Cape Peninsula
University of Technology

ASSESSMENT OF SKILLS RETENTION STRATEGIES IN A HEALTH SUB-DISTRICT WITHIN A METROPOLITAN MUNICIPALITY IN THE WESTERN CAPE

by

STANLEY ANDREW SAYERS

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Supervisor: Dr S.E. Cronjé

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DECLARATION

I, Stanley Andrew Sayers, declare that the contents of this dissertation represents my own unaided work, and that the dissertation has not previously been submitted for academic examination towards any qualification. Furthermore, it represents my own opinions and not necessarily those of the Cape Peninsula University of Technology.

I further declare that all the sources used or quoted in this dissertation have been indicated and acknowledged as complete references.

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STANLEY ANDREW SAYERS **Date**

DEDICATION

This dissertation is dedicated to my wife, Mary Sayers, who has been supportive throughout my studies.

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ABSTRACT

Organisations spend large sums of money on staff after they have been recruited in order to make them proficient in their jobs. It is therefore important to ensure that staff remain with the organisation for as long as possible, allowing the organisation to reap the benefit from its investment in the form of good performance by staff. Work performance can however, be affected negatively when labour turnover is high.

This research project reflects on staff turnover amongst professional nurses, posing the question, “What can be done to alleviate high staff turnover?” A quantitative approach to research was followed within a Western Cape Metropolitan Municipality. The significance of the research is reflected in the recommendations made to the management of the municipality to address staff turnover in the specified category of employees.

KEY CONCEPTS

Skills retention

Staff turnover

Work performance

Professional nurses

Job satisfaction

Absenteeism

Employee wellness

Workplace stress

Health services

Metropolitan Municipality

LIST OF ABBREVIATIONS AND ACRONYMS

BCEA :	Bacic Conditions of Employment Act
CoCT :	City of Cape Town
COIDA:	Compensation for Occupational Injuries and Diseases Act
EAP :	Employee Assistance Programme
LRA :	Labour Relations Act
NHA :	National Health Act
OHSA :	Occupational Health and Safety Act
PHC :	Primary Health Care
PN :	Professional Nurse
SANA :	South African Nursing Act
SANC :	South African Nursing Council

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INTRODUCTION AND BACKGROUND OF THE STUDY

1.1 Introduction and Background

A large percentage of the budget of organisations is spent on staff salaries. Organisations also spend large sums of money to train staff in order for them to become proficient in their jobs, and they need capable staff to attain organisational objectives. However, if there is a high labour turnover in the organisation, work performance can be destabilised and the remaining staff who are required to do more to maintain levels of service can be demotivated. As labour turnover increases, the cost to the organisation for recruitment, induction and training also increases, according to (Armstrong, 2001:369).

This research project addresses the problem of the labour turnover rate amongst professional nurses within a sub-district of a metropolitan local government. The research question enquires what the municipality could do to alleviate the high staff turnover amongst professional nurses. The research follows the quantitative approach in the form of a questionnaire survey amongst the professional nurses at the various clinics within the sub-district. Permission to conduct the research was granted by the municipality, and the participants in the survey were assured that their participation would be voluntary and that their identity would be protected. The study is confined to the Eastern Sub-district of the municipality, and it aims to generate information that the management of the metropolitan municipality could use to alleviate the labour turnover amongst professional nursing staff.

1.2 Problem Statement

The cost of staff turnover to the wider South African industry in terms of increased recruitment, selection, and training costs, is quite high. The high number of nurses leaving the employ also affect the efficiency of the organisation. (Robbins et al, 2010:18). In the case of professional nurses, the recruitment and selection process often takes up to two months to fill a vacant post.

