colleagues and subordinates.

Based on the findings of the study, conclusions were drawn, guidelines developed and recommendations made concerning nursing research, nursing practice and nursing education.
# TABLE OF CONTENTS

## CHAPTER 1
INTRODUCTION AND OVERVIEW OF THE STUDY ................................................................. 1
  1.1 INTRODUCTION ........................................................................................................ 1
  1.2 LITERATURE REVIEW AND BACKGROUND TO STUDY ........................................ 3
  1.3 PROBLEM STATEMENT .......................................................................................... 9
  1.4 SIGNIFICANCE OF THE STUDY ........................................................................... 10
  1.5 RESEARCH QUESTION ......................................................................................... 10
  1.6 RESEARCH OBJECTIVES ..................................................................................... 10
  1.7 DEFINITION OF KEY CONCEPTS ....................................................................... 11
  1.8 RESEARCH DESIGN ............................................................................................. 12
  1.9 RESEARCH METHODS ......................................................................................... 13
      1.9.1 RESEARCH POPULATION & SAMPLING .................................................. 13
      1.9.2 DATA COLLECTION ............................................................................... 14
          1.9.2.1 Interviews .................................................................................. 14
      1.9.3 DATA ANALYSIS ................................................................................... 15
      1.9.4 LITERATURE CONTROL ....................................................................... 15
      1.9.5 PILOT STUDY ......................................................................................... 16
  1.10 TRUSTWORTHINESS OF THE STUDY .................................................................. 16
  1.11 ETHICAL CONSIDERATIONS ............................................................................... 16
  1.12 ENVISAGED CHAPTERS ..................................................................................... 17
  1.13 CONCLUSION ...................................................................................................... 17

## CHAPTER 2
RESEARCH DESIGN AND METHOD .................................................................................. 18
  2.1 INTRODUCTION ...................................................................................................... 18
  2.2 RATIONALE OF THE STUDY ............................................................................... 18
  2.3 RESEARCH OBJECTIVES ..................................................................................... 19
  2.4 RESEARCH QUESTION ......................................................................................... 19
  2.5 RESEARCH DESIGN ............................................................................................. 19
      2.5.1 QUALITATIVE DESIGN ........................................................................... 19
      2.5.2 DESCRIPTIVE DESIGN ......................................................................... 20
      2.5.2 EXPLORATORY DESIGN ......................................................................... 20
      2.5.4 CONTEXTUAL DESIGN ......................................................................... 20
  2.6 RESEARCH METHOD ............................................................................................ 21
      2.6.1 RESEARCH POPULATION AND SAMPLING ......................................... 21
      2.6.2 DATA COLLECTION ............................................................................... 22
          2.6.2.1 Interviews .................................................................................. 22
      2.6.3 DATA ANALYSIS ................................................................................... 24
      2.6.5 LITERATURE CONTROL ....................................................................... 26
      2.6.6 PILOT STUDY ......................................................................................... 27
  2.7 TRUSTWORTHINESS OF THE STUDY .................................................................. 27
      2.7.1 CREDIBILITY (truth value) ......................................................................... 28
          2.7.1.1 Triangulation ............................................................................... 28
          2.7.1.2 Interview technique of the researcher .......................................... 28
          2.7.1.3 ESTABLISHING AUTHORITY OF THE RESEARCHER .............. 29
          2.7.1.4 STRUCTURAL COHERENCE ...................................................... 29
CHAPTER 3 .....................................................................................................................36
DISCUSSION OF THE SAMPLE, DATA ANALYSIS, LITERATURE CONTROL, AND IDENTIFIED THEMES AND SUB-THEMES.................................................................36
3.1  INTRODUCTION ..................................................................................................36
3.2  DESCRIPTION OF THE PARTICIPANTS AND THE RESEARCH PROCESS .................................................................................................................................36
3.3  PRESENTATION OF THE RESULTS AND LITERATURE CONTROL..........37
3.3.1 THEME 1: PROFESSIONAL NURSES EXPERIENCED THEIR ENVIRONMENT AS NON-CONDUCIVE TO PERFORMING THEIR ROLE ADEQUATELY.................39
   3.3.1.1 Sub-theme 1.1: Lack of orientation was experienced as affecting the professional nurses negatively..........39
   3.3.1.2 Sub-theme 1.2 The resources in the work environment were experienced as inadequate ......................41
   3.3.1.3 Sub-theme 1.3 The support system in the work environment was experienced as inadequate ..............44
   3.3.1.4 Sub-theme 1.4 Caring for HIV/AIDS patients was demotivating and very stressful..............................46
3.3.2 THEME 2: PROFESSIONAL NURSES EXPERIENCED THEIR JOB AS IMPACTING NEGATIVELY ON THEIR SOCIAL LIVES ........................................................................48
   3.3.2.1 Sub-theme 2.1: Professional nurses experienced themselves as spending less time with their families ......49
   3.3.2.2 Sub-theme 2.2: Professional nurses experienced themselves as not fulfilling family responsibilities.......51
   3.3.2.3 Sub-theme 2.3: Professional nurses experienced their jobs as affecting family relationships ..............52
3.3.3 THEME 3: THE PROFESSIONAL NURSES EXPERIENCED UNFAIR-TREATMENT FROM THEIR NURSE MANAGERS .................................................................53
   3.3.3.1 Sub-theme 3.1: The professional nurses were denied promotional opportunities.................................54
   3.3.3.2 Sub-theme 3.2: Professional nurses experienced their nurse managers as practicing favouritism...........55
3.3.4 THEME 4: POSITIVE EXPERIENCES WERE A PILLAR OF STRENGTH FOR THE PROFESSIONAL NURSES .................................................................59
   3.3.4.1 Sub-theme 4.1: The professional nurses experienced interaction between themselves and management as effective ..................................................................................59
   3.3.4.2 Sub-theme 4.2: The professional nurses experienced that learning opportunities were utilised.............61
3.3.4.3  
Sub-theme 4.3: The professional nurses experienced support from their colleagues and subordinates......63

3.4 SUMMARY OF THE FINDINGS ..............................................................64

3.5 CONCLUSION.........................................................................................65

CHAPTER 4......................................................................................................67
GUIDELINES, CONCLUSION, RECOMMENDATIONS AND LIMITATIONS. ......67
4.1 INTRODUCTION ..................................................................................67
4.2 OBJECTIVES OF THE STUDY ............................................................67
4.3 DISCUSSION OF THE FINDINGS .......................................................68
4.4 GUIDELINES TO ASSIST NURSING MANAGERS THROUGH THE PROCESS OF DEVELOPING STRATEGIES TO REDUCE TURNOVER AMONG PROFESSIONAL NURSES ..............................................69
  4.4.1 MANAGEMENT OF STAFF TURNOVER .....................................69
  4.4.2 CONDUCIVE WORK ENVIRONMENT .......................................72
  4.4.3 MANAGEMENT OF ON THE JOB STRESS ................................77
  4.4.4 CONSIDERATION OF THE SOCIAL NEEDS OF THE PROFESSIONAL NURSES .................................................................79
4.5 RECOMMENDATIONS .........................................................................81
  4.5.1 NURSING RESEARCH .................................................................82
  4.5.2 CLINICAL PRACTICE .................................................................82
  4.5.3 NURSING EDUCATION ...............................................................85
4.6 LIMITATIONS OF THE STUDY .........................................................86
4.7 CONCLUSION OF THE STUDY ..........................................................87

BIBLIOGRAPHY ............................................................................................88
ANNEXURE A ..................................................................................................93
Letters of request for permission to conduct the study and letter from the health authorities granting permission to conduct the study ........................................93
ANNEXURE B ...............................................................................................94
Information about the study ...........................................................................94
ANNEXURE C ...............................................................................................97
Consent form ..................................................................................................97
ANNEXURE D ...............................................................................................98
Interview schedule ........................................................................................98
ANNEXURE E ...............................................................................................100
Data analysis protocol ..................................................................................100
ANNEXURE F ...............................................................................................103
Interview transcriptions ...............................................................................103

CONTENT OF TABLES

TABLE 1.1  MOST COMMON CAUSES OF TURNOVER ............................ 5

TABLE 3.1  AN OVERVIEW OF THE MAJOR THEMES AND SUB-THEMES OF THE PROFESSIONAL NURSE’S EXPERIENCE OF THEIR JOB AT THE DISTRICT HOSPITAL ..................................................38
CHAPTER 1
INTRODUCTION AND OVERVIEW OF THE STUDY

1.1 INTRODUCTION

Staff turnover is the in and out movement of employees of an organisation, namely, the beginning or end of an employment contract (Swansburg, 1996:135). The author further states that staff turnover can also take place within the organisation when employees are moved between departments, units or sections, promoted, demoted or transferred. Staff turnover related to job satisfaction and organisational commitment refers to the process of employees leaving an organisation and having to be replaced (Stone, 2002:799). Grobler, Warnich, Carrell, Elbert and Hartfield (2002:609) defined staff turnover as the movement of employees out of the organisation. According to Swansburg, (1996:135) movement of employees out of the organisation or health care institutions results from resignations, transfers out of the organisational units, discharges, retirement and death.

Mathis and Jackson, (2003:78) classified “turnover” in a number of different ways including voluntary versus involuntary turnover; functional and dysfunctional turnover; and controllable and uncontrollable turnover. Voluntary turnover can be caused by many factors, including career opportunities, remuneration, supervision, geography, and personal reasons. Voluntary turnover also appears to increase in size with the size of the organisation. Involuntary turnover is triggered by employees not complying with organisational policies and work rules, thus not meeting the expected performance standards. According to Mathis and Jackson, (2003:80) not all turnovers are negative for an organisation. Turnover is functional when it adds value to the institution. The former authors have further stated that some workplace losses are desirable, especially if those workers who leave are low–performing, unreliable or disruptive to co-workers. Unfortunately for organisations, dysfunctional turnover occurs when key individuals leave, often at crucial work times. Even though some turnover is inevitable, controllable turnover occurs due to factors that could be influenced by the employer (Mathis & Jackson, 2003:80). According to the former authors uncontrollable turnover occurs for reasons outside the influence of the employer, for example, employee movement out of the geographical area, staying home for family reasons and having the spouse transferred. According to Gillies, (1994:293) it is estimated that 36% of
turnover can be associated with uncontrollable causes while 64% of nursing staff turnover is of the controllable type. The cost of turnover has led employers to go to considerable effort to reduce turnovers.

The disadvantages of turnover outweigh the advantages. According to Gillies, (1994:326) high turnover of nursing service staff is costly in terms of financial expenditure, lowered morale, impaired team functioning and loss of management potential. The total cost of replacing an employee who leaves an institution can be broken down into direct and indirect costs. According to Sullivan and Decker (1985:352) direct costs are recruitment, selection, hiring and placement costs, costs of formal training, orientation and separation pay. Indirect costs include costs of promotion or transfer from within, cost of trainer’s time, loss of efficiency prior to separation and cost of a vacant position during the search. The average direct costs of replacing a departed staff nurse have been reported to be R2437.00

Although employees who have left are usually replaced by new nurses, it is generally assumed that newly-appointed employees will take a period of six to eight months to become fully efficient in their new workplace. According to Booyens, (1999:372) the higher the turnover rate, the fewer nurses left to tend patients. When a hospital has a high turnover rate, the quality of care rendered to its patients will be compromised, leading to medical and legal risks. An institution that suffers from a high turnover rate will suffer from low staff morale and decreased group cohesiveness.

It is widely accepted that the field of health care, and in particular nursing, has one of the highest staff turnover rates in the employment field (Sullivan & Decker, 1985:349). According to the latter-mentioned authors, nursing staff turnover is an expensive phenomenon that needs to be properly understood and controlled. The constant heavy losses of recruited qualified nurses from the profession constitute one of the biggest challenges for nursing service managers. While recruiting enough nurses into the profession is laborious time consuming, retaining staff is especially difficult, making reduction of staff turnover rate among personnel to be one of the most costly management strategies of an institution (Sullivan & Decker, 1985 :351).

Staff turnover has, for too long, been thought of in general terms and seen as universally bad. According to Booyens, (1999:370) it is not necessary to have 0% turnover rate, as a certain amount of staff turnover is expected and unavoidable.
Practically speaking, employee-initiated staff turnover can have a number of benefits for an organisation. For example, in one large institution, it was found that the employees performing most poorly were the most likely to quit. An organisation also needs the ideas and innovation that newcomers can bring with them.

Another potential benefit for the organisation is increased promotional opportunities for the remaining workers. Steers and Stone (in Sullivan & Decker, 1985:353) highlighted the possibility of increased performance brought about by recently trained employees; the possibility that long-running conflicts between people would be reduced or eliminated through attrition; and increased chances for promotion and the possibility for increased innovation and adaptation brought about by the introduction of fresh ideas. Grobler et al., (2002:609) has concluded that some staff turnover renews a stagnating organisation. The organisation needs to assess systematically the advantages and disadvantages of staff turnover (Sullivan & Decker, 1985:350).

In the opinion of the researcher of this study, reasons for staff turnover among nurses are not easy to identify. They vary among different individuals and from one health care institution to the other. Mathis and Jackson (2003:78) have reported that turnover is related to job satisfaction and organisational commitment.

1.2 LITERATURE REVIEW AND BACKGROUND TO STUDY

This review of literature aims to identify the factors with the greatest influence on nursing staff turnover, the causes of which are a complex mix of factors both internal and external to the organisation (De Vos, 2002:280). Nursing staff turnover accounts for more than fifty percent of the total turnover of a health care organisation. Prescott and Bowen (in Gillies, 1989:326) reported an annual nurse turnover rate of thirty percent in hospitals in a variety of geographical areas. To determine an acceptable turnover rate, it is not generally helpful to compare it with the turnover rates from the non-health care organisations. Nurse managers should secure turnover rates if available, from other hospitals in the area (Stevens, 1998:211). Staff turnover rate is expressed as a percentage.

Annual nursing turnover is defined as a percentage of employed nurses who leave their jobs over a period of a year. The number of nurses (part-time or full-time) who left the
service, and the number of posts filled during a year should be counted. The formula for computing staff turnover rate according to Gillies (1989:326) is as follows:

\[
\text{Annual staff turnover rate} = \frac{\text{no of voluntary terminations per annum}}{\text{X} \times 100}
\]
\[
\text{Average no of professional nurses on payroll}
\]

One of the nursing service manager’s functions is to compute the staff turnover rate on a yearly basis and it should include student nurses at all levels of training, professional nurses, staff nurses and auxiliary nurses according to their categories. When these rates are computed and compared over a certain period, the nursing service manager can see where the biggest staff turnover problem lies. According to Sullivan and Decker (1985:348) the optimum staff turnover rate is five to ten percent per annum whereas Benson (in Gillies, 1989:326) states that annual turnover rates for the health industry as a whole, average twenty-three percent.

To decrease employee turnover, the nurse manager should identify the specific causes of personnel turnover and eradicate the individual or institutional stresses that cause personnel to leave their jobs prematurely. Much work has been done in analysing staff turnover. Brown (2000:169) identified three categories of factors affecting staff turnover viz: Pull, Push and Neutral factors

- **Pull**
  - More money
  - Furtherance of career
  - Alternative job opportunities or role

- **Push**
  - Avoiding stress from interpersonal conflict
  - Induction stresses
  - Pressure from instant shortage of labour
  - Changed working requirements
  - Deliberate action to reduce staff

- **Neutral**
- Loss of unstable recruits
- Marriage or family or personal reasons.

The latter-mentioned author further stated the following characteristics of staff turnover:

- decreases as length of service increases
- is higher among females than males
- decreases as skill level increases
- vary with the general level of unemployment.

Mathis and Jackson, (2003:81) mentioned the most common reasons employees voluntarily leave the employ of an organisation. The latter-mentioned authors made use of data derived from 2000 Society for Human Resource Management (SHRM) Retention Practices Survey. The common causes leading to turnover are discussed in the following table:

<table>
<thead>
<tr>
<th>REASON FOR LEAVING</th>
<th>PERCENTAGE CITING</th>
</tr>
</thead>
<tbody>
<tr>
<td>Career Opportunities Elsewhere</td>
<td>78</td>
</tr>
<tr>
<td>Better Compensation /Benefits Package</td>
<td>65</td>
</tr>
<tr>
<td>Poor Management</td>
<td>21</td>
</tr>
<tr>
<td>Relocating Spouse/Partner</td>
<td>18</td>
</tr>
</tbody>
</table>
As stated previously in this study Carrell, et al., (2000:573) stated that the causes of turnover are a complex mix of factors both internal and external to the organisation and follow economic swings. Turnover is generally high when jobs are plentiful and low during recession and low points in the cycle. Another factor noted by the authors is the local labour market, which is being determined by both the local economic conditions and the supply/demand ratio for specific kinds of occupations and professions in that labour market.

The researcher of this study is of the opinion that the supply/demand ratio of health care workers in South Africa is inadequate owing to health professionals moving to other countries. Finally, referring to the factors causing turnover, Carrell, et al, (2000:574) linked demographic factors to the high turnover. According to these authors, employees with a propensity to quit are young employees with little seniority who are dissatisfied with their jobs. A large percentage of voluntary turnovers occur in the first few months of employment. Also employees who perceive a low degree of job security in their present jobs may be motivated to seek employment in organisations where they believe a greater degree of security exists than they have experienced in their present job.

Spitzer-Lehman (in Swansburg, 1996:39) indicates that it is better to retain nurses than to recruit them. The benefits include high morale and high quality of care. The author concluded that the nurses stayed in their jobs when they received peer support, participated in a professional practice model, received tuition, reimbursement, had input in decision-making, enjoyed open communication and had medical staff support.
The former author recommended that the policy of floating to other units should be discontinued or modified to provide nurses with confidence and comfort in the workplace.

Other retention strategies are: provision for assistance when needed, recognition of private lives of employees and matching skills and abilities to jobs. Employees want meaningful work assignments; equal not subordinate treatment; opportunities for development; use of knowledge, skills and flexibility and independence on the job. Employees’ perceptions of the work environment should be evaluated frequently. Feedback should be frequent and should include the institution’s financial position, strategy, market position and future plans (Swansburg, 1996:39).

Since seventy percent of families are headed by a single working parent or two wage earners. Vanguard companies are changing their corporate culture as part of their retention strategies to accomplish goals of workforce dedication, focus and productivity. Vanguard companies consider it good business to make it pleasant for employees to come to work; so they are changing corporate culture to:

- make it family-friendly,
- provide child care around the clock,
- encourage assertiveness and commitment,
- focus on managers bringing about culture change through a collaborative management style with a human resource philosophy, the bedrock of which is equity and flexibility,
- provide eldercare referral,
- provide professional counselling to cope with stress,
- provide paid days off for taking care of personal obligations and
- provide resources needed for doing the work and for human resource management (Swansburg, 1996:40).

Robbins, Odendaal and Readt (2003:40) concluded that the outcome had been loyalty, dedication and team spirit. Since the nursing workforce has many of the same working-parent characteristics as the corporate workforce, the objectives of staffing should emphasise retention by making it convenient for nursing personnel to come to work.
Swansburg (1996:40) described how an insurance company adopted a service strategy to retain its employees and customers. Through a problem-solving process called DOME (diagnosis, objectives, method and evaluation), the company determined that service was a commodity as well as a product line. The service strategy was identified as an organising principle that directed people to provide services that benefited the customers. To accomplish this end, the fragile elements of motivation and staff commitment require that a motivating environment be created and maintained which should address quality of work life, morale, energy levels and optimism and create new promotional and training opportunities.

Robbins et al., (2003:37) mentioned that some years ago Times Media Ltd (TML) was not an easy environment in which to work. Archaic, autocratic management methods created an inflexible, fear-driven environment. Nowadays, the company is striving to create an environment in which its workers thrive, high-level staff turnover is down and approaches from job seekers are up. The turn-around is largely due to the Group Human Resource director, Mawethu Cawe, who views employees as “clients”. He spurns the autocratic and hierarchal traditions of South African business and according to him the biggest challenge facing South African companies today is to unlearn what they learnt in the past.

The first step to overhauling TML’s policy was to recognise that the media company consisted of young, mobile, independent-thinking people. Loyal to their own careers, they refuse to be confined by traditional management principles. As nurses are no different from all the other workers, the above-mentioned methods of staff retention can also be applied in the nursing profession.

Price and Mueller (1986:2) mentioned that high nursing staff turnover seriously complicated the hospital’s goal of providing quality care for its patients. Nurses are critically important to the hospital because they are highly trained professionals whose presence in the hospital is continuous whereas physicians, the most highly trained professionals in the hospital, spend very little time with the patients. Since nurses are such a critically important group, and since performance generally improves with experience, it is desirable to have a large core of experienced nurses in each nursing unit for the day, evening and night shift. With a high staff turnover rate such a staffing pattern is impossible to achieve because the experienced nurses are spread too thinly amongst nursing units which complicates the task of providing patient care.
Price and Mueller (1986:3) believed that the traditional structure of nursing also produced staff turnover. A nurse who wishes to remain a nurse and who continues to perform in this capacity for many years soon finds himself/herself at the top of the reward structure. Since few additional rewards are possible in this position the nurse is motivated to leave bedside nursing, the hospital, and probably the profession. The traditional career structure is probably one of the main reasons why one observes fewer, older nurses in hospitals and this rapid staff turnover, in short, seriously threatens hospital effectiveness.

1.3 PROBLEM STATEMENT

In the researcher’s experience and involvement in clinical nursing as well as in nursing management, the researcher observed that constant heavy losses of recruited qualified nurses, constituted a major problem for nursing managers. The researcher observed that staff turnover resulted in a series of negative effects on quality service delivery. To mention only a few, excessive turnover lowered employee morale because the gap created between departure of one worker and arrival of a replacement caused understaffing, overburdening of remaining staff and deterioration of quality patient care with consequent medical and legal risks.

The process of recruitment, which involves advertising, short-listing, interviewing, selection, hiring, induction process and training is costly for any organisation. The nursing service manager in charge of a hospital should be aware of the staff turnover rate as well as the reasons for it so that he/she can address the problems associated with it.

The researcher noticed that the staff turnover rate had been above the optimum acceptable rate of five – ten percent and was increasing annually. The increase from 2001-2002, 2002-2003 and 2003-2004 had almost doubled. The statistics for this increase are as follows:

<table>
<thead>
<tr>
<th>Year Range</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>2001 – 2002</td>
<td>10.3%</td>
</tr>
<tr>
<td>2002 – 2003</td>
<td>11.6%</td>
</tr>
<tr>
<td>2003 – 2004</td>
<td>20.7%</td>
</tr>
</tbody>
</table>
This raised a concern for a nurse manager who was responsible for quality patient care. The reasons why professional nurses left the employment of the district hospital were not known which increased urge for the researcher to investigate voluntary staff turnover of professional nurses in a district hospital.

1.4 SIGNIFICANCE OF THE STUDY

The information gathered in this study will assist nursing management in understanding the causes of accelerated staff turnover among professional nurses at the district hospital. When the causes are known, the nurse manager will be in a good position to develop a staff detainments strategy. The retention strategy will reduce turnover rate thus addressing most, if not all, the challenges associated with accelerated staff turnover.

1.5 RESEARCH QUESTION

The question that delineates the focus of this study is as follows:

_What are your experiences of your job as a professional nurse at a District hospital?_

1.6 RESEARCH OBJECTIVES

The objectives of this study are:

- to determine the experiences leading to high staff turnover of professional nurses at the district hospital and.
- to develop guidelines to help reduce staff turnover among professional nurses based on the findings.
1.7 DEFINITION OF KEY CONCEPTS

The following terms will be used as defined in the context of the study.

**Accelerated**
To accelerate is to cause to move faster, happen early or happen more quickly than before (Oxford American dictionary for the 1990’s, 5).

**Staff turnover**
Staff turnover means voluntary separation of an individual from an organisation (Mathis & Jackson, 2003:78).

**Professional Nurse**
A professional nurse is a nurse registered under section 16 of the Nursing Act, 50 of 1978 as amended and trained in terms of the regulations published under Government notices R2118 of 30 September 1993 and R425 of February 1987 (Searle, 1988:35).

**District Hospital**
A district hospital is a hospital that renders second-level care as opposed to the clinics that are rendering first-level care. Patients who require a more sophisticated level of care, eg intensive care, are stabilised and transferred to the relevant institutions, eg Provincial Hospital in Port Elizabeth. (Turn-around plan for the ECDH - 2002).

**Quality Service Delivery**
Quality service delivery is a holistic approach in caring for the patients or clients by maintaining the acceptable standards and applying the principles of customer focus. (Operational Plan of the ECDOH – 2002).

**Nursing Service Manager**
A nursing service manager is the head nurse who is responsible and qualified for the post and accountable for all nursing related issues in the institution. The term “matron” was used earlier on (Mosby’s Medical & Nursing Dictionary: 1986).

Family in this study refers to parents, children, spouse, relatives and all descendants of a common ancestor forming a household.
The researcher has defined the above key concepts or terms used in the research text so that readers can understand the context in which these terms are being used. In this study only a few key concepts that are utilised throughout the study are defined at the beginning of the study. Any additional terms used that need clarification are defined as they emerge in the study.

1.8 RESEARCH DESIGN

A research design is a structural framework with which the study is to be implemented. It guides the researcher in the planning and implementation of the study while optimal control is achieved over factors that could influence the study (Uys & Basson, 1985:38). The present research study will follow a qualitative design and be descriptive, exploratory and contextual in nature. A full description of the research design and method of this study will be dealt with in chapter two. Following now is a brief description of the research design.

Qualitative Research Design
Qualitative research is called a holistic, inductive approach because it is interested in the rich verbal description of people and phenomena based on direct observations (Payton, 1994:341). In a qualitative research design the researcher is interested in the meanings of how people make sense of their lives, experiences they have and how they see the structures of their world (Creswell, 1994:143). The present research study is aimed at the best possible description and understanding of the experiences of the professional nurses at the district hospital.

Descriptive Design
Descriptive research presents a picture of the specific details of a situation, social setting or relationship, and focuses on “how” and “why” questions (Neuman & De Vos, 2002:109). The study is aimed at describing the experiences of the professional nurses in the district hospital and why they made the decision to leave.

Exploratory Design
An explorative research design is applied to explore the dimension of the phenomenon, the manner in which it is manifested and factors to which it is related (Polit & Hungler,
Explorative design is applied in the present study because not much is known about the factors leading to a high staff turnover rate of professional nurses in the district hospital. Exploration of the experiences will assist in clarifying factors leading to accelerated staff turnover.

**Contextual Design**

A contextual design is concerned with the study of subjects in their natural settings in order to understand the dynamics of human beings as fully as possible. The aim is to gain first-hand data of how the participants go about their daily lives (De Vos, 2002:281). Contextuality of this study will be demonstrated as the participants in this study will be directly involved in clinical nursing, have left the district hospital after having been permanently employed for a minimum period of six months.

### 1.9 RESEARCH METHODS

Methodology included research population and sampling, data gathering and data analysis. In qualitative research data may be gathered using different strategies or methods such as making observations while doing field work, doing individual or group interviews, using documents as a source of data, case studies, biographies, collecting and analysing narratives (Creswell, 1994:148). The data collection steps involve:

(a) setting boundaries for the study,
(b) collecting information through observation, interview documents and visual material and
(c) establishing the protocol for recording information (Creswell, 1994:148).

The research methods will now be discussed.

### 1.9.1 RESEARCH POPULATION AND SAMPLING

The research population of the study will be the professional nurses who voluntarily left the employ of a district hospital in the Makana Local Service Area. In this study no attempt will be made to explain involuntary separations such as dismissals, retirements and deaths. No effort will be made to explain why individuals begin to work in
organisations. Since transfers and promotions take place within organisational boundaries, they will also be excluded.

The sample will be chosen from professional nurses who have worked at the institution for a minimum period of six months during the years 2000 - 2004. To be representative both males and females will be included in the study and all age and race groups will be considered.

A purposive sampling method will be used to select the sample. This means that the researcher will select participants who meet the inclusion criteria and whom the researcher deems to be good sources of information.

1.9.2 DATA COLLECTION

Data collection refers to the gathering of information needed to address a research problem (Polit & Hungler, 1995:454). In this study data will be collected by conducting interviews.

1.9.2.1 Interviews

For the purpose of this study data will be collected by means of semi-structured one-to-one telephonic interviews. Interviewing is a predominant mode of data collection in qualitative research (Creswell, 1998:121). Deidman (in De Vos, 2002:292) states that an individual conducts an interview because he is interested in other people’s stories which are a way of eliciting information. During an interview both parties, the researcher and the participant, are thus necessarily and unavoidably active and involved in meaning-making the interviews work. Kvale (1996:1) defines the qualitative interview as an attempt to understand the world from the participant’s point of view, to unfold the meaning of people’s experiences and to uncover their lived world prior to scientific explanations. Each participant will be asked the following question:

“What were your experiences of your job as a professional nurse at the district hospital?”
The interviews will be captured by means of an audio tape-recorder and transcribed verbatim within 24 hours of the interview, so that the information emerging from the interview is fresh in the researcher's mind. These transcriptions will serve as the data base to the analysis phase. The interviews will be conducted until data saturation is evident.

Although the participants will be interviewed telephonically, the researcher will consider as supportive information to the explanation of the experiences the tone of voice of the participants as they responded to the questions or talked about their experiences.

1.9.3 DATA ANALYSIS

Data analysis is the process of bringing order, structure and meaning to collected data (De Vos, 2002:339). According to Creswell (1994:153) there is no right or wrong approach to data analysis in qualitative research. However, there are general guidelines a researcher can adhere to as well as strategies for analysis that have been utilised by qualitative researchers. One of those guidelines will be implemented in this study and is described below.

Data derived from the interviews will be analysed by the researcher using Tesch's model of descriptive analysis. Tesch (in Creswell, 1994:155) provided eight steps to be considered in order to identify repeating themes. These eight steps will engage the researcher in a systematic process of analysing textual data.

The original interview transcripts will also be sent for analysis to an independent coder together with instructions for data analysis (see Annexure E). The themes and categories that will be identified by the researcher will not be given to the independent coder, thus encouraging the process of open coding. The independent coder and the researcher will meet to obtain consensus on their respective findings.

1.9.4 LITERATURE CONTROL

The researcher will attempt to justify the findings of the study. The themes that will be identified in the analysis of the data will be used to study literature to determine if other
researchers in similar studies came to the same conclusions. Sources for the literature control will be carefully selected for the purpose of either confirming or opposing the present study results.

1.9.5 PILOT STUDY

A pilot study is a small-scale study using a small sample of the population and implementing the same data collection method as the main study. The purpose of the pilot study is to provide a miniature trial run of the methodology planned for the major project and an opportunity to refine or adjust methods and techniques (New Dictionary of Social Work 1995 in De Vos, 2002:179). Participants from the sample will be asked to participate in the pilot study in which the research question will be pre-tested to make sure that rich data is produced. A sample of the pilot study will be videotaped. The videotape will be sent to the supervisor to assess the interview technique of the researcher. The results of the pilot interview will be discussed with the supervisor. The necessary amendments will be made accordingly.

1.10 TRUSTWORTHINESS OF THE STUDY

For the purpose of data verification the researcher will apply Lincoln and Guba’s model of trustworthiness for qualitative research (in De Vos, 2002:351). These authors have proposed four alternative constructs that accurately reflect the assumptions of the qualitative paradigm, namely; credibility, transferability, dependability and confirmability. Ensuring trustworthiness is discussed in detail in Chapter 2.

1.11 ETHICAL CONSIDERATIONS

When human beings are used as the subject of a research investigation, great care must be exercised in assuring that neither the rights of the individuals nor the worth of the research is compromised. The researcher will attempt to maintain the highest ethical standards at all stages of the study. The primary considerations are informed
consent, privacy, confidentiality and anonymity (Polit & Hungler, 1995:28). Ensuring a high ethical standard is discussed in detail in chapter two.

1.12 ENVISAGED CHAPTERS

Chapter 1 : Introduction and overview of the study  
Chapter 2 : Research method and design  
Chapter 3 : Discussion and presentation of the research findings.  
Chapter 4 : Guidelines, conclusions, recommendations and limitations

1.13 CONCLUSION

In this chapter an outline of the proposed study is given. The problem statement that stimulated the researcher to conduct this study was the accelerated staff turnover among professional nurses at the district hospital. The study is qualitative and also descriptive, exploratory and contextual in nature. The data will be collected by means of semi-structured one-to-one telephonic interviews that were tape-recorded.

The data will be analysed using Tesch’s method of data analysis. The researcher will observe and maintain the research ethical standards in all stages of the study.
2.1 INTRODUCTION

Chapter one provided an overview of the process of the research study of accelerated nursing staff turnover among professional nurses at the district hospital. Chapter two deals with the research methodology in depth, in order to give a clear guide and orientation to the methods and steps to be taken to fulfil the objectives of the study. Each method or step is dealt with as a separate topic in order to give a clear understanding of the research methodology.

2.2 RATIONALE OF THE STUDY

Nursing as a caring profession is vested with the responsibility of providing holistic and quality patient care in every aspect of its delivery. Quality patient care has been negatively affected by accelerated staff turnover. Little research has so far been done to explore the causes of accelerated staff turnover among professional nurses at the district hospitals. Accelerated staff turnover has raised a concern for a nurse manager who is responsible for ensuring quality patient care in such a hospital. The researcher regards the professional nurse as professional person who leads, organises and supervises nursing care in the unit. Constant losses of this category of nurses will result in a drop in standards of nursing care rendered. What causes the professional nurses to decide to resign is not well understood but such information is essential to address the problems associated with increased staff turnover rate.

The professional nurses’ experience of their work at the district hospital is the focus of this study. Through explorative description of professional nurses’ experiences of their work at the district hospital, the study provides information and recommendations to improve the situation which should then result in improved quality of patient care.
2.3 RESEARCH OBJECTIVES

The objectives of this study are two-fold:

- To determine the experiences of the professional nurses leading to accelerated staff turnover at district hospitals and
- To develop guidelines to reduce staff turnover among professional nurses based on the findings.

2.4 RESEARCH QUESTION

A research schedule was developed and applied during the interview process (see Annexure D). The main question asked was

“*What were your experiences of your job as a professional nurse at the district hospital*?”

Follow-up questions were prepared to guide the researcher and the participant towards getting optimum data.

2.5 RESEARCH DESIGN

The present research study followed a qualitative design. It is also descriptive, exploratory and contextual in nature. The research design will now be discussed under the various headings.