The sub-district that is the focus of this study, has a population estimated at 508 690 or 12.58% of the population of Cape Town (3 740 022) and shows a 50.5% rise from the 2001 population of 338 017. The study also revealed that 70% of the population

have no medical insurance cover and depend on health care services that are rendered at 11 of the municipal clinics (Nkurunziza, 2016:10). Section 27 of the Bill of Rights in the South African Constitution (RSA, 1996) states that everyone has the right to access health care services, including reproductive health care. In view of the health services the municipality is obligated to perform, professional nurses are considered the core health care service professionals in the sub-district. According to Nzimande (2014:11), nursing is listed as an occupation in high demand. However, according to one manager, the number of resignations amongst professional nurses within this municipal sub-district is regarded as higher than normal and even unacceptable. Another manager described professional nurse resignations as a 'crisis' and not merely a problem in this sub-district, which employs 42 profesional nurses (Humphreys, 2016). The resignations of professional nurses in this sub-district from July 2012 to April 2016 stand at 38, which is an average staff turnover of 9 per annum. Considering that a professional nurse is able to administer health care to an average of 20 clients per day, a recurrence of vacant posts has a noticeable negative effect on staff attendance, performance and service delivery, particularly pertaining to the newly appointed professional nurses who need to attend a three-day orientation course, a half-day driving assessment update and 10 days of integrated management of childhood illnesses training, as an adjunct to their formal qualifications. Such training attendance results in a cumulative absence of skills from clinics during the orientation period, affecting the workload of existing professional nurses and also exacerbating the situation for clients, creating longer waiting times at clinics that often lead to an increase in client complaints. According to de Lille (2015: 94), "a key concern across all primary health care sub-districts has been the long waiting times at municipal clinics". In addition, newly appointed professional nurses need to understand the dynamics of both the facility and the community in which the clinic is situated, to develop a sense of understanding and communication with clients and to deepen their experience. The valued three-day orientation course is a generic course that expounds on factors such as code of conduct, medical aid options and organisational structure. The training attendance is compulsory and has workload effects on existing professional nurses who have to carry the workload of the professional nurses who are attending the training. The reality of the situation is thus that the more often professional nurses leave the employ, the more regularly new staff have to be appointed and existing staff asked to carry an additional

workload. It is this perpetual situation that gave rise to the research problem as stated below.

1.3 Aim of the Study

The main aim of the study is to investigate the management practices in place to retain professional nurses in the sub-district.

1.4 Objectives of the Study

The research objectives of the study are to:

1.4.1 Explain the legislative framework applicable to nursing profession staff in South Africa;

1.4.2 Describe the fundamentals of staff retention in general, and in the South African nursing profession in particular;

1.4.3 Explain the factors that lead to staff turnover in general, and in the South African nursing profession in particular;

1.4.4 Describe guidelines to retain staff in general, and in the South African nursing profession in particular, and

1.4.5 Conduct an empirical study amongst 42 professional nurses at 11 clinics in the selected municipality, with a view to forwarding recommendations on how professional nurses could be retained.

1.5 Research Question

The primary research question is: What can the City Health, Eastern Sub-district Management do to alleviate the turnover rate amongst professional nurses?

1.6 Research Design

1.6.1 Choice and rationale

A quantitative research design was used for this research. The purpose of conducting this research was to identify the causes of staff turnover and to assess measures to retain staff.

1.7 Research Methodology

1.7.1 Study area

The study was conducted in the City Health Department, Eastern Sub-district, City of Cape Town. There are 11 clinics in the sub-district: Blue Downs, Wesbank, Sarepta, Dr Ivan Toms, Kuilsriver, Somerset West, Sir Lowrys Pass, Gordons Bay, Eersteriver, Ikhwezi and Fagan Street clinics. The sub-district has a total of 200 employees, according to the administration staff list.

1.7.2 Population

The population for this investigation were the professional nurses of the City Health Eastern Sub-district's 11 clinics.

1.7.3 Sample size and selection method

Davis (2014:135) describes a sample as a portion of the group selected for a study. Simple random sampling was used because respondents should get an equal opportunity to be selected. A list of all officials in the sub-district was obtained, numbers were assigned to the professional nurses only for the selection to take place.

1.7.4 Data collection method

Du Plooy-Cilliers (2014:152) explains the process of collecting data as one that facilitates the collection of information to prove or disprove an hypothesis. This research project made use of a questionnaire survey amongst professional nurses at clinics.

1.7.5 Data analysis

According to du Plooy-Cilliers (2014:290) the data analysis method depends on the method used to collect data and the type of data collected. The data analysis for this research project was done using the Statistical Package for the Social Sciences (SPSS) with the assistance of the statistician attached to the Research Department of the Cape Peninsula University of Technology.