2.5.1 QUALITATIVE DESIGN

Not much is known about what causes the professional nurse to decide to resign from employment at the district hospital hence the use of a qualitative research design. Qualitative research concerns itself with the nature (meaning) of a phenomenon and deals with data that is principally verbal (De Vos, 2002:15). Qualitative research is more concerned about the process than the outcome. Therefore one would be able to establish meaning in respect of how people (professional nurses) live, talk and behave, what captivates and distresses them, and how people make sense of their lives,
experiences and the content and structures of their world (Creswell, 1994:43). The qualitative approach in this study is used to gain a holistic picture of how the professional nurses experienced their job at the district hospital.

2.5.2 DESCRIPTIVE DESIGN

A descriptive study seeks to observe, describe and classify the phenomenon of interest (Polit & Hungler 1995:14). Descriptive research answers generic questions to determine the existing characteristics of the real world relative to the specific question. The purpose of the descriptive design is to obtain complete and accurate information about the phenomenon under review (Payton, 1994:338). It is for this purpose that the described experiences of the professional nurses were recorded while the interview was in progress so that the researcher could concentrate on what was being said by the participants. The researcher provided an opportunity for the professional nurses to express their feelings about those experiences. Guidelines on strategies of how to reduce staff turnover among professional nurses will be discussed in Chapter four.

2.5.3 EXPLORATORY DESIGN

When a study is exploratory it attempts to uncover and explore the relationships and dimensions of a phenomenon and in so doing gain new insight into the phenomenon under discussion (Talbot, 1994:90). Previously the researcher mentioned in this study that there was relatively little information available in existing literature about the nature of the feelings and experiences of the professional nurses of their job at the district hospital; so the researcher aimed to gain increased insight into this area by exploring the nature of the professional nurses’ experiences through semi-structured one-to-one interviews.

2.5.4 CONTEXTUAL DESIGN

A contextual study aims at a specific act or properties that pertain to a phenomenon, which is the study of the occurrences in the immediate environment of the participants
(Polit & Hungler, 1993:15) In this study professional nurses who left the employment of the district hospital in the Makana Local Service Area after a minimum period of six months, during the years 2000-2004, described how they had experienced their job at the district hospital.

2.6 RESEARCH METHOD

The research method employed in this study will now be discussed below:

2.6.1 RESEARCH POPULATION AND SAMPLING

Burns and Grove, (1993:235) defined population as an identification of a group of persons, agencies, places and other units of interest forming the entire aggregation of cases that meet a designated set of criteria. Polit and Hungler (1995:468) describe sampling in qualitative research as the process by which the researcher selects a certain portion of the population in order to discover meaning and multiple realities. The research population for this study is professional nurses who have left the employment of the district hospital. They were all permanent staff. Criteria for inclusion were:

   The participant must have worked at the district hospital for at least a minimum of six months from the year 2000 – 2004.

   Both males and females as well as representatives of all race and age groups were included in the study.

The purposive type of sampling was used. Thus elements of the samples were selected from a complete list of the elements of the population, meaning that all individuals who met the inclusion criteria qualified to participate in the study. The researcher attempted to obtain a sample that would justify the findings of the study, and give responses that would best answer the research question (Creswell, 1994:148). Unfortunately the participants were all females, nursing being a female-dominated profession. The few males who met the inclusion criteria were unable to
participate owing to other work-related commitments. Although not all the participants were English-speaking they preferred the interview to be conducted in English.

There is no definite number prescribed for participants in this study. Hollaway and Wheeler, (1996:54) have observed that three interviews are the optimum number for qualitative enquiry, whereas Kvale recommends that the researcher should interview as many subjects as necessary to find out what he/she needs to know (Kvale, 1996:101). In this study the interviews were conducted until there was evidence of saturation of data. Glasser and Strauss (in De Vos, 2002:304) explain that data saturation is reached when no new data is found to categorise.

2.6.2 DATA COLLECTION

Data collection refers to the gathering of information needed to address a research problem (Polit & Hungler, 1995:454). According to Mouton (2001:104), it is imperative that the researcher documents the data collection process as accurately and in as much detail as possible. It should form a historical record for the researcher and other possible researchers as well. Miles and Huberman (in Creswell, 1994:149) state that any research project needs to identify the parameters for data collection by defining the setting (where the research will take place), the actors or participants (who will be interviewed), the events (what the actors will be interviewed about) and the process (the evolving nature of the events undertaken by the actors within the setting).

For the purpose of the study, data was collected by conducting semi-structured interviews. Interviews appear to be a typical data collection method amongst phenomenological-oriented researchers (Creswell, 1998:21). Data collection method will be discussed below.

2.6.2.1 Interviews

The qualitative research interview attempts to understand the world from the participants’ points of view to unfold the meaning of people’s experiences and to
uncover their live world prior to scientific explanation (Kvale, 1996:1). Kvale also stated that the qualitative research interview was a construction site of knowledge and an exchange of views.

For the purpose of this study data was collected by conducting semi-structured one-to-one telephonic interviews which were tape-recorded. A semi-structured interview is defined as an interview of which the purpose is to obtain descriptions of the life work of the interviewee with respect to interpreting the meaning of a described phenomenon (Kvale, 1996:149). An interview schedule was developed (see Annexure D).

Before conducting the interviews the researcher gained access to the site by asking permission in writing from the relevant authorities (see Annexure A). Careful planning before the interview is essential as conducting of interviews is taxing (Creswell, 1998:30). The researcher got the names, addresses and telephone numbers of the professional nurses who met the inclusion criteria of the study from the records of the institution where the participants had worked. These records are kept under lock and key in the nursing manager’s office. The researcher posted the information about the study (see Annexure B), consent form (see Annexure C), the research questions (see Annexure D) and a self-addressed envelope to each prospective participant. In this correspondence the researcher made mention of the research topic, objectives, research design, data collection method and ethical consideration. The researcher made follow-up calls to check if the information had been received and reminded those willing participants to return signed consent forms.

After receiving the signed consent forms from the willing participants, the researcher called to arrange the suitable date and time for the telephonic interview. During the interview, the researcher applied the following interviewing techniques as stated by De Vos, (2002:293) in order to ensure an effective interview.

The participants were interviewed from their homes during the times that they preferred. The researcher asked open-ended questions which required an elaborative response. The questions were short, easy to understand and devoid of jargon. Only single questions were asked and only one question at a time. The researcher encouraged a free reign, did not interrupt good stories, but remained in control. When
participants strayed into subjects that were not pertinent, the researcher tried to pull them back as quickly as possible in order to keep them focused. The researcher allowed pauses in the conversations, tried to not rush and returned to incomplete points. The researcher remained alert throughout the interview, even when the tape recorder was off (when the cassette was finished and while inserting a new one). It was explained to the participants that the interview was not necessarily over.

The interviews were made to resemble a conversation, took an average time period of 40 minutes, ended appropriately by informing the participant that the interview was nearing its end and the participant was asked to give any other relevant information that he/she was interested in sharing with the researcher. The interview was concluded by thanking the participant for his/her time and co-operation (Uys & Basson, 1985:66). Each interview was transcribed verbatim within 24 hours of the interview so that the information surrounding the interview was still fresh in the researcher’s mind. Tesch, (in Creswell, 1994:155). Those transcriptions served as the data base. The researcher considered the participants tone of voice, exclamations like screams, pauses and sighs (Kvale, 1996:90).

### 2.6.3 DATA ANALYSIS

Qualitative data analysis is a search for general statements about relationships among categories of data (De Vos, 2002:140). Data derived from the interviews was analysed by the researcher using Tesch’s model of descriptive analysis. Tesch (Creswell, 1994:155) provided eight steps to be considered in order to identify recurring themes. The following eight steps engaged the researcher in a systematic process of analysing textual data:

- The researcher ought to get a sense of the whole by reading or listening through all the transcriptions carefully. She can then jot down some ideas as they come to mind.

- The researcher selects one interview- e.g. the most interesting, the shortest, the one on top – and goes through it asking, “What is this about?” and thinking
about the underlying meaning in the information. She writes thoughts that come up in the margin.

When the researcher has completed this task for several respondents, a list is made of all the topics. Similar topics are clustered together and formed into columns that may be arranged into major topics, unique topics and leftovers.

The researcher takes the list and returns to the data. The topics are abbreviated as codes and the codes written next to the appropriate segments of the text. The researcher tries out these preliminary organising schemes to see whether new categories and codes emerge.

The researcher finds the most descriptive wording for the topics and turns them into categories. She endeavours to reduce the total list of categories by grouping together topics that relate to one another. Lines are drawn between the categories to show interrelationships.

The researcher makes a final decision on the abbreviation for each category and alphabetises the codes.

The data material belonging to each category is assembled in one place and a preliminary analysis carried out.

The researcher recodes existing data if necessary.

Coding represents the operations by which data is broken down, conceptualised and put back together in new ways. Open coding is part of the analysis that pertains specifically to the naming and categorising of a phenomenon through close examination of data. Without this first, basic and analytical step, the rest of the analysis and communication that followed could not take place. During open coding the data was broken down into discrete parts, closely examined, compared for similarities and differences, and questions were asked about the phenomenon as reflected in the data (De Vos, 2002:348).
After the initial coding by the researcher the raw data was sent for further analysis to an independent coder, who was an independent practitioner with experience in qualitative research and who was asked to recode the raw data. The independent coder was not given any pre-arranged themes or categories to use, but only a protocol with guidelines for data analysis (see Annexure E), as well as a full set of the data. The independent coder also developed themes and sub-themes. Thereafter the researcher arranged a meeting with the independent coder. In the meeting the researcher and the independent coder obtained consensus on their respective findings.

2.6.5 LITERATURE CONTROL

The role of literature control is to place the findings within the context of what is already known about the topic and verify the themes and sub-themes (Streubert & Carpenter, 1995:25). The researcher attempted to justify the findings and looked for literature support for identified themes. The themes which were identified in the analysis of data were used to study literature to determine if other researchers in similar studies had come to the same conclusions. The use of reverential checks is a strategy to ensure scientific trustworthiness of the study by means of triangulation and also to predict whether the study is believable and accurate. (Creswell, 1998:193.)

The aim is to place the results in the context of established knowledge and to identify clearly those results that support the literature or claim a new contribution. The researcher had already determined that very few studies had been conducted on nursing staff turnover in South Africa; therefore literature related to job satisfaction and the influence of the environment on the employees was studied as well, and compared with the findings of this study (Streubert & Carpenter, 1995:25)
2.6.6 PILOT STUDY

A pilot study is defined as the process whereby the research design for a prospective survey is tested (De Vos, 2002:179). It can be regarded as a small-scale trial run for all the aspects planned for use in the main enquiry. A pilot study forms an integral part of the research process. The aim of conducting it is to review the research question/interview schedule and to test if the data-gathering approach is successful in helping the researcher to obtain the required information. A pilot study is also conducted to ensure validity and reliability of the total research process.

In this research study the full-scale study was preceded by a pilot study in which the interview schedule as well as the researcher’s ability to conduct a telephonic interview were pre-tested for any shortcomings in methodology. The pilot study was executed in the same manner as the main study to ensure the objectives of the study were achieved. One respondent from the sample was asked to participate in the pilot study in which the interview schedule as well as the researcher’s interviewing skills were pre-tested to make sure that rich data was produced. A sample of the pilot study was video-taped. The video-tape was submitted to the supervisors to assess the interviewing technique of the researcher and for discussion of the results of the pilot interview. If any items in the interview schedule did not elicit the expected information, amendments were made to the questions and data-gathering approach.

2.7 TRUSTWORTHINESS OF THE STUDY

Throughout the various stages of the research study, the researcher tried to adhere to the principles of trustworthiness. Trustworthiness addresses ways to prevent biases in the results of qualitative analysis. For the purpose of data verification the researcher adopted Guba’s model of trustworthiness for Qualitative Research, as described in Krefting, (1991:214). Guba proposes four alternative constructs that accurately reflect the assumptions of the qualitative paradigm. To ensure trustworthiness of the study, the researcher applied all four strategies which will now be discussed.
2.7.1 CREDIBILITY (truth value)

According to Polit and Hungler (1995:362) credibility refers to the confidence in the truth of data. This criterion is used to access what extent the findings of the study are a true reflection of the life world of the participants as described and experienced by them. According to Kretting credibility is achieved through the following strategies:

2.7.1.1 Triangulation

The data-collection methods, data collected and sources of data collected were taken into consideration and compared to gain in-depth understanding of the expressed experiences and also to interpret the research topic adequately. Throughout the project the researcher was supervised by two experienced supervisors.

Erlandson et al. (in De Vos 2002:341) refers to triangulation as the method by which the researcher seeks out several different types of sources that can provide insights about the same events or relationships. It is the use of multiple methods of data collection with a view to increasing the reliability of observation. In this study data was collected by conducting semi-structured one-to-one telephonic interviews and using literature control. Also triangulation of analysis was conducted. Data derived from the interviews was analysed by the researcher using Tesch’s model of descriptive analysis. After the initial coding by the researcher the raw data was sent to an independent coder for further analysis.

2.7.1.2 Interview technique of the researcher

The researcher ensured and observed the principle of bracketing and tuition and did not lead the participant being interviewed (Kretting, 1992:219). The researcher also did a demonstration interview on a video-tape which was discussed and critiqued by supervisors to ensure that the technique was of good quality.
2.7.1.3 ESTABLISHING AUTHORITY OF THE RESEARCHER

Researchers are ethically obliged to ensure that they are competent and adequately skilled to undertake the proposed investigation (Creswell, 1994:163). The researcher has passed the research methodology course. Throughout the research project the researcher was supervised by two experienced supervisors. Permission to conduct the research study was obtained from the ethical committee of the Nelson Mandela Metropolitan University and the authorities of the relevant institutions (see Annexure A).

2.7.1.4 STRUCTURAL COHERENCE

The study entitled “Accelerated staff turnover among professional nurses at the district hospital” is a qualitative one. Data was collected by means of semi-structured one-to-one telephonic interviews which were tape-recorded.

2.7.2 TRANSFERABILITY (applicability)

Transferability refers to generalisability of data, that is, the extent to which the findings from the study can be transferred to another setting or groups (Polit & Hungler 1995:362). As the research population was small, it was not be possible to generalise the findings.

Transferability is the responsibility of the person wanting to transfer the findings to another situation or population beyond that of the researcher of the original study (Lincoln & Guba in De Vos, 2002:349). The previously mentioned authors argue that as long as the original researcher presents sufficient descriptive data that allows comparison, he or she has addressed the problem of transferability. The researcher attempted to present sufficient descriptive data of both methodology and the findings in order to allow for comparison should another researcher be interested in transferring the findings to another situation or population. To ensure that other researchers might generalise or repeat the study, direct quotes from in-depth interviews and literature control to maintain clarity were used. The researcher ensured applicability by comparing results of the study to those of the pilot study as transferability requires that
results of a study apply to the findings of another other study in a similar context but with different participants (Kretting, 1991:216).

2.7.3 DEPENDABILITY (consistency)

 dependability refers to the stability of the data over time and over conditions. It considers the unchanging nature of the data, that is, whether the findings would or would not be contradictory if the inquiry were replicated with the same subjects or in a similar context. It is the extent to which repeated administration of a measure will provide the same data or the extent to which a measure administered once, but by different people, produces equivalent results (Polit & Hungler, 1995:362). On completion of data analysis and coding a meeting was arranged between the researcher and independent coder to compare identified themes and sub themes.

2.7.4 CONFIRMABILITY (Neutrality)

 confirmability refers to the objectivity of the data or neutrality which is the freedom of bias in the research process result. It also refers to the degree to which the findings are a function solely of the interviews and motivational perspectives (Polit & Hungler, 1995:363). The researcher used the confirmability audit, code-recode procedure and triangulation strategies to ensure confirmability of this study. A confirmability audit will be done by an independent researcher and triangulation and code-recode procedure as discussed above. The researcher observed the research ethics by informing the professional nurses fully about the objectives of the study. The ethical considerations for this study are now discussed.
To ensure a high level of rigour in a study, the researcher should reflect upon the role she will play in the study from start to finish (Creswell, 1994:163). The researcher plays a vital role in the success or failure of the study. A qualitative researcher is the primary instrument of data collection (Creswell, 1994: 145), and as such the researcher in this study will have been functioning in this capacity.

The researcher had no prior experience in research interviews but applied the following interviewing techniques and tips as laid out by Seidman (1998:63) to ensure an effective interview:

- Limit your remarks, listen carefully and talk less than the participant.
- Ask single, open questions and one question at a time whilst avoiding sensitive questions with which the participant might feel uneasy.
- Allow for pauses in the conversation; return to incomplete points and follow up on what the participant says.
- Use creative allusions, for example, “What do you think?”
- Be alert even when the tape is turned off as the interview is not necessarily over.
- Keep the participant focused and ask for concrete answers.
- End the interview at a reasonable time.

Active interviews is not confined to asking questions and recording answers as several communication techniques are used during interviewing techniques (De Vos, 2002:294). The researcher applied the following communication techniques required by the interviewer as prescribed by Holstein and Gubrium (1995:46).

**Minimal Verbal responses**

In the interview the researcher used minimal verbal responses which were correlated with occasional nodding, for example “mm-mm”, “yes”, “ok”, “fine” and “I see”; to indicate to the participant that the researcher was listening attentively.
**Probing**

Probing is a technique to persuade the participant to give extended information about the issue under discussion. The researcher used questions like “Could you tell me more about------?”, in order to give cues to the participant about the level of response that was desired.

**Clarification**

When there were vague answers that were confusing, the researcher asked the participant for clarity.

**Acknowledging**

In some instances the researcher repeated the participant’s answer to show attention.

**Procuring Details**

The researcher asked further questions from the participants to see if other information could be obtained. The following pitfalls in interviewing were avoided: interruption, competing distractions, presenting ones own perspectives and the use of translators (Field & Morse, 1994:67).

### 2.8 ETHICAL CONSIDERATIONS

Ethics is a set of moral principles that are subsequently widely accepted and offer rules and behavioural expectations about the correct conduct towards experimental subjects and respondents, employers, sponsors, other researchers, assistants and students. Ethical guidelines also serve as standards and as a basis on which each researcher ought to evaluate his/her own conduct. As such, this aspect should continuously be borne in mind. Ethical principles should thus be internalised in the personality of the researcher to such on extent that ethical guided decision-making becomes part of his total lifestyle (De Vos, 2002:63)
Ethical codes and regulations provide the researcher with the guidelines for protecting the rights of human subjects and balancing benefits and risks in a study (Burns & Grove, 1993:39). The researcher considered the highest ethical standards in all strategies of the study. The following strategies were used to ensure that a high standard of ethics was maintained throughout the research process.

2.8.1 INFORMED CONSENT

In this study the researcher adhered to the standards of research as prescribed by the South African Society for Nursing Research (SASN, 1996:74). Informed consent means that the participants will have adequate information regarding the research goals and process and are able to comprehend the information. The participants will be made aware that their participation is voluntary (Polit & Hungler, 1995:28).

In this study approval to conduct the research was obtained from the Human Ethical Committee and Advanced Degrees Committee of the Faculty of Health Sciences of the Nelson Mandela Metropolitan University by presentation of the research proposal. The researcher required signed informed consent from relevant health authorities to gain access to the site and from the participants before embarking on the interview (see Annexures A & C). The researcher requested the informed consent by means of written letters and each letter, each of which contained a clear summary of the research protocol emphasising the rights of the participant (see Annexure B). Participants were legally and psychologically competent to give consent. The authorities and participants provided the researcher with signed consent. Copies of those letters and consent were handed in as Annexure C.

2.8.2 NO HARM TO PARTICIPANTS

Participants should not be harmed in any physical or emotional manner. One may accept that harm to respondents in a qualitative study will mainly be of an emotional nature, although physical injury cannot be ruled out completely. An ethical obligation
rests with the researcher to protect subjects against any form of physical discomfort that may emerge, within reasonable limits, from the research project (De Vos, 2002:64). Emotional harm to participants is often more difficult to predict and to determine than physical discomfort; but often has far-reaching consequences for participants.

Participants were made aware that participation in the study was voluntary and they were at liberty to withdraw from the study at any stage if they so wished. Participants were assured that they were not going to be harmed nor victimised in any way for the information they shared. They were also told that they would be referred for counselling should they feel traumatised by the interview. Strategies to protect participants are discussed in Annexure B.

Participants were protected against any possible form of physical and emotional harm. The researcher did not withhold any information from the participants or give any false information whatsoever (Polit & Hungler, 1993: 362).

2.8.3 PRIVACY, ANONYMITY AND CONFIDENTIALITY

Privacy is the right not to grant access to others of one’s personal information which is not intended for the others to observe or analyse (De Vos, 2003:67). The right to privacy is the individual’s right to decide when, where, to whom and to what extent his or her attitudes beliefs and behaviour will be revealed. Confidentiality in research implies that private data identifying the participants will not be reported (Kvale, 1996:114).

The researcher in this study maintained anonymity and confidentiality by not mentioning the site of the research study, only the area. The participants were contacted privately by letters and telephone, and the telephonic interviews were also conducted privately. The researcher maintained confidentiality about all information given to her. The participants were not identified and transcripts were kept under lock
and key. The research, however, assured privacy and confidentiality to protect and enhance anonymity.

### 2.8.4 PUBLICATION OF THE FINDINGS

The findings of the study must be introduced to the reading public in written form; otherwise even a highly scientific investigation will mean very little and will not be viewed as research. (Strydom in De Vos, 2002:71). The researcher compiled the report as accurately and objectively as possible in order to ensure that the report was as clear as possible and contained all the information necessary for the readers to understand what she had written. By having an independent coder the researcher ensured that there was no misinterpretation of facts in the study. The findings were not manipulated to suit the research question. The participants were also informed that they might be quoted in the report, but would not be identified. The results and findings of the study will be published and written copies of the results will be provided to the health authorities that were involved and to the Department of Health Science at the Nelson Mandela Metropolitan University to be kept in the University library. Results may also be published as articles in journals or by giving talks in symposia.

### 2.9 CONCLUSION

In this chapter the researcher described and explained the research design and method of this study. Trustworthiness and ethical considerations were discussed as the cornerstones of nursing research as well as for this study, in order to enhance credibility for the findings and protect the well-being and interests of the participants respectively.

The following chapter will discuss the themes and sub-themes identified so that guidelines and recommendations of the study can be made.
3.1. INTRODUCTION

In the previous chapter a full description of the research design and method was given. In this chapter a discussion of the findings, namely, the identified themes and sub-themes will be done through quotations from the transcribed interviews and available literature. Literature control will present the various theoretical perspectives and will also be done to recontextualise the data. For instance, it provides a mechanism to help demonstrate the usefulness and the implication of the study findings (Morse & Field, 1996:106).

3.2 DESCRIPTION OF THE PARTICIPANTS AND THE RESEARCH PROCESS

In this study a sample of ten participants who met the required criteria for participation in the study were utilised. The participants displayed the following characteristics:

They were all professional nurses who had worked at the identified district hospital for a minimum of six months. All participants then resigned or transferred to other institutions. Not all racial groups were represented in the study, only blacks and coloured, and the participants were all females. Males and other racial groups were not willing to participate.

The procedure that was followed for all participants was as follows: Possible participants who met the criteria were contacted telephonically and invited to participate in the project. Signed informed consent forms were requested from all participants before commencing the interviews. Interviews were conducted telephonically. Although the interviews were conducted in English, all participants were informed that they were free to use their own language in order to express themselves
freely. All participants preferred to speak English. In-depth interviews were conducted and all the participants were asked the same question as indicated Annexure D.

The following is the main question that was asked.

“What was your experience of your job as a professional nurse at the district hospital?”

The interviews were conducted until data was saturated. The interviews were audio-taped and transcribed verbatim within 24 hours of the interview session. All data was analysed and coded by the researcher. The data analysis method used was that of Tesch (Creswell, 1994:153) as described in Chapter 2.

On completion the researcher made use of an independent coder who was an expert in the coding of qualitative interviews. A clean set of transcribed interviews as well as a protocol for coding (see Annexure E) was handed to the independent coder. The researcher and the coder independently analysed the transcriptions and identified themes and sub-themes. A consensus discussion between the researcher and the independent coder followed. Both reached consensus on the identified themes and sub-themes. After analysing the above, the researcher observed that there was no mention of the HIV/AIDS pandemic which, according to available literature, had an impact on how the professional nurses experienced their job. The researcher decided to re-interview some of the respondents. The following question was asked:

How did you as a professional nurse experience the HIV/AIDS pandemic and did it influence your decision to resign from the district hospital?

The responses led to an additional sub-theme.

3.3 PRESENTATION OF THE RESULTS AND LITERATURE CONTROL

Four major themes and sub-themes were identified through analysis of the database. The four main themes identified were as follows:
Theme 1: Professional nurses experienced their work environment as non-conducive to performing their role adequately.

Theme 2: Professional nurses experienced their job as impacting negatively on their social lives.

Theme 3: Professional nurses experienced unfair treatment from their nurse managers.

Theme 4: Positive experiences were a pillar of strength for the professional nurses.

These themes and sub-themes will be discussed in detail following table 3.1

### TABLE 3.1 AN OVERVIEW OF THE MAJOR THEMES AND SUB-THEMES OF THE PROFESSIONAL NURSE’S EXPERIENCE OF THEIR JOB AT THE DISTRICT HOSPITAL

<table>
<thead>
<tr>
<th>MAJOR THEMES</th>
<th>SUB-THEMES</th>
</tr>
</thead>
</table>
| 1. Professional nurses experienced their environment as non-conducive to performing their role adequately. | 1.1 Lack of orientation was experienced as affecting the professional nurses negatively.  
1.2 The resources in the work environment were experienced as inadequate.  
1.3 The support system in the work environment was experienced as inadequate.  
1.4 Caring for HIV/Aids patients was demotivating and very stressful. |
| 2. Professional nurses experienced their job as impacting negatively on their social lives. | 2.1 Professional nurses experienced themselves as spending too little time with their families.  
2.2 Professional nurses experienced themselves as not fulfilling family responsibilities.  
2.3 Professional nurses experienced their job as affecting family relationships. |
| 3. The professional nurses experienced unfair treatment from their nurse managers. | 3.1 Professional nurses were denied promotional opportunities.  
3.2 Professional nurses experienced their managers as practising favouritism. |
| 4. Positive experiences were a pillar of strength for the professional nurses. | 4.1 The professional nurses experienced interaction between themselves and management as effective.  
4.2 The professional nurses experienced that learning opportunities were utilised.  
4.3 The professional nurses experienced support from their colleagues and subordinates. |
The themes and sub-themes identified during the interviews will be discussed in the sequence reflected in the above table.

3.3.1 THEME 1: PROFESSIONAL NURSES EXPERIENCED THEIR ENVIRONMENT AS NON-CONDUCTIVE TO PERFORMING THEIR ROLE ADEQUATELY.

The researcher identified that the professional nurses experienced their work environment as non-conducive to performing their role adequately. One of the functions of the nursing services manager is the creation of a therapeutic environment for the patient and a physical and emotionally safe environment for personnel (Simms, Price & Erwin, 1994:81). Nurses have a right to an environment that is safe and secure in a physical and emotional context (Kyriacos, 1996:40).

Physical safety includes the absence of harmful substances, equipment and procedure as well as an absence of violence. An emotionally safe environment includes, for example, one which is free of verbal, physical, emotional and financial abuse. According to Booyens, (1993:356) another view point regarding the causes of turnover focuses not only on the job and its characteristics but on the work environment of the employee. Thus factors such as how the employee perceives the work environment, whether it is perceived to be hostile, stressful, and full of conflict, calm or rewarding appear to be important for employees at different stages of their work life.

There are claims that a good working environment attracts staff, and if staff feels that the environment has been created to support them, they feel valued and motivated (Booyens, 1998:16). The participants perceived the main obstacles in their work environment as being lack of orientation, inadequate supply of resources and an inadequate support system. Each of these sub-themes will now be discussed.

3.3.1.1 Sub-theme 1.1: Lack of orientation was experienced as affecting the professional nurses negatively

The participants found it difficult to cope with their daily activities when not orientated properly. Orientation to a new environment is a programme designed to help
employees fit smoothly into an organisation. It may also be called socialisation into the work environment (Stoner, 1995:339). Orientation or socialisation is designed to provide new employees with the information needed to function comfortably and effectively in the organisation. Socialisation conveys three types of information:

- General information about the daily work routine.
- A review of the organisation’s history, purpose, operations and products or services, as well as a sense of how the employee’s job contributes to the organisation’s needs.
- A detailed presentation (perhaps a brochure) of the organisation’s policies, work rules and employee benefits (Booyens, 1996:298).

One participant was quoted as saying:

“When you arrive at an institution it is important that you become orientated, this was not done properly”

Another participant responded by saying:

“For the first two weeks I was functioning on my own, which was very difficult. I was orientated after two weeks”.

Gomez-Mejia (1995:193) supports these statements when saying it is important that new employees be familiarised with the company’s policies and procedures and with performance expectations. Socialisation can make a difference between a new worker feeling like an outsider and feeling like a team member.

In this regard a participant expressed herself as follows:

“I had to go to theatre; I didn’t know where theatre was. I was so unhappy; I didn’t feel like going to work the following day”

Most people responsible for orientating new employees do not take into account just what it is like to start a new job or think of induction as an adult learning process that has to be designed to take account of the ways in which people learn (Price,
The author further discussed the phenomenon “induction crisis” in which a proportion of the new recruits leave within the first few weeks.

In a study conducted by Stoner (1995:390) it was revealed that turnover rates were always highest among an organisation’s new employees who felt anxious upon entering an organisation. They worry about how well they will perform on the new job; they feel inadequate compared to more experienced employees; and they are concerned about how well will they get along with their co-workers. Effective socialisation programmes reduce this anxiety and the feeling of uncertainty. According to Bovee, (1993:419) if employees selected for vacant positions come from outside the organisation, they must undergo orientation and socialisation to become effective members of the organisation.

Effective recruitment and selection take time and cost money. Careless handling of recruits can render this easily into waste (Beardwell & Holden, 2001:136).

3.3.1.2 Sub-theme 1.2 The resources in the work environment were experienced as inadequate

Shortage of nursing personnel in the hospital had a negative effect on the provision of quality nursing care and the smooth running of the nursing services, causing a feeling of being overworked. One participant was quoted as saying:

“If you are supposed to be two sisters on duty, you are only one sister. I had to do more, in so much that when you come home you are so tired. That is what I found very stressful”

Some of the participant’s responses were:

“The shortage of staff was a big problem”

“I was overworked because of staff shortages that was the main thing.”

Without sufficient resources quality patient care cannot be implemented. A study done by Erasmus (1999:51) for the South African Nursing Council on the nursing profession’s views of the workplace revealed that high workload and emotional demands placed on the nurses were the reason why nurses left the nursing profession.
There are worldwide shortages of intensive care unit and theatre nurses, while the availability of other categories of healthcare workers varies (Booysens, 1998:177). According to Sullivan and Decker (1982:351) nurses who remain within the organisation may have to work for long hours (overtime) or simply harder than is acceptable to cover for a departed nurse, which can cause both physical and mental strain and can result in increased departures.

A study conducted by Meyer (2004:1) in the United States of America on unionisation of nurses revealed that nurses were complaining about staff cuts, floating to unfamiliar areas and staff shortage. Nurses are only able to do essential procedures while basic nursing care is being compromised. The participants felt that with the large numbers of patients and few nurses to care for them, the situation was getting out of hand.

According to Booyens (1999:118) quality nursing care is the established target of excellence of nursing interventions and actions to ensure that each patient receives the agreed–upon level of care. The participants stated that their colleagues who had resigned, transferred, retired or died were not replaced. Even when vacant posts were advertised very few applicants responded.

This situation was aggravated by nurses leaving for the overseas countries and the competitive advantage of the private sector offering the nurses improved working conditions. To supplement this thinking Mapuku and Botes (2000:14) revealed in their study that shortage of staff in community health clinics also made it difficult for students to achieve their learning outcomes because of inadequate student accompaniment.

The Treatment Action Campaign (Equal treatment, December, 2005:9) which campaigned for the effective treatment of individuals suffering from AIDS released the following information with reference to migration of health workers to private sectors and abroad:

Three hundred trained nurses left South Africa each month.
6% of all health workers in the UK were South Africans.
Nearly one in three public health jobs in South Africa were vacant.

The inadequate resources mentioned by the participants refer to equipment as well. The professional participants experienced that they were not provided with enough equipment. One participant was quoted as saying:
“Shortage of equipment … we were suffering a lot, you had to go to another ward to borrow another machine. Meanwhile the patient is waiting. You should have done many other things.”

The participants stated that the borrowing of equipment between wards caused a delay in implementing nursing procedures by the limited number of nursing personnel. Another participant stated that:

“The shortage of equipment made it difficult to attend to patients, they had to wait for a long time, and we had only one CTG machine (in our hospital) … other patients were suffering. It was demotivating.”

The participants reported that this also caused a lot of frustration between the doctors and nurses. There wasn’t enough staff to be sent out borrowing equipment from other units. Some participants felt that they were working under trying conditions because their service apparatus such as cardiotopographs (CTG) which are used to monitor foetal heart rate before delivery were not enough. In the maternity wards there was only one working CTG machine that was in use for the whole department. If this machine was not available, foetal heart rate could not be monitored properly which could lead to an inability by the nurses to detect foetal distress in time, and possibly cause intrauterine death or disability.

Muller (1998:5) made a comment on free primary health care, expressing concern about the extra workload health services imposed on nurses who were already hampered by shortages of staff, medication and apparatus. A study of the experiences and perceptions of nursing services managers regarding the transformation of health services in South Africa stated that inadequate resources were contributing to the ineffective management of institutions (Tappen, 1999:370). This is a very serious situation for nurse managers who are to supervise and inspire the nurses to provide quality nursing care. Nurses cannot maintain a high standard of nursing if they are not provided with basic supplies which enable them to do their job properly. Resource availability greatly influences the length of time between events and the costs associated with each activity (Hellriegel, et al., 2001:192).
Bovee', (1993:653) highlights material management that is planning, organising and controlling the flow of material from the initial purchase of raw materials, through the transformation process to the distribution of finished goods, as a significant part of managing ongoing operations. The goal of materials management is to have right material at the right place at the right time. Gmeiner and Poggenpoel (1996:59) are of the opinion that, if nursing structures are poorly designed, understaffed and lack supplies and equipment, the quality of available care will continue to deteriorate.

Inadequate resources are a cause of non-achievement of quality care of set objectives. Lack of these resources leaves professional nurses dissatisfied because it hampers them in doing their work effectively and efficiently. Quality care was almost impossible without adequate resources. This is because, amongst other factors, quality care is dependent on available facilities, the number of nurses and the level of motivation (Booyens, 1999:118).

### 3.3.1.3 Sub-theme 1.3 The support system in the work environment was experienced as inadequate.

Participants in this study expressed concern about lack of support from their nurse managers. Support as stated by James, (2002:71) is to “give aid or courage to”. Support is one of the processes that affect growth, change and development of the participants. The following responses indicate inadequate support as experienced by the participants.