1.8 Ethical Considerations

The researcher applied to the municipal sub-district management for permission to conduct the research. The researcher informed the professional nurses who participated about the conditions for the research. They were further assured that their identity would be protected, and that they would be informed of the findings of the study.

1.9 Outline of the Study

Chapter 1: Background of the Study

An introduction to the research is given, explaining the rationale for engaging in the research project.

Chapter 2: Literature Review

This chapter introduces the background of study and provides a general overview from a human resource perspective to a nursing perspective.

Chapter 3: Research Design and Methodology

In this chapter the researcher discusses the research design, population and sample, data collection, data analysis, and ethical considerations.

Chapter 4: Data Analysis and Presentation

This chapter covers the responses to the questionnaire survey with a summary of the major themes of the study.

Chapter 5: Conclusions and Recommendations

This section provides a synopsis of the study and concludes with recommendations for addressing the research problem, as well as further studies.

1.10 Summary

Chapter Two addresses the sources of information for the study.

CHAPTER 2

LITERATURE REVIEW

2.1 Introduction and Background

Chapter one stated the research problem as being the high staff turnover amongst professional nurses within a metropolitan municipality.

The professional nurse continues to be a notable functionary in South African public health, since the democratic advent. Therefore important aspects such as interaction in the workplace, workplace safety, work morale, job satisfaction and employee wellness are important considerations to retain these skilful workers. Human capital remains crucial to the outcomes of clinical settings and management in the clinic setting must be particularly sensitive to the issues that affect staff on a daily basis.

The Freedom Charter signed on June 26, 1965, recognises that men and women shall receive equal pay for equal work. These attributes are visible in the Constitution of the Republic of South Africa (RSA, 1996), where Section 23 states that everyone has the right to fair labour practices (Gobind, 2015:16). The field changed radically after the introduction of the democratic political dispensation in 1994. The Constitution focuses especially on equality and protection of basic rights. The government attaches high importance to the economy and strives to bring about and maintain peace in the labour market. (Ferreira, 2005:19).

Labour relations refer to the relationship between employer and employee. With the formation of trade unions, labour relations now also involve trade unions and employee organisations (Finnemore, 2009:1). In terms of the Constitution (RSA, 1996) workers can join trade unions, and every employer has the right to join an employer organisation. Employee and employer organisations have the right to engage in collective bargaining. Gobind (2015:15) states that legislation guides employers and employees in dealing with performance and conduct in the workplace.

2.2 Labour Relations in the Health Sector

South Africa compares well with other countries in the developing world in all categories and specialties of health professionals (Van Rensburg, 2004:318). Developments in the health sector have been accompanied by gradual increases in the number of students at training institutions, qualified and practising health practitioners, as well as specialisation within professions. The regulation of the health care profession involves the state machinery, legislation, and professional councils, boards and committees. Professionals register with professional councils as required by law, as well as with professional associations with a view to protecting their interests.

In South Africa there is a distinction between health care personnel and health care workers. The former refers to health professionals and the latter to health care general workers. Van Rensburg (2004:317) states that human resource management within the health sector suffered severely under the apartheid system and requires a focused human resource policy. Reform was effected in human resources in the health sector, when democracy was introduced, but Van Rensburg (2004:317) maintains that human resources in the health sector have not moved much from the patterns that existed before 1994. He is of the opinion that a strategic human resource plan for addressing future needs in a changing health care environment is what is required for the health sector. Towards the end of the 20th century, serious strides were made towards unionisation and intensified worker participation in the health sector workplace led to extremely enlightened labour legislation.

2.3 Policies governing in the Health Sector

The Constitution of the country is the highest law and statutes have to conform to it. Firstly, the Constitution provides that everyone may choose their profession or trade freely, and that some, like the health care professions, will be subject to legislation (RSA, 1996: S22). Secondly, the Constitution provides the right to fair labour practices (RSA, 1996: S23). Relations between the employer and the employee, as well as the establishment of bargaining councils, the commission for conciliation, mediation and arbitration (CCMA), the labour court and the labour appeal court are dealt with in relation to legislation. In the event of disputes, nurses may seek

assistance from either bargaining councils, or the CCMA (McQuid-Mason, Dada & Geyer, 2011:205).