“*When saying we’ve been working hard the supervisor will page through the register looking at the number of patients in order to disagree with you. They didn’t look at the acuity of the ward but concentrated on statistics only*”.

“The nursing managers were not supportive at all”

“I expected support at least but to my disappointment I was not supported at all”

Kotzé (in James, 2002:71) argued that the well-being of man (professional nurse) should be interpreted within the context of the world of interpersonal relationships. This writer emphasised that man’s existence and becoming were unthinkable without co-existence with fellow-human beings. This principle is also applicable to the professional
nurse in her/his collegial relationship in the health practice field. At the core of the professional nurse’s discovery of herself/himself lies a need to have supportive colleagues and nurse managers to effect growth and development. Support and caring is crucial as it provides security and motivation amongst employees and encourages team work. Employees work better under the supervision of nurse managers who show consideration for them, are supportive, fair and just in the treatment of others than for managers who are uncaring and unfeeling (Booyens, 1998:698).

Other participants responded by saying:

“When I wanted to deliver, I was blocked somehow. It was like you are hitting a wall with your head”.

“It felt like you are saying something and nobody is listening. This made me not to be free to give my input, in fact to deliver. It is just demotivating”.

The participants reported that they were not supported to implement their innovative ideas. Nursing managers were experienced as failing to provide the participants with an environment that encouraged them to initiate new ideas and bring about change in order to improve the quality of nursing care rendered. Instead the nurse managers were experienced as stumbling blocks. Swansburg (1996:139) indicated that nurses stayed in their jobs when they received peer support, participated in a professional practice mode, received tuition, reimbursement and inputs into decision-making. He further mentioned that employees wanted meaningful work assignments, equal, not subordinate treatment, opportunities for development and use of knowledge and skills, flexibility and independence on the job. Hellriegel, et al, (2001:21) write that it is the manager’s responsibility to design a team with members that identify with the team goals, by creating a supportive environment. These writers further describe a supportive environment as the environment that involves coaching, counselling and mentoring team members. A supportive environment aims at improving performance of team members in the future and preparing them for future challenges.

Caring and support are essential amongst health professionals, especially from the nurse managers because it makes calculated risk-taking possible and encourages the professional nurse to develop courage in his or her professional. According to Khoza (1997:43), support promotes trust in a professional relationship, and trust ensures
openness and communication between both parties. Support and care given to the professional nurse by nurse managers would facilitate change, growth and development. Nursing is an interpersonal phenomenon and entails interpersonal interaction which needs support and direction inherent to the accompaniment process.

By virtue of the legal and ethical obligations of the nurses and their public and professional accountability, it is the nurse’s duty to take care of their patients’ needs and do so often under very challenging circumstances (Nursing Act, 50 of 1978). The nurses therefore need continual encouragement and support from nurse managers. The responses received from participants in this study indicate that the participants did not receive this much needed support from their nurse managers.

In research (Booyens, 1998:364) supervisory support has been shown to reduce turnover significantly. Support programmes at work, a positive work climate, and factors directly influenced by administrators reduce individual turnover. Supervisors should be particularly attentive to the support needs of the employees (Uys & Basson, 1985:90). It is important for managerial staff to understand the economic value of social support networks at work to reduce the economic losses due to turnover. Social support can be in the form of a good working environment, group cohesion and support from supervisors and peers. The interaction at work provides support to the worker to adjust and remain attached to the work environment (Booyens, 1999:364).

3.3.1.4 Sub-theme 1.4 Caring for HIV/AIDS patients was demotivating and very stressful

In this study the abbreviation “HIV' stands for Human Immunodeficiency Virus whereas “AIDS” refers to the Acquired Immune Deficiency Syndrome (Foster, 2000:20). Some of the participants felt that caring for HIV/AIDS patients was very stressful for the nurses. Stress refers to any demand (physical or psychological) that is outsiders the norm and that signals the disparity between what is optimal and what actually exists (Bryant, Fairbrother & Foster, 2000:877). In this regard a participant expressed herself as follows

“Caring for HIV/AIDS patients is stressful in the sense that no matter how hard you try, the end result is going to be negative. You know that there is no cure and the patient is eventually going to die”.

Increasing numbers of patients who are very ill or terminally ill are admitted to hospital and must be cared for. When they are better they are discharged into the care of their families only to be readmitted after a few days because their condition has deteriorated. More than half of all deaths in South Africa in 2005 were due to HIV/AIDS-related diseases. Most adults die between the ages of thirty-five to thirty-nine years (Newsletter of the Treatment Action Campaign, 2005:2). The stress caused by the HIV/AIDS pandemic to the participants is evident in the following response:

“The patients are very sick and helpless. They solely depend on the nurses for everything. The bed occupancy rate is high thus increasing workload on the nurse who are already short staffed”.

Increased workload refers to the increase in the amount of professional work that is imposed on the nurses. Bed occupancy refers to the numbers of hospitalised patients in a unit. The number of people getting sick has increased dramatically due to the HIV epidemic. To cope with the increased burden of the disease, a well-staffed, efficient and accessible public health system is needed (Newsletter of the Treatment Action Campaign, 2005:3). One participant responded as follows:

“Stress is sometimes due to fear of your own safety”.

Nurses are also at risk of being infected or affected by HIV. Working with patients who are infected with this deadly virus without sufficient protective devices may cause nurses to be uncertain about their own safety as they are handling a lot of body secretions. Some patients are suffering from secondary infections like Tuberculosis and Hepatitis which makes the care of these patients threatening because of the risk of infections. Safety precautions, like treating all patients as if they are infected and wearing aprons, gowns, gloves, masks and goggles when necessary should be observed at all times. Health care workers may accidentally be injured and exposed to HIV-infected blood and body fluids. There is an increased risk for the professional nurses whose work is involved with taking blood, putting up drips or using sharp instruments such as needles, scalpels, insertion of intravenous drips, minor and major surgery, obstetrics or dental work. Statistics of needle-stick injuries at the institution where the study was conducted has increased. The average risk of HIV infections from all types of reported injuries through the skin (percutaneous) is 0,3%. This means
approximately 1 in every 330 injuries will result in an established HIV infection in the health care worker. (Evian, 2000:317).

Watching a close friend, a colleague or a relative suffering from AIDS is extremely stressful, especially if the caregiver is aware of being infected. The nurses may need counselling to cope with their own grief and the stress of caring for HIV/AIDS patients at work and at home. Often counselling is not available due to shortage of health professionals like social workers and psychologists (Equal treatment, 2005:14). The number of health workers affected by HIV is high, possibly as high as the general population. This means that many health workers have become, or will become, too sick to work or have died. This further increases staff shortage (Equal treatment, 2005:14).

Booyens (1999:145) states that nursing is a stressful occupation. Anyone will find constant interaction with sick people very stressful. Furthermore, hospital environments are seen as extremely stressful to work in. The HIV pandemic has increased the distress experienced by the participants.

3.3.2 THEME 2: PROFESSIONAL NURSES EXPERIENCED THEIR JOB AS IMPACTING NEGATIVELY ON THEIR SOCIAL LIVES

The balance between work and private life is a challenge that health care services can no longer afford to ignore. Unlike the typical members of earlier generations of employees, a very large segment of today’s workforce, particularly its women, faces new and intense pressure to find ways of having a meaningful private life, while satisfying a demanding career. Human resource practices that support a healthy work-life balance are increasingly valued. Included among work-life balance is a concern for the unique needs of single parents who must balance parenting responsibilities with a job, and dual career couples, who must balance the career and personal needs. (Booyens, 1996:299).

The participants experienced their jobs as having a negative impact on their social lives. They experienced a clash between their social and work-related responsibilities. According to the participants, their jobs resulted in their spending too little time with
their families and not fulfilling family responsibilities which affected family relationships negatively. These sub-themes will now be discussed.

3.3.2.1 Sub-theme 2.1: Professional nurses experienced themselves as spending less time with their families

The participants were concerned about the amount of time they spent with their families which was experienced as inadequate due to work commitments. The general feeling was that they had to spend too much time at work and too little time with their families. They reported that they had to work weekends and might get one weekend off per month. They also reported having to work on public holidays including Christmas Day and New Year’s Day as well as evenings and night duty. In most instances the respondents stated that they were working a straight 12-hour shift for three or four days consecutively. The above statement is affirmed by the following responses.

“You end up spending less time with your family over weekends and for my child’s sake also. That is the reason why I left”.

Work and family are the dominant life roles for most employed adults in contemporary society and these two spheres of a person’s life are closely intertwined. A very important retention issue, given today’s fast-paced and complicated lifestyles, is work-life balance. Work-life balance involves how people balance the demands of careers with their personal and family needs. Family in this context may not only refer to a spouse and children, but also to elderly parents or other relatives in need of care (Price, 2004:656).

Other participants responded by saying:

“When the time came for night duty, it would feel like we are not staying together”.  
“When I started night duty my child was very young. I had to give up breast feeding because of the unsociable working hours. I had to leave my child for the whole night. It was not nice”.

One-third of all employed men and women have dependent children younger than 15 years of age. Unfortunately women continue to shoulder the major responsibility for caring for dependent family members, which impacts on their opportunity to participate
equally with men in the paid workforce. However, research has shown that workers with family care-giving responsibilities often make, or are willing to make, other adjustments such as getting a babysitter or housekeeper, to work for them instead of staying at home. (Financial Times, 1997:278.)

Other experiences of the participants include the following.

“Our husband was working for the whole week and got off the weekend when I was working, it was awkward”.

“I find myself spending too much time at work, my family suffered”.

The experiences of these participants are supported by Gomez-Mejia. He confirms that women face the double burden of working at home and on the job, devoting 24 hours per week on average to the office and an additional 30 at home with children (Gomez-Mejia, 1995:11). Full-time maternal employment has long been associated with increased stress for the mother. Women who enter the workforce are often faced with the prospect of two full-time jobs, one in the home and another in the work place. The resultant stress on the mother has been found to have negative effects on her child (Sugar, 1994:91).

The suffering experienced by families of the participants is confirmed in the previous research into the effects of maternal employment. Sugar (1994:83) found that children of working mothers were more detached from parents and friends than children of home mothers. The children experienced loneliness and abandonment.

From these responses made by the participants and the available literature, the researcher has concluded that the time requirement of most professional roles in today’s competitive market place is such that decreased time is available for other activities. Shift work is essential in order to ensure twenty-four-hour coverage for patient care. Working during weekends, nights and public holidays is not a pleasure but ill patients still need care during unpopular times. A new kind of flexibility is required for individual organisations and society to make it possible for men and women to contribute meaningfully to society in a variety of roles. These roles include family responsibilities which will be discussed as the next sub-theme.
3.3.2.2 Sub-theme 2.2: Professional nurses experienced themselves as not fulfilling family responsibilities

Responsibility is about having a duty to care for someone or something without authorisation (Oxford English Dictionary, 1995:205 & 298 consecutively).

The participants experienced themselves as not fulfilling family responsibilities as a result of the commitments they had at work. As some were working far away from their homes they could not take care for their families as they would have liked. Some decided to leave the workplace in order to join their families elsewhere.

Other participants responded by saying:

“I wanted to be with my family, I left the hospital because I got a post where my house and family was”.

My family suffered in silence, although there was no friction; but I could see that they missed me”.

From these responses it transpired that the participants wanted to maintain the family unit and found it difficult when not staying with their husbands and children. As some of the participants’ spouses were transferred to other areas, the participants could not forfeit their mothering roles and let their families suffer. According to their statements they were very sensitive about family needs and being missed by their families. One participant said the following in relation to this statement:

“I had a sick child and she was far from me. My husband was alone with the kids, so I was obliged to move nearer to them.”

When there is conflict between work and family, the family is more likely to suffer than the employee’s job performance (Sugar, 1994:98). Research has shown that employees become less productive than normally when there is a sick child at home with a sitter, or when an aged parent is hospitalised and long-term care is needed, or when a spouse is told of an impending job transfer to a remote location. With more dual-career couples, balancing the demands of home and work has become the great challenge of the typical South African worker and his or her employer (Sugar, 1994:98).
From those responses the researcher concluded that the causes of turnover among the professional nurse included the love for their children, husbands and family; commitment to family unity; dedication to family roles and the desire to protect their families and to maintain good family relationships. Family relationships are discussed as the next sub-theme.

3.3.2.3 Sub-theme 2.3: Professional nurses experienced their jobs as affecting family relationships

The participants complained that their jobs had a negative impact on family relationships. The following serves as an example of responses in this regard:

“By the time you get home, you are really bored, you can’t ever find out from your child how did she do at school, you are so tired”.

The participants felt that their families were neglected and as a result conflict arose. In some instances the off-duty roster had to be changed to cover for staff shortages which affected the relationship between the professional nurses and their families.

Another participant responded by saying:

“Sometimes you know you are working until one o’clock only to be changed to work until seven. Changes were not done on time”

The professional nurses raised a concern about the tendency of their supervisors to destabilise one’s plans at the last minute yet one was expected to comply. For example, one applied for leave; but when it was due, the leave was not approved or cancelled at the eleventh hour when a crisis situation cropped up. The professional nurses view this as inconsiderate and causing distress and disturbance to family stability.

In regard to this statement another participant had the following to say:

“It so inconveniencing, like when you have planned your leave with your family then you come back saying” “no I can’t take leave”.
Work-life balance is a critical business issue today for two main reasons: productivity and labour market dynamics (Financial Times, 1997:280). The work-life balance 2000 baseline study concluded that there was a widespread demand from employees for the right to balance work and home life. It also revealed that businesses preferred to offer stress counselling for the personal consequences of long working hours rather than change their attitudes to employees (Price, 2004:656). Women were faced with a challenge of having to cope efficiently with work and home demands concurrently. The responses made by the participants indicated that although they had full-time jobs, they had to take care of their families as well.

3.3.3 THEME 3: THE PROFESSIONAL NURSES EXPERIENCED UNFAIR-TREATMENT FROM THEIR NURSE MANAGERS

The participants felt strongly that they were treated unfairly by the nurse managers. The following serve as examples of responses in this regard:

“When you did not get the chance to do something, the supervisor will come breathing down your neck, “This is not done! that is not done”, you feel frustrated at the end of the day”

“Management was concentrating on the wrong things you did and not on the good ones”.

The participants felt that the nursing managers were unappreciative of their efforts. Instead of recognising good work that had been done, nursing managers had a tendency to concentrate on what had not been done. The participants felt that the nurse managers did not appreciate nor recognise the fact that they were overworked due to staff shortages. Instead of recognising their good performance the managers denied them promotional opportunities and also practiced favouritism. The above are now discussed as the next sub-themes.
3.3.3.1 Sub-theme 3.1: The professional nurses were denied promotional opportunities

The professional nurses felt that the nurse managers, instead of recognising their good performance, denied them opportunities for promotion to higher ranks and better salaries than they were receiving then. The end result was that the participants experienced demotivation and frustration. Some of the responses in this regard are as follows:

“I was in the same position for almost six years as a senior professional nurse and there was no hope that I will be promoted soon”.

“I felt frustrated at the time of the notch increase. I was always prepared to do extra …. Maybe they didn’t see that I qualify for a notch promotion”.

“I applied for a senior position, to my surprise I got the post with no change in my rank or salary. I was just allocated more work and more responsibility. That was when I declared that AG! Here I’m being used”.

Grobler, et al, (2002:384) support this statement by saying that inadequate compensation is often the cause of high turnover. To retain good employees, the human resource manager must make sure that there is compensation equity within the organisation. Compensation refers to all forms of financial returns and tangible services and benefits employees receives as part of the employment relationship (Grobler, et al, 2002:385). If employees see that hard work and superior performance are recognized and rewarded by the organisation, they will expect such relationship to continue in the future. Therefore they will set high levels of performance (Swansburg, 1996:144).

Beadwell and Holden, (2001:512) stated that the prospect of promotion and future salary increases was an important part of the incentive system for employees. According to the latter mention authors, problems arise when promotion opportunities are not forthcoming because of either a promotional blockage in the organisational hierarchy or lack of opportunities.

Managers, more than anyone else, set the tone at the workplace and define the conditions of work which govern people’s efforts. Through their policies and day-to-day personal practices, managers create the environment within which work is to be accomplished. Some create environments conducive to productive outcomes and
some do not (Booyens, 1999:299). Although an increase in salary is a motivator, it is effective for only a limited space of time. This is supported by the ongoing wage negotiations, deadlocks and industrial actions that take place annually when it is time for increment. This is equally applicable to both the public sector and private organisations. Other motivators that should be considered include recognition of achievements, responsibility and a challenging job.

Dissatisfaction with one’s job stems from environmental factors such as working conditions, pay supervision and relations with others. On the other hand intrinsic factors such as achievement, recognition for accomplishment, challenging work, responsibility and advancement are also determinants of job satisfaction. Managers should design comprehensive motivations in order to satisfy employee needs in totality (Amos, 1995:27).

3.3.3.2 Sub-theme 3.2: Professional nurses experienced their nurse managers as practicing favouritism

Favouritism as defined in the Oxford English Dictionary (1995:183) is the unfair liking of one at the expense of the other. The participant expressed a serious concern that they were not treated equally by nurse managers. Nurse managers favoured certain employees at the expense of others. This experience of inequity is evident in the following responses:

“The nurse manager of the hospital favouring this lady … as a result my problem was not resolved”.

“The prominent member of staff had favouritism”.

According to Grobler, et al, (2002:612) employees’ perceptions of inequitable treatment are very strong predictors of job absence and turnover. The costs of unfair employee treatment are difficult to compute. The lack of support and favouritism experienced had a negative impact on the professional nurse-nurse manager relationship. In view of the following responses it became clear that team spirit was paralysed. This is supported by some of the respondents quoted as saying;

“Her (nurse manager) attitude was totally against me I was not a favourite”.
“Unfortunately I was not one of those on her good books”

These feelings that were experienced and expressed by the participants in this study resulted in demotivation amongst professional nurses. If employees perceive that they are treated inequitably by an organisation, tension results. Management is always linked to what people (nurse manager, supervisors and professional nurse) do in the work situation. It concentrates on the mental and physical performance of people in order to obtain maximum output in relation to strategically determined objectives and the effective use of resources to attain those objectives. Nursing managers do not manage resources and time, but people, who in turn achieve some degree of output through the application or use of such resources. It is therefore suitable at this stage to say nursing management is about, and more importantly, for people (Booyens, 1999:290).

Nursing managers, because they have been assigned a managerial position, are automatically expected to form relationships in many directions, namely, with their subordinates, superiors, peers and the community they serve, which is represented by members of the hospital board. These relationships are needed for the manager to obtain information for appropriate decisions in order to take sensible action. Good working relationships between nurse managers and subordinates (professional nurses in the study) will help in the achievement of goals. It is also true to say that wherever two people get together to do a job, the outcome depends on how well they get along (James, 2002:53). The same could be said about nurse managers and professional nurses in the hospital setting. Cohen, Fink Godon, Willits and Josefowit (1992:250) endorse this statement and state that if the nurse managers and their subordinates are bitter, hold grudges or avoid one another, they are less likely to be productive, satisfied or growing than if they enjoy being together and are mutually supportive and appreciative of one another’s abilities. A hospital can be thought of as consisting of a network of interconnected relationships and for that reason nurse managers and professional nurses should learn to understand and improve their work relationships (Cohen, et al, 1992:250).

While some jobs are carried out in relative isolation and remain little affected by interpersonal factors, nursing care requires and encourages interaction among individuals, namely, between nurse managers and professional nurses, for the sake of the patient. Cohen, et al, (1992:253) states that the more a job requires two people to
work together, the more important is the kind of working relations that develop.
Even when the interaction is only peripheral to the task, the relationship can still become a source of satisfaction or frustration and thus seriously affecting the total work effort.

Nurse managers are not always next to the bed of the patient like the professional nurses, but are involved in patient care decisions. These decisions sometimes affect the professional nurses negatively. An unhappy nurse usually projects unhappiness to patients. For this reason both the nurse managers and professional nurses should frequently evaluate their relationships with one another as they are both involved in caring for patients.

Nurse managers by virtue of their managerial position and authority have the mandate to prescribe and demand obedience. For this reason they have the right to act, or command their subordinates to act, in order to achieve the predetermined objectives (Gillies, 1989:372). The nurse manager therefore has a responsibility to create and initiate specific behavioural relationships within the nursing units or departments. This includes treating subordinates fairly as equals and not having favourites that are not performance based. The perception of inequity causes an unpleasant emotional climate that may cause employees to reduce their future efforts or change their perceptions regarding rewards for their work effort. (Grobler, et al, 2002:384). This experience of inequitable treatment is evident in the following responses.

“The main problem that I encountered with the lady is that she was white, I felt I was treated unfairly, it was total dissatisfaction. I was not satisfied at all”.

“The situation was aggravated by private doctors who were given first preference compared to the state doctors”.

This was supported by one participant who said:

“Private doctors sometimes asked for a continuous CTG for their patients so ... other patients suffered”.

The professional nurses felt that private doctors and their private patients were given preference compared to the state patients, for example a private doctor would order
continuous CTG monitoring for his patient knowing that there was only one CTG machine in the maternity department which caused state patients to suffered. This led to unhappiness on the part of the professional nurses whose role included patient advocacy.

Individuals need to feel that they are getting fair treatment at work in terms of their contributions to the job (for example skills, ability, education, experience, their effort and the rewards they receive for working e.g. pay, fringe benefits, recognition, praise, promotion and prestige). Equity theory suggests that effort and job satisfaction depend upon the degree of equity that an individual perceives in the work situation (Sullivan & Decker, 1985:189). Nurses respect leaders whose judgement is sound and consistent and whose decisions are based on fairness, equity and honesty. People would rather follow individuals they can count on, even when they disagree with their viewpoint, rather than those who are inconsistent and shift positions frequently (Swansburg, 1996:470).

According to South African laws (Employment Equity Act, 55 of 1998) all employees have a right to equal employment opportunity. Equal employment opportunity is the right to employment and advancement without regard to race, gender, religion, colour or national origin. An important cornerstone of this legal protection is the Employment Equity Act, 1998. The intent is to ensure for all citizens the right to gain and keep employment based only on their ability to do the job and their performance once on the job. The Act protects employees from any form of discrimination. Discrimination in employment occurs when someone is denied a job or a job assignment for reasons that are not job-related (Schemerhon, 2005:298).

Professional nurses look to nurse managers for guidance and direction as they are more experienced than professional nurses in nursing care delivery. A good relationship between nurse managers and professional nurses would therefore enhance growth, confidence and professional independence of the professional nurses with a consequent improvement in the quality of their nursing care.

Based on the responses received, the researcher concluded that the unfair treatment experienced by the professional nurses resulted in lack of motivation. Motivation is the force that energises behaviour, gives direction to behaviour and underlies the tendency to persist, even in the face of one or more obstacles. Motivation is to a large extent
specific to the individual. A manager should thus attempt to meet the employees’ important needs or basic needs to elicit good productivity from employees (Hellriegel, et al, 2002:420).

Although most of the data collected focused mainly on the negative facts resulting in staff turnover, the researcher wished to highlight the positive aspects which enabled the professional nurses to cope and continue with their work and responsibilities in the work environment. These will be discussed as theme 4.

3.3.4 THEME 4: POSITIVE EXPERIENCES WERE A PILLAR OF STRENGTH FOR THE PROFESSIONAL NURSES

Good communication, learning opportunities and support from colleagues and subordinates gave the participants courage to continue with their work even under the most difficult circumstances. These will be discussed as the next sub-themes.

3.3.4.1 Sub-theme 4.1: The professional nurses experienced interaction between themselves and some supervisors as effective

The participants experienced communication interaction between them and some of their supervisors as good. Hellriegel, et al, (2001:5) classified communication as one of the key managerial competencies. They define communication as the effective transfer and exchange of information that leads to understanding between oneself and others. Communication competency includes informal communication, formal communication and negotiation. The following serve as examples of responses in this regard:

“Communication wise it was very good”.

“The communication was good, I can say”

Communication forms a crucial part of the effective management of the nursing unit because, without effective communication, none of the steps of the management process (planning, leading, organising and controlling) can be implemented effectively. Communication is extremely important in the process of participative management as the input of all personnel is needed (Meyer, et al, 2004:177).
Managers spend so much of their time communicating, as a result management recruiters look for people who can communicate effectively. The importance of communication cannot be stressed enough (Hellriegel et all, 2001:8). According to Swansburg, (1996:496) effective communication is important to managers for three primary reasons:

Firstly, communication provides a common thread for management process of planning, organizing, leading and controlling. Managers develop plans through communication with others at their organisations and organise to carry out these plans by talking with other people about how best to distribute authority and design jobs. Managers know that motivational policies, groups and teams are activated through the regular exchange of information. Communication is equally important for controlling the work of the organisation.

Secondly, effective communication skills can enable managers to draw on the vast array of talents available in the multicultural world of organisations. The globalisation of business certainly poses a challenge to managers’ communication abilities.

Thirdly, it so happens that managers do spend a great deal of time communicating. Rarely are managers alone at their desks thinking, planning or contemplating alternatives. When not conferring with others in person or on the telephone, managers may be writing or dictating memos, letters or reports or perhaps reading such communications sent to them. Even in those few periods when managers are alone, they are frequently interrupted by communication. One study of middle to top managers found that they could work uninterrupted for half hour or more only, once every two days (Swansburg, 1996:496).

Stoner, (1995:531) views effective communication as an asset to an organisation. He attributes employee satisfaction primarily to the hospital’s outstanding communication structure. Employees who receive honest, straightforward communication from management work with management in cohesive teams that communicate openly and often. Another participant responded as follows:
“When the matron wants to talk about something, she will talk to us, or talk to the supervisor who will consult with the staff as a whole to discuss the matter”.

Good communication may involve having a face-to-face conversation, preparing a formal written document, participating in global meeting via teleconferencing, giving a speech to an audience of 400 people or using e-mail to co-ordinate a project team whose members work in different regions of the country (Hellriegel, et al, 2001:6).

Broken communication contributes to stress and leads to direct economic losses through low productivity, grievances, absenteeism, turnover and slowdowns or strikes. Flat organisational structures promote effective communication. One of the functions of a supervisor is to ensure effective communication and this also implies openness in the relationship (Swansberg, 1996:398).

It is important for nurse managers to be able to communicate and collaborate with all disciplines involved in patient care which leads to continuity of patient care. When communication and collaboration are done at the highest level, the end result will be really happy patients and staff (Wise, 1995:319).

The ability to communicate effectively is a very valuable skill and managers should be proficient in both verbal and non-verbal communication. Apart from speaking to colleagues and subordinates, the nurse manager should also develop good listening skills in order to understand her nursing staff and be able to communicate with them in a meaningful way. Listening skills are essential management skills, therefore, just as the clinician listens to the patient to collect assessment data, the manager uses listing skills to assess and evaluate. Managers who are good listeners develop reputations for being fair and consistent. Listening to recurring themes related to minor issues of staff dissatisfaction in informal conversation may enable the manager to take action before a crisis situation occurs. Her non-verbal communication should serve to strengthen the meaning of her words and not to detract from it (Wise, 1995:485).

3.3.4.2 Sub-theme 4.2: The professional nurses experienced that learning opportunities were utilised

The participants felt that they utilized learning in their work environment. The participants gained experience, knowledge and skills whilst working at the district
hospital. Nurse managers have to be strong and tough in supporting the values of clinical nurses. They have to be proactive in planning, designing and implementing new organisational structures and work environments. The objective is to develop people and not to exploit them. The following are examples of this:

“I gained some of the things that I didn’t know … I met a doctor who was willing to teach us ...”

“I gained a lot. I gained quite a lot of experience.

“I acquired a lot of knowledge while working there”.

Swansburg, (1996:522) states that staff development may be defined as a management programme to aid staff in developing skills and knowledge which add to their professional goals and at the same time increase their value as employees. In-service education provides learning experiences in the work setting for the purpose of refining and developing new skills and knowledge related to job performance. These learning experiences are usually narrow in scope and brief because they are aimed at only one competency or knowledge area. For example, a learning experience might be developed to introduce nursing staff in cardiac care to a new, more sophisticated monitor than the one they were used to. Continuing education programmes are planned and organised around learning experiences that focus on competencies and knowledge that can be used by employees in a variety of settings and encourage new approaches to health care delivery. Nursing service administrators are responsible for staff development in order to promote quality client care (Swansburg, 1996:522).

The purpose of staff development includes the improvement of care given to clients and the improvement of participants’ quality of life. Nurse managers who act as teachers in staff development programmes may be facilitators of learning. This role is enhanced if the educator possesses attributes such as openness and flexibility (Swansburg, 1996:535).

The nurse manager who invests in the continuous development of her staff gets improved patient care results and her personnel become motivated to perform to the best of their abilities and to stay working in the same institution, especially if such development leads to fulfilment of higher order needs such as self-actualisation. Staff
development is one of the essential aspects of the nurse manager’s responsibilities (Booyens, 1999:366).

3.3.4.3 Sub-theme 4.3: The professional nurses experienced support from their colleagues and subordinates

Although there has been a lack of support from the nurse managers, the participants experienced support from their colleagues and subordinates. They felt that they worked as a team. The following responses illustrate those experiences of the participants:

“Luckily the environment I was working in was very warm amongst us because we were very much supportive of each other. We were working towards the same goal. We were working as a team although we were suffering from the same stress levels”.

“We understood each other, if there was any problem, we ironed it out amicably, that I enjoyed”

“I had much support from my colleagues”

“One thing that kept us going is the healthy relationship amongst us, with my subordinates, we had a very good working relations”.

“We worked hand in hand, we worked like a team, and we helped each other”.

Groups and teams are fundamental to human existence. Without at least one other person to support it, an infant could not survive. Without friendship groups, children could not develop into emotionally healthy adults and a surgeon could never successfully implant an artificial heart. The increasing popularity of team-based organisational structures reflects the belief that team work can achieve outcomes that could not be achieved by same number of individuals working in isolation (Grobler, et al, 2002:114).

Job enrichment may involve organising employees in work teams. In addition to satisfying important higher-level needs, work teams offer the potential for satisfying the individual’s social needs (Grobler, et al, 2002:113). A recent study of 60 South African companies by Productivity Development showed that 38% had moved towards team-
based organisations, compared to around 65% in the US. Delta Motor Corporation in Port Elizabeth is the only company that has switched to the use of teams as a way to improve productivity. At Delta teams play a role in developing team spirit, improving motivation and consequently quality (Hellriegel, 2001:322).

Team nursing developed in the 90’s when various leaders decided that a team approach could unify the different categories of nursing workers. Under the leadership of a professional nurse, a group of nurse persons would work together to fulfil the full functions of professional nurses (Swansburg, 1996:234).

3.4 SUMMARY OF THE FINDINGS

As is evident from this discussion, interesting arguments emerged some of which were consistent with available literature. There are four main themes identified in this study, namely:

- the experience of their environment as non-conducive to performing their role effectively;
- the experience of their job as impacting negatively on their social lives;
- the experience of unfair treatment from the nurse managers; and
- positive experiences being very helpful to professional nurses.

The general feeling that the work environment was not conducive to performing their role effectively is substantiated by complaints about lack of orientation, inadequate supply of resources, inadequate support system; and the distress experienced in the care for HIV patients was experienced as demotivating and very stressful. The professional nurses also felt that their jobs were affecting their social lives resulting in their spending too little time with their families and not fulfilling family responsibilities. The professional nurses also felt that their family relationships were negatively affected. The feeling was that the work situation was so demanding to such an extent that families were neglected. The professional nurses find it difficult to strike a balance between their family and work life.

Negative emotional experiences which came through very strongly were expressed openly and emphatically by participants. Those emotional experiences produced negative feelings in the participants such as feeling demotivated, frustrated, stressed,
unappreciated, depressed or angry. The end result was high levels of on-the-job stress and a breakdown in the work relationships. Despite all those constraints support and understanding from colleagues and subordinates was seen to be the pillars of strength that kept them going.

Even though negative feelings were expressed by the participants, it was interesting to observe positive feelings as well. To mention only a few, the participants felt they had positive learning opportunities and that communication with colleagues and subordinates was good. The ability to mention the few positive experiences about the institution, although they have already left, indicated positive attitude and maturity on the part of the participants.

### 3.5 CONCLUSION

This chapter addressed phase one of the research study. The data was analysed and described. The themes identified from data were verified by means of literature control. Responses by participants were mainly similar though there were differences at times. The researcher concluded that the nursing management at district hospitals was faced with a challenge of having to create a conducive work environment that would cater for the social needs in which the professional nurses could function efficiently. The study brought hope to some of the participants, who expressed delight at the fact that something was being done about their concerns. There was hope from participants that once the findings of the study were published and also made known to the nurse managers by the researcher, the work environment would be improved.

The professional nurses hoped for improvement, and although they had left the institution, they felt that those who were left behind will benefit from the findings of this study. The following response is an example of this:

“This conversation will help us in a way; you know I really feel for those people who are still working there.”

In chapter 4 phase two of the study will be presented, with discussion of guidelines for effective retention of staff and management of staff turnover. The guidelines will be
verified by means of a literature control. As chapter 4 will be the concluding chapter of this study, it will include conclusions, limitations and recommendations.
CHAPTER 4

GUIDELINES, CONCLUSION, RECOMMENDATIONS AND LIMITATIONS

4.1 INTRODUCTION

In Chapter 3 research results of the study were discussed and the relevant literature was incorporated as a recontextualisation of the findings. In this chapter findings of the study will be discussed. Guidelines emanating from the results of the study will be made to guide nursing service managers to develop strategies to retain professional nurses. Relevant literature will be implemented to validate and verify the proposed guidelines of the study. Limitations of the study and recommendations will also be discussed.

The study emanated from the researcher’s experience and involvement in clinical nursing and nursing management. The researcher noted how heavy losses of recruited professional nurses, (referred to in this study as accelerated nursing staff turnover among professional nurses), might have had an influence on the quality of service delivery at a district hospital. The researcher wanted to find out what caused nursing staff turnover, which led her to develop the research schedule (Annexure D) for the professional nurses who had left the district hospital. The following main question was asked:

“What is your experience of your job as a professional nurse at the district hospital?”

4.2 OBJECTIVES OF THE STUDY

The objectives of the study were two-fold: firstly to determine factors leading to accelerated staff turnover among professional nurses and secondly to develop guidelines to retain professional nurses. The first objective was reached by reflecting the findings of the research (table 3.1 in chapter 3) as themes and sub-themes. The themes have been extensively discussed as substantiated by means of data collected
during the interviews and literature exploration. The second objective will be reached by developing guidelines to retain professional nurses based on the findings of the research. These guidelines will be discussed as part of this chapter.