2.3.1 The Basic Conditions of Employment Act (No. 75 of 1997)

The Basic Conditions of Employment Act (BCEA) prescribes the basic conditions under which employees must work. A wide spectrum of issues are covered relating to breaks, annual and normal work hours, termination of jobs and family responsibility leave. The Act provides for the formation of the Employment Conditions Commisssion as the advisory body to the Minister of Labour and the labour inspectorate on disputes arising from matters covered under the Act (Mc Quoid-Mason et al., 2011:29).

2.3.2 The Occupational Health and Safety Act (1993)

Measures for employee wellness in the workplace, including the use of equipment are addressed in the statute. Protection is also provided for people that might be affected by workplace dangers, as well as the appointment of health and safety representation and committees.

The Act prescribes that all incidents must be reported, specifically those that resulted in someone dying, losing a limb, or the inability to continue normal duty. The Act also requires that all major incidents resulting from machinery usage, and spillage that threatens the health and safety of employees, be reported. The employer must record all incidents, reports and investigations and this information must be stored for a certain period, usually for at least three years. The Act provides for issuing regulations that cover general administration, safety machinery, facilities and major hazard installations. Nurses should familiarise themselves with both the Act and the regulations (McQuiod-Mason et al., 2011:205).

2.3.3 The Compensation for Occupational Injuries and Diseases Act (130 of 1993)

The Compensation for Occupational Injuries and Diseases Act (COIDA) makes provision for employees to claim compensation for injury or illness suffered in the cause of executing their work. In the event of an accident in the workplace, it is required of the employer to report it to the Compensation Commission, and the employee must submit a claim for compensation to the Compensation for

Occpational Injuries and Diseases fund. The Act provides for benefits such as payment of medical expenses, temporary disability, death benefits to dependants, and funeral costs. The Act also provides for benefits to be paid in case of temporary and permanent disability. Employees are not allowed to claim from the employer if an injury is covered by COIDA. Compensation will not be paid in terms of COIDA (McQuiod-Mason, 2011:207) if the incident resulted because of the employee's disregard of the rules.

2.3.4 The National Health Act (61 of 2003)

The Act deals with defining health care users, providers and their rights, participation in the decision-making process, refusal of consent, confidentiality, the role of the Department of Health (at both provincial and national government levels), as well as national health research and information. It is critical to the smooth running of nursing services that employees must acquaint themselves with the provisions of the Act (McQuiod-Mason, 2011:192).

2.3.5 The South African Nursing Act (33 of 2005)

The chief legislature governing the nursing profession is the Nursing Act. The Act clarifies the scope of practice and the competencies needed for the three nursing categories. The Act stipulates that each category in nursing functions as an independent practitioner for an area of practice, as well as the required competencies. For the professional nurse it involves compulsive nursing care, while for the staff nurse it implies basic nursing care to stable patients. For the nursing auxiliary, the functions include elementary nursing patient care (McQuiod-Mason, 2011:197).

2.4 Approaches to Skills Retention

Nurses are dedicated to their work but often experience challenges in the environment within which they work. Many leave the profession because of the constraints in their environment. Efforts should be made to create an atmosphere where professional nurses feel appreciated, leading to better retention of their services.

2.4.1 Responsibility for skills retention

According to Booysens (2008:213), whenever a professional nurse does not feel valued in the clinic, situation or area where he or she works, very little teaching or learning can take place, because of their feeling stressed and uncomfortable. At other instances newly qualified nurses with limited experience often find themselves in charge of clinic programmes. In this situation they suffer from self-criticism as they encounter negative support from their interactions with senior managers. In this sort of climate of ineffective communication, they are faced with challenging situations that often lead to stress. The staff shortages experienced in health care settings nowadays compound the issue, as staff rarely enjoy the opportunity to learn from experienced colleagues. A situation like this can lead to stressful and difficult situations, as opposed to an environment that fosters a good learning climate that portrays the following characteristics: mutual respect between nurses and between nurses and other professional groups; partnership; support and trust; value experienced by nursing staff from authorities and professional colleagues; health care professionals are highly motivated among themselves and provide supportive relationships (Booysens, 2008:213). Therefore it is paramount to identify those forces external to the clinic, noted as staff competitors (Jooste, 2010:43). In such an environment, newly qualified nurses are nurtured, given appropriate support by a preceptor or mentor and receive guidance and constructive feedback on performance. There is organisational support for discussions to take place and, as a , the development of critical thinking skills is enhanced. (Jooste & Minnaar, 2011:362). This, in turn, leads to the production of high-quality work content, which in itself leads to motivation and satisfaction among nurses. It is required of today's organisations to be learning organisations. Leaders in health service management should embrace the concept of building an organisational culture of continuous learning, where the environment is one in which staff feel free to report, for instance, variances in patient responses to medications or medication errors, in the knowledge that action will be taken not at an individual level, but at top management level to address risks (Booysens, 2008:213). This will require of organisations to acquire adequate resources that will enable them to enskill employees to deal with the increasing demands of a constantly changing work environment.