4.3 DISCUSSION OF THE FINDINGS

Based on analysis of data collected in this study, the following conclusions were reached concerning the professional nurses experiences of their job at the district hospital.

The participants experienced their environment as non conducive to perform their role adequately owing to the identified obstacles such as lack of orientation and inadequate support system.

It was felt that the job was impacting negatively on their social lives resulting in their spending too little time with their families and not fulfilling family responsibilities which affected family relationships.

Unfair treatment was experienced from the nurse managers in the form of favouritism and denial of promotional opportunities.

The HIV/ AIDS pandemic also imposed severe stress on staff who already had a high work load and were emotionally drained.

Effective interaction with management, utilisation of learning experiences and good support among colleagues and subordinates were pillars of strength for the participants.

Guidelines based on the above-stated findings have been developed to assist nursing managers in the process of developing guidelines to retain professional nurses. Following now is the discussion of the developed guidelines.
4.4 GUIDELINES TO ASSIST NURSING MANAGERS THROUGH THE PROCESS OF DEVELOPING STRATEGIES TO REDUCE TURNOVER AMONG PROFESSIONAL NURSES

Guidelines are now recommended based on the findings of the research. These guidelines will address the following challenges:

- Management of staff turnover.
- Provision of a conducive work environment.
- Consideration of the social needs of the professional nurses.

4.4.1 MANAGEMENT OF STAFF TURNOVER

The constant heavy loses of recruited qualified nurses from the profession constitute one of the serious challenges for nursing managers. It is a costly and time-consuming task to recruit enough nurses into the profession, and the retention of staff is even difficult (Booyens, 1999:369).

§ PROBLEM
Accelerated staff turnover had the following negative impact on service delivery:

- Shortage of staff.
- Low morale in the remaining staff
- Decrease in the level of performance
- Impact on quality of nursing care and the rise in the incidence of medico-legal risks.

§ GOAL
The goal of management of turnover is to introduce measures to reduce the turnover rate among personnel to the normal turnover rate of five - ten percent.

§ INTERVENTION
In addressing a reduction of staff turnover, the following should be considered:

Organisations often compete with one another for available employees.
Shortages may be so extreme that organisations occasionally go to extreme lengths to satisfy the workforce needs.

Employee turnover is expensive.

Terminations of service costs include costs of conducting exit interviews and the necessary processing and payment of unused vacation leave.

Replacement of a highly specialised professional is extremely expensive in terms of recruitment, induction and training of a new recruit.

The researcher recommends the following guidelines for management of turnover, as set out in Booyens (1999:375):

Before attempting to lower its turnover rate, each institution should first decide what it considers an acceptable turnover rate for that organisation. This would depend on available staff numbers, the availability of opportunities outside, the level of turnover that is actually desirable in order to avoid stagnation and the cost of replacing each employee who leaves.

Each institution should determine why nurses leave the organisation. Data should be collected and computerised on such aspects as the average length of stay of the nurse, the reasons for her stay and the reasons for leaving, elicited through exit interviews carried out by an outsider. The data should be examined carefully to see if any patterns emerge. Management must then select measures which will have the greatest effect on lowering the rate, bearing such patterns in mind.

When recruiting, care should be taken not to paint an unrealistically good picture of the organisation. The prospective employee should know from the start what it will really be like to work in the organisation. A reasonable fit between organisational goals and employee expectations is then possible.

During the selection and interviewing process, special care must be taken to get an accurate picture of the potential employee. Employees usually do not think of leaving during their first six months. It is nevertheless important to see that their orientation has ensured that they are clear about what is expected of them; that they are able to use
a variety of skills; and that positive feedback is given for the job well done.

Management should allow nurses to transfer voluntarily between units. This would lessen routinisation of the job and permit efficient utilisation of nurses with specialised skills and knowledge. The best match between worker and job should be the aim.

Provide good communication and co-ordination between units/departments by holding regular weekly meetings not longer than 45 minutes in duration, during working hours with unit staff to discuss changes in hospital policy and unit administration matters and listen to nurses suggestions and try putting their ideas into practice.

Provide ample facilities for staff development and career advancement by promoting professional nurses from within the organisation. Opportunities for promotion are limited in nursing so promotion should be reserved for staff who are already employed by the organisation.

Working hours should be made as flexible as possible by providing a wide range of shift patterns, creating sufficient part time positions, or alternatively, make use of the shared or split job principle using part-time nurses to fill one full time post.

Make use of a system where new employees who have been out of nursing for a considerable number of years are assisted by working together with a colleague for the first month or two in order to adjust to the realities of the hospital routine.

Improve the performance evaluation system in order to reward good performance and assist employees whose performance is not very good.

Maintain a spirit of co-operation and teamwork by ensuring that nursing administration actively supports the nursing personnel and the supervisors are seen as considerate and responsible.
Try to make the nurse’s jobs as challenging and interesting as possible by eliminating non-nursing duties as far as possible to lesson the amount of work pressure on permanent full-time staff members.

The ability to motivate employees is the key attribute of effective managers therefore nurse managers should be made to recognise the vital role that motivation plays in the success of any organisation (Booyens, 1999, 378).

Another effective approach to reduce the number of conflicts arising from staffing and scheduling is to use participative management. Participative management means including staff in decision-making. The nursing managers should allow staff members as a group to plan their own schedules. Staff members have some creative ideas; and when their ideas are implemented, staff members will be far more committed to them and co-operative in keeping the unit adequately staffed than they were under imposed routines (Tappen, 1999:94).

5 OUTCOME
The above-mentioned interventions will result in the following:
- Improvement in staff levels
- Boosting of staff morale
- Effective team building among staff members
- Improved quality patient care
- Fewer medico-legal risks.

It is however good practice for any nurse manager to try to achieve the above in her organisation in order to reduce some of the avoidable resignations.

4.4.2 CONducive WORK ENVIRONMENT

It is the responsibility of the nursing manager to establish and maintain an enabling environment in which the professional nurse can practise quality patient care with few or no stumbling blocks.
§ PROBLEM
Quite a number of factors have been mentioned as impacting negatively on service delivery. Participants in this study verbalised concerns regarding their work environment which was experienced as discouraging owing to lack of orientation, inadequate supply of resources and inadequate support systems.

§ GOAL
Designing an orientation programme.
Ensuring adequate supply of resources.
Ensuring adequate support systems.

§ INTERVENTION
*Designing an Orientation Programme*
Before the induction programme can be developed a number of planning considerations must be looked at. The following are identified as key planning considerations:

  **Induction Policy**
  A properly formulated induction policy drawn up jointly by management and employees should be officially adapted by top management before the programme is designed.

  **Budget**
  As mentioned in chapter 3, induction costs are nominal in comparison with the benefits derived from a good induction programme. An adequate budget should thus be made available for this purpose. Other planning considerations include:-
  • Time, materials, facilities and personnel needed to plan and implement the programme.
  • General organisation topics versus department and job topics to be covered in conjunction with programme flexibility to accommodate employee differences in education, intelligence and work experience.
The induction programme should be designed to include all the information that the newcomer will need to do his or her job effectively. This information can be divided into two categories: -

Job-related information.
This information describes what the job entails, how it is done, policies, procedures, rules and regulations.

General information: this includes information about fringe benefits, safety and accident prevention, physical facilities and employee and union relations. If the organisation has planned wisely, evaluation will show that induction is effective and that new employees perform well within a reasonable period. Thus the new employees are properly integrated and the performance of the organisation will improve. (Grobler, et al, 200]2:228).

The orientation programme will differ in different departments or units, but the aspects which should be covered when a nurse is orientated to a hospital ward or unit are the following:

Physician-related, such as:-
- The allocation of beds to consultants and other doctors.
- Admission days, routine and emergency
- Theatre days
- Procedures for referring patients to the outpatient department
- Days and times of consultant’s rounds
- Calling procedures for consultation with doctors about patients
- Taking instructions from doctors
- Conducting rounds with doctors
- Taking doctor’s instructions over the telephone.

Unit administration aspects, such as:-
- Job descriptions of the different categories of personnel.
- The routine of the unit, e.g. meal times, medicine administration times, visiting times
- Routine supply orders
- Routine maintenance and after-hours emergency maintenance
• Ordering centrally stored equipment.
• Porter service
• Messenger service
• Routine records, such as daily reports to nursing service managers, census record;
• Rules for off-duty requests;
• Procedures for admission, transfer, and discharge of patients;
• Communication procedures and
• Operations of the patient-nurse call system.

Clinical nursing aspects such as:
• isolation nursing policy
• handling of soiled lines;
• the standard nursing care plans for the most frequently treated illness;
• patient care records;
• checking of emergency trolley supplies and
• checking maintenance and use of resuscitation equipment, eg ventilator, ambubag, defibrillator, oxygen and suction apparatus

Environmental control, such as:
• Maintenance of a comfortable temperature and level of humidity and control of unpleasant odours and
• Disinfection procedures

5 Improving the supply of resources.
Participants in this study experienced resources in the work environment as inadequate. This caused a lot of frustration and delay for nursing personnel. The interventions to prevent these from occurring will now be discussed:

Development of self-empowerment needs to be facilitated to equip professional nurses to maintain themselves meaningfully and purposefully in the work environment. Recommended strategies for this purpose are:-

• Allowing empowerment through formation of focus groups which will enable professional nurses to discuss experiences and share opinions on solving the problem/perception.
• Making use of focus groups to identify needs and inform management of proposals to resolve problems and meet needs.
• Making use of informal personnel meetings to brainstorm proposals and generate ideas on how to overcome the problem, that is, the inadequate resources.
• Creating opportunities and encouraging professional nurses to attend short courses or programmes to develop and equip them with coping skills especially those related to the shortage of resources.
• Communicating their need to consult with specialists in the field of self-empowerment.
• Consulting widely, organizing workshops and using efficient consultants when offering such workshops and;
• Accepting job enlargement and job enrichment opportunities positively and using these as a basis of self-empowerment as they are going to have opportunities and challenges to manage their own activities and make full use of their training skills and expertise as long as they are given increased freedom and control over their clinical activities (James, 2002:97).

5 Developing an adequate support system for employees
Participants in the study also experienced the support system in the work environment as inadequate. Support by management is crucial, not only in terms of financial, technological and manpower support, but the process also needs to be driven by a committed and motivated management team which believes in the process and benefits of a formalised approach (Booyens, 1999:604).

Recommendations to address this problem are laid out by Mullins, (1999: 219) as follows:

Improve patient care skills of the professional nurses in the work environment through the use of:–
• Mentors and coaches from senior personnel as potential role models.
   These mentors can be allocated to help professional nurses by either giving them lessons or work or guiding them in the health care unit and the use of unit managers as mentors of their immediate subordinates
because they are familiar with the clinical environment and it is cheaper to use them than hiring specialist coaches.

Prepare nurse managers to be supportive managers by:-

- Training and encouraging them to create a trust relationship in the work environment so as to encourage professional nurses to come forward with their professional needs.
- Allocating study leave to nurse managers for the purpose of attending courses and programmes.

§ OUTCOME

Orientation, if approached systematically will ease the adaptation process for the new nurse, decrease errors and ease controlling function of the direct supervisor (Booyens, 1999:383).

Improvement of the supply of human material resources will ease the burden of shortage of personnel and will enable the nurses to function effectively and efficiently.

Support by nurse managers will provide some form of security for professional nurses by giving them a shoulder to lean on so that the professional nurses will be assured that management cares for them and their needs, thus boosting their morale. With adequate, well-established support services in the work environment the level of motivation among the employees will increase (Mullins, 1999:219).

4.4.3 MANAGEMENT OF ON THE JOB STRESS

Stress in the workplace is any characteristic of the job environment that poses a threat to the individual, either excessive demands or insufficient supplies to meet the needs. The individual appraises the situation as harmful, threatening or challenging. There can be external demands from many sources such as the workplace, environment, economy, technology and family (Wise, 1995:500).
From the responses made by the participants in the study it is evident that the professional nurses experienced severe on-the-job stress.

§ **GOAL**
Nursing managers should develop strategies to empower professional nurses as far as stress management is concerned.

§ **INTERVENTION**
The following strategies as suggested by Wise (1995:511) can be implemented to reduce on-the-job stress:

- Employees’ assistance programmes should be developed for reducing stress among employees and supervisors.

  Formal discussion groups and consultants are additional ways to help staff verbalise anxiety and seek help and advice from colleagues. Expert consultants in psychology or stress management can be brought in to assist the staff in identifying causes, solutions and effective strategies to reduce stress. An unbiased observer can provide direction for the group.

  When units are changed or combined with other units it is important to retain some of the traditions of each unit as a way to help staff cope with change. Defining and redefining values and the vision of the organisation as it changes can be valuable. Providing time for reflection and understanding of the issues is important to prepare staff for changes.

  Formal stress management programmes have physical and emotional health components.

  The physical programme may include health appraisals and counselling, weight loss, stop smoking groups and partial payment of fees for exercise clubs. Formal education programmes that are based on staff needs can decrease the pressures.

  Humour workshops can be offered so that all employees can utilise this stress-reducing technique.
The nurse manager is also an advocate and spokesperson for staff to upper levels of management. The manager should assess and determine the financial projections of stress on staff. Presenting data to administration on the costs of turnover, orientation, illness, and absenteeism, can give administration an understanding of the costs of stress. It makes more sense to retain the nurses that are employed and to try to help them with their needs concerning stress, than to have fewer staff and add to stress.

§ OUTCOME

Increasing skills in coping with stress is a vital component in management and leadership. A nurse manager who can act as a role model and support her staff in times of stress is a beacon of light (Wise, 1995:510). Professional nurses will be able to cope with increased levels of stress if some of these interventions are implemented.

4.4.4 CONSIDERATION OF THE SOCIAL NEEDS OF THE PROFESSIONAL NURSES

The nurse manager has a responsibility to initiate and manage programmes that help the institution meet both its strategic goals and its commitments to its employees. The duty of the manager is to take care of the carer; therefore managers should be sensitive to the social needs of their subordinates including family issues.

§ PROBLEM

Participants in the study experienced themselves as spending too little time with their families and not fulfilling family responsibilities. This had a negative impact on them personally and their family relationships were also affected negatively.

§ GOAL

The researcher recommends that the nursing leaders should focus on the human needs and well-being of their followers. The leader should take time to talk to them, be empathetic and show interest in them as people. This can be achieved through the development and implementation of programmes leading to improvement in the quality of work life.
5 INTERVENTION

The quality of work life indicates the degree to which employees are able to satisfy their important personal needs by working in an institution.

Walton, the most widely quoted author on quality of work life explains the requirements that constitute a good or desirable quality of working life in terms of eight broad conditions of employment (Mathis & Jackson, 2003:87).

Adequate and fair compensation
This includes adequate payment and fringe benefits so as to enable the employee to maintain an acceptable standard of living while working for the institution.

Safe and healthy working conditions
These apply to both physical and psychological environment within which the employee functions.

Opportunities to utilise and develop human capacities
This means that the employee is granted as much autonomy in her work as possible. It also means that the work should be made stimulating and interesting by involving the employee in the planning phases of projects, by delegating tasks that require a number of skills and by supplying the employee with the necessary information and management perspective in order for her to recognize the value and place of her work in the organisation.

Future opportunity for continued growth and security
This involves expanding one’s capabilities, the opportunity to use new knowledge and skills, promotion opportunities, as well as job and financial security.

Social Integration in the work organisation
Opportunities should be created for social interaction with other employees.

The right to privacy and freedom of speech within the enterprises
Employees are to enjoy dignity and respect and are to be treated like adults in the work environment.
Work and total life space
There should be a balanced relationship between an employee’s working time and her time away from work to spend on her family life.

Social relevance of the work
The employee’s job must be for the benefit of all in the institution and the benefit of the community in which the employee operates.

Dessler (1984:430) adds the following to Walton’s list:-
Fair, equitable and supportive treatment of employees
Open, trusting communications between all employees and
An opportunity for all employees to take an active role in making important decisions that involve their jobs

5 OUTCOME
Quality of work life involves all facets of the employee’s functioning in an institution. Optimal utilisation of an employee and her satisfaction in her work environment are essential to the achievement of a high quality of work life in an organisation. It is important to educate managerial staff to understand the economic value of a social support network to reduce the economics (Booyens, 1998:697).

4.5 RECOMMENDATIONS
This study revealed the causes of accelerated nursing staff turnover among professional nurses, mainly due to the work environment which was discouraging, the job which was impacting negatively on their social lives and unfair treatment which was experienced from their supervisors.

The following recommendations based on the study can be made and applied to the following areas:
4.5.1 NURSING RESEARCH

The study can be used as a basis for further research regarding the phenomenon of accelerated staff turnover among professional nurses at a district hospital.

The researcher therefore recommends that further research studies be conducted:
- To evaluate impact of accelerated nursing staff turnover on service delivery.
- To investigate the effect of the working environment of the professional nurses on quality patient care, absenteeism and staff morale.
- To assess the impact of the implementation of recommendations made in this study.

4.5.2 CLINICAL PRACTICE

Currently everyone in South Africa is experiencing change and everyone is trying to bring about change. Constant change is also true for nursing. The environment in which nurses work today is constantly changing. Although change may be uncomfortable in itself, the rapid changes in technology, payment systems and skills needed and customer demands all exacerbate the effects of change. Nurses need continually to learn new skills which add to the pressure of care-giving. The constant demand to learn and practice increased technological skills does not allow time for expertise to develop (Wise, 1995:503).

Health-care organisations are constantly changing in response to financial and political pressures, and nurses are responsible for implementing the changes that they may not have had any role in designing. Downsizing, combining units, and new organisational frameworks means that staff is constantly required to make adjustments with little time for preparation.

This constant influx of change causes insecurity for nurse managers and staff. Assisting staff in handling these pressures while defending the change places the manager in a difficult role (Wise, 1995:503).

To overcome this problem, the researcher recommends the implementation of Lewin’s model for change (Meyer, et al, 2004:194) as it is an easy model to implement and it
links well with the leadership characteristics of the nursing manager. Lewin states three phases for change, namely:

§ **Unfreezing**
During this phase the personnel must be made aware that the current situation is not suitable anymore and that change is necessary. They must feel dissatisfaction with the current situation, must have a need to learn new behaviours and feel ready for the change. Resistance to change may occur during this phase and/or during the moving phase.

§ **Moving (change)**
During this phase the move from the old to the new takes place. The specific change as well as the implementation date for the specific change will be decided upon through participative methods. It is also decided when (a specific date) and by whom the outcome of the implementation towards change will be evaluated.

§ **Refreezing**
When the change has become an integral part of the situation, and when the personnel feel comfortable with the outcome of the change, refreezing will occur. Support and guidance by the nursing unit manager is very important, as it is very easy for personnel to revert to “their old ways” when they are not totally satisfied and comfortable with the outcome of the change (as planned during the moving phase). Reassessment is then done to evaluate the effect of the change. If further change is needed, the whole process (unfreezing, moving and refreezing) is followed again.

The nursing manager can implement the following strategies to overcome resistance to change:

§ **Involvement and participation**
Personnel tend to support processes and outcomes that they have participated in or helped to build. It is therefore important that the nursing manager focuses on and implements participative management strategies to draw commitment from personnel. All parties should be allowed to participate in and contribute towards the process,
which involves time. Silber (1998:61) states: “When introducing change, don’t spend
time on people, invest time on people.”

§ Open and honest communication
Nursing managers should communicate openly and honestly by providing the
necessary information and feedback to personnel in order to enable them to participate
effectively in the change process. Open and honest communication includes complete
and factual communication.

§ Facilitation and support
Facilitation is used to help people gain the required knowledge and skill needed for
change. Support implies that the nursing manager should make the transformation as
easy as possible and should consistently encourage people’s efforts to change.

§ Negotiation
Negotiation implies continuous deliberation towards the expected outcome.

§ Good Planning
The nursing manager should remember that good planning of change is always
important. Personnel must be given time for effective change and they must be ready
for change.

§ Be Prepared
The nursing manager should be prepared for the possible emotional reactions and also
for resistance to change. He/she should be prepared to act as a change agent.

§ Role Model
Part of acting as a change agent is being a good role model. The nursing manager who
is negative towards change and who resists change cannot expect his/her followers to
be positively involved in change.

§ Utilise positive thinkers
The nursing manager should utilise the knowledge, skill and positive energy of the
members of personnel who display a positive attitude towards change to influence the
other personnel to be positive as well. These positive thinkers should be used to drive
the change process positively.
Slow Implementation

Change should be implemented slowly and in small steps.

Change is a universal fact; for seasons change, plants change and people change. As change is inevitable, the nursing manager and personnel should learn how to bring about change effectively. The leader and the personnel in the nursing unit should accept change as inevitable. Every person involved should take up the challenge of change (Meyer, et al., 2004:197).

4.5.3 NURSING EDUCATION

The results of the study revealed that there was a critical need for appropriate staff development. The nursing managers are responsible for meeting both the employee’s need to balance work and family pressures and the institution’s need to have a productive, healthy work force. It is therefore recommended that, to address this need, the following steps be implemented.

Empowerment of nurse managers with transformational leadership skills by means of personnel development programmes through the:-

- Establishment of relevant in-service training programmes including content and skills related to supportive management, stress management, conflict resolution, human relations and labour relations.

In-service education and workshops on optimal and effective utilisation of resources. It is recommended that this need can be satisfied through:-

- Demonstrations on how to use and store equipment
- Lectures on cost-effective management and utilisation of budget-planning and control in order to promote well-planned and substantiated budgetary requests and responsible management of allocated resources, and to promote insight as to how much it costs a hospital to acquire and provide resources.
- Including specialist nurses in teaching staff strategies to improve cost-effective use of equipment, facilities and stock and to enhance optimal utilisation of allocated resources.
• Including time-management in the curriculum of in-service training programme.
• Continued education for managers to address the problem as set out in the guidelines and
• Also informal training courses for nurse managers on management of staff turnover should be addressed

Inadequate resources in the work environment often results in considerable stress and conflict that could distract the concentration of the professional nurses and nurse managers from their core-business. It is therefore important to remove such obstacles in the work environment as soon as possible

4.6 LIMITATIONS OF THE STUDY

The following limitations in this study were identified by the researcher:

The sample for the study was not cross-culturally representative of professional nurses in the practice environment used for the research. Only black and coloured females were interviewed and some participants cancelled their appointment for the interview due to either work or personal commitments. The study was limited to one district hospital only. More district hospitals can be included in the studies to follow, in order to compare the results. The language medium used, though preferred by the participants, was English which was not the home language of the participants who were Xhosa, Afrikaans and Sesotho speaking. Expression and verbalisation of experiences in their mother tongue could have contributed to richer data for the study than was possible this time.

The sample of the study was selected from those professional nurses who had left the district hospital and whom the researcher was able to contact. Others may have contributed different experiences and views to the study. The remaining professional nurses can be included in future studies to compare their experiences of the job as professional nurses at the district hospital. No other category of nurses was included in the study. Interviews were conducted telephonically thus making it difficult to observe the non-verbal communication.
4.7 CONCLUSION OF THE STUDY

From the information and experiences expressed by participants in this study, it is evident that the accelerated nursing staff turnover among professional nurses in the district hospital concerned urgently needs attention. Professional nurses expressed frustrations, demotivations and anger owing to many factors within their work environment.

The fact that this must have negative implications for staff commitment, the quality of patient care and nursing service generally, asks for remedial action to improve the situation. A platform to address the problem needs to be established in the interests of the remaining personnel, health care users and the health authorities concerned.


Carrell, MR; Elbert, NF; Hartfield, RD; Grobler, PA; Marx, M & van der Schyf, S. Human Resource Management in South Africa. Pretoria. Prentice Hall South Africa (Pty) Ltd.


James, SW. 2002. The Relationship Experiences of professional Nurses with Nurse Managers. *(Thesis)*


LETTERS OF REQUEST FOR PERMISSION TO CONDUCT THE STUDY

AND

LETTER FROM THE HEALTH AUTHORITIES GRANTING PERMISSION TO CONDUCT THE STUDY
INFORMATION ABOUT THE STUDY
Dear __________________________

You are being asked to participate in a research study. The researcher will give you information that will help you to understand the study, and what you will be asked to do during the study; the risks and benefits, and your rights as a study subject. If anything is not clear to you please ask the researcher to explain.

The study is conducted by Gladys Nosisana Toni, in partial fulfilment of the requirements for the Post Graduate Masters Degree in Health and Welfare Management at the University of Port Elizabeth. The purpose of the study is to learn more about professional nurses staff turnover at a district hospital.

You are asked to give your written informed consent to participate by signing and dating a form and putting your initials against each section to indicate that you understand and agree to the conditions. You have the right to ask questions concerning the study at any time. You should also immediately report to the researcher any new problems during the study. The telephone numbers of the researcher are provided. Call these numbers or ask the researcher to call you if you have any questions or worries about the study.

After receiving the signed consent form, the researcher will phone you and arrange a date and time for the telephonic interview. Information will be gathered through telephonic one to one interviews which will be tape recorded. The recorded tapes will be kept safe so that no one, except for the supervisor, will gain access to them. All responses to all questions will be completely confidential.

Participation in the research is completely voluntary. You are not obliged to take part in the research. If you choose not to participate your present or further nursing career will not be affected in anyway and you will not incur any penalty or loss of benefits to which you are entitled. If you agree to take part, you have the right to change your mind at any time during the study. You are free to withdraw the consent and discontinue participation without penalty.
Participation in the study will not result in any additional costs to you, nor will you be paid for participation.

Yours sincerely

G.N. TONI (MISS)
CONTACT NO’S : ______________________________
STUDY LEADER : ______________________________
CONSENT FORM
INTERVIEW SCHEDULE
The interviewee will be asked to answer the following questions in full.

**SECTION A**

Demographic information will request the following data:

1. Age
2. Sex
3. Marital Status
4. No. of dependents and their age groups
5. No. of years in the job the individual has just resigned from
6. Qualifications

**SECTION B**

Open ended questions will be:

1. What are your experiences of your job as a professional Nurse at a district hospital?

2. Describe how you experienced your relationship with your supervisors, colleagues and subordinates?

3. Describe how you experienced the workplace environment.

4. What are your comments about the link between your duties and your professional or personal expectations?

5. How did you come to the conclusion to leave?
DATA ANALYSIS PROTOCOL
Dear Colleague

Re: Steps to follow for independent Coding of Transcribed Research Interviews.

Data derived from the interviews will be analysed by the researcher and the independent coder using Tesch’s model of descriptive analysis. Tesch (in Creswell, 1994:155) provided eight steps to be considered in order to identify recurring themes. When data analysis process has been completed we will sit together and discuss the findings. The eight steps for data analysis are as follows:

1. The researcher ought to get a sense of the whole by reading or listening through all the transcriptions carefully. She can then jot down some ideas as they come to mind.

2. The researcher selects one interview- e.g. the most interesting, the shortest, the one on top – and goes through it asking, “What is this about?” and thinking about the underlying meaning in the information. She writes thoughts that come up in the margin.

When the researcher has completed this task for several respondents, a list is made of all the topics. Similar topics are clustered together and formed into columns that may be arranged into major topics, unique topics and leftovers.

3. The researcher takes the list and returns to the data. The topics are abbreviated as codes and the codes written next to the appropriate segments of the text. The researcher tries out these preliminary organising schemes to see whether new categories and codes emerge.

4. The researcher finds the most descriptive wording for the topics and turns them into categories. She endeavours to reduce the total list of categories by grouping together topics that relate to one another. Lines are drawn between the categories to show interrelationships.
The researcher makes a final decision on the abbreviation for each category and alphabetises the codes.

The data material belonging to each category is assembled in one place and a preliminary analysis carried out.

The researcher recodes existing data if necessary.

At the end of the process make an appointment with me, bring your documentation of whole process, then we will compare our findings.

Thank you so much for your valued assistance

Yours sincerely

Ms. G.N. Toni
(Research Student)
INTERVIEW TRANSCRIPTIONS
NAME : SISTER A
AREA OF WORK : MATERNITY
DATE : 18 AUGUST 2005
TIME : 18H00
INDICATORS :

1 = INTERVIEWER
2 = PARTICIPANT

(OK) , (mhm), (Yes) = By Researcher
(-- ---) : PAUSE

INTERVIEW NO.6

1. Good evening Sister, How are you?
2. I'm fine and yourself
1. I'm fine thank you. Do you mind telling me your age?
2. I'm 37 years old.
1. 37, and the marital status?
2. Married
1. And how many children?
2. Only two, one 17 and other 4.
1. 17 and 4, okay, and for how long have you been working at the hospital before you decided to transfer?
2. I think it was two … two and a half years.
1. Fine, can you tell me what your qualifications are
2. I'm a professional nurse registered with S.A. Nursing and Midwifery, (yes). My other courses and certificates include primary health care; breastfeeding course, HIV/Aids counselling etc.
1. Congratulations, that's quite a lot. Please describe for me in detail how you experienced your job as a registered nurse at a district hospital
2. It was very much challenging, (yes), because I was working at maternity unit. It was very much busy but you get a lot of experience, (Yes), a lot of complications, a lot of mistakes, (Yes), but all in all I was happy because that is the department really enjoyed working in (Yes). I had a problem with weekend and night duty. You have to even work on Sundays, you cannot spend time with your family enough even during holidays, (Yes) Christmas time, you cannot be with your family, (Yes),
Night duty, like when I started working there my child was still very young, (mhhhh), I had to leave her for the whole night and had to give up breastfeeding because of the awkward time, (Yes). It was not nice.

1. How did those experiences affect you? I mean those that were not nice, how did they affect your attitude, your performance, etc.

2. The nice ones?

1. The bad ones, like you said the work was challenging, you learned a lot, dealing with complications, the ward was busy but also you had work weekends, public holidays, Christmas etc. What effect did that experience have on you?

2. Personally

1. Yes.

2. Hhoo…. I was overworked because of staff shortages, (yes), That was the main thing, I was not stressed, the management sometimes was not supportive, (yes) because it was concentrating on the wrong things that you do and not concentrating on the good that we were doing, (yes), that’s it.

1. This thing being overworked, stress and management not being supportive, how long? Did it affect you? How did you feel like at the end of the day?

2. Oh… (with deep sigh) I felt down but you know sometimes you have to let go (yes), Because you are doing the job, as a professional nurse you have to understand, (yes), you have to accept things although you see it’s not 100% O.K.

1. Did that have any effect on your performance as nurse in ward and your relations with whomever?

2. No, Lucking the environment I was in, in maternity, was very warm amongst us because we were very much supportive of each other, (yes). It never affected me personally, the colleagues etc. we were working towards the same goal, (yes). We were working towards the same goal, (yes) We. Were working as a team although we were suffering the same levels.

1. Yes! Tell me how would you describe your experience of your relationship between you and our supervisors, your colleagues and your subordinates?

2. I will say the relationship was very good because if we had a misunderstanding we will sort it out without it going further, (yes), it never went down to be reported to management, everything was sorted out in the ward.

1. Okay! How would you describe the way you have experience the workplace environment.

2. It was conductive. The general workers kept it clean. It was a good environment Hygienically. It was warm, it was welcoming, there were no negative things about
it, (yes), even socially the workplace environment was excellent, (Fine). As I was saying that we were very much supportive of each other. I can say I had a good welcoming, the staff was supportive, (yes), I never felt lonely, or like excluded, it was like a family.

1. What are your comments about the link between your duties, your profession and your personal expectations?

2. Quiet!

2 Like for instance, as a person you have own personal expectations, the work that you Must do and the profession itself has its own expectations. How did you manage to link those and how did they fit into each other?

3 Eehh... Personally I would say I was lucky because I'm a Gemini, I'm an extrovert and that talking helped me a lot, (yes), because if I don't understand something I ask I don't let it go, (yes) If don't know something I always say I don't and I will ask, (yes). Professionally, through reading and attending workshops I gained a lot of experience, (yes). With my duties I never had a problem like if one is studying the others will understand, (okay). There were no hiccups when one is not available; the others just have to understand, (okay).

2. How did you come to the conclusion to leave?

3. To leave? It was not actually leaving I wanted to grow more, I wanted to be in a community level. It's what I've been doing in maternity, fortunately there was a high risk clinic there, antenatally. I'm still doing what I was doing before which I enjoy very much. The reasons why I left are those that I have mentioned earlier the off duties, the night duties, the holidays, I was not happy about those inconveniences, (yes). Because I find myself spending too much time at work, (okay), and my family suffered as I'm married, there were problems somewhere, somehow and I decided to take an alternative job, (okay). I was not happy to leave but fortunately at the clinic I got the chance to the antenatal clinic.

1. Those off duties, night duty, weekends, etc. How did they affect your relationship with the family?

2. (Strongly). My husband was working for the whole week and got off during the weekend, (yes), and sometimes I'm off during the week and you will find that I'm working over the weekend (okay). It was awkward, (yes). Then when the time came for night duty, it would feel like we are not staying together, (okay), the time he leaves in the morning is the time I'm coming back from work and the evening, (yes), he comes back when I'm leaving, (okay). We were leaving together but it was not nice as a result some problems developed there,(okay)
1. How did that affect the relationship with your children?
2. The children were also affected in a way, like I was still breastfeeding when I was doing night duty, so I had to give up breastfeeding earlier, (yes), because of the awkward times and the child was sleeping with the father at night, (yes), as a result when I went back to duty the child was so jealous that she didn’t want me to sleep with them, (laughing).

1. (Laughing), it’s always the case with children, now she was more attached to the father rather than the mother. Can we conclude by saying that the reasons why you left the hospital to work at community health centre was because of the awkward duties, public holidays, weekends, nights duties etc? That you wanted to have more time to be with your family?
2. Yes, my family suffered and I thought that I was contributing to the problems that were happening.
1. Fine, then Sister I wish you good luck in your new job and the information you have given me is going to assist me a lot in my studies. Thank you for your time.
2. Thank you, Bye!

ADDITIONAL INFORMATION
During data analysis the researcher observed that there was no mention of HIV/AIDS pandemic and decided to ask the following question

2. “Describe in detail how you as a professional nurse experienced the HIV/AIDS pandemic?

2. “The HIV/AIDS pandemic posed a lot of problems for us as professional nurses. Most of the patients that were infected were critically ill. They solemnly depended on nursing staff, they couldn't help themselves. With the staff shortages that we experienced we were really overloaded with work. It was worse then because there were no Antiretroviral treatment.

1. “Nursing those critically ill HIV/AIDS patience, what impact did that have on you as professional nurse.”

2. You know….. I was worried …. Frustrated and sort of demotivated because I know that no matter how hard do I try to help the patience, there was no cure for Aids and eventually the patient was going to die sooner of later

Okay,
1. Thanks for your time and co-operation -------- Bye!
2. Bye