Furthermore, Chipunza and Samuel (2015:113) state that “competition for quality employees has intensified in the global labour market. One of the strategies available to organisations to improve workforce productivity and to radically enhance retention is to develop a comprehensive training and development programme”.

Notwithstanding the various arguments in support of using training and development as a retention strategy, there also exists a well-founded argument that this strategy could potentially accelerate staff turnover. This argument is based on the simple reasoning that training and development rapidly increases professionalism and the market value of individual employees. This makes them more attractive to other employers. According to this view, investment in training and development is therefore regarded as throwing money down the drain, as there are no guarantees that employees will not leave for another organisation that might be willing to hire at a higher premium. If the new employer is a competitor, the situation constitutes a double loss for an organisation – loss of investment and competitive advantage (Chipunza & Samuel 2015:113).

In view of this argument, should employers invest less in the training and development of their workforce? The answer would appear to be no. While employers should invest in training and development, it is also important to develop a deliberate and strategic HR policy and practice in order to accommodate the needs of high net worth employees. This will help the organisation to retain their services for a long period of time.

Booysens (2008:214) is of the opinion that “the overall goal of orientation is to ease the path of the new employee into the health care facility and into the unit/department where she or he will work”. Making a good impression on the recruit can influence the attitude to work and how long they stay with the organisation. According to Jooste et al (2010:169), newly appointed professional nurses should be given an overview of the governing practices in the work environment. The employer is responsible for communicating these standards to its employees before they enter the workplace (Jooste et al., 2010:169). In order to get this message of the importance of good quality nursing across to the newcomer, the new employee has to be approached in an adult way and the information presented should be meaningful. The message will be enhanced if the clinic manager, senior professional nurse and heads of department, with whom the nurse will come in frequent contact, are present during at least some stage of the orientation process. The use of adult

learning principles sends a message to staff members that they also have a responsibility for their own learning and professional development. Effective orientation programmes should strike a balance between individualised plans directed at the training needs of personnel. It has been found that orientation programmes focusing on the development of capabilities that are needed, promote the retention of staff. Self-directed and self-designed programmes developed to enhance critical thinking skills, such as problem identification and reasoning to get solutions, are generally more effective than traditional lecture presentations (Booysens, 2008:214).

2.4.2 Remuneration strategy

According to Jacob (2006:191) “it is better to retain nurses than to recruit them. The advantages include cost benefits, high morale, and high-quality care”. Research has shown that employees that receive support and are involved in the running of the organisation are inclined to stay in their jobs for longer periods (Jacob, 2006:191). Contrary to such retention strategies, remuneration remains the most common reason for high staff turnover. Grogan (2003:57) concurs, that the salary paid by employers in return for performance by employees of their duties is fundamental to the employment contract. However, studies have revealed that salary is but one reason that staff choose to stay on. Other factors relate to matters such as work satisfaction and the relationship between employee and supervisors. The important consideration for management is thus to be aware of the fact that payment of a good salary has to take cognisance of these other factors as well to ensure good retention. (Chipunza & Samuel, 2015:113). Booysens et al (2015:152) are of the opinion that there is a link between recruitment and staff remaining with an organisation. If the institution is able to provide what the nurse is looking for in the job, the nurse will be inclined to remain with the institution.

2.4.3 Mentoring strategy

According to Booysens (2008:213) “if a health care worker does not feel valued in the place, situation or area where he or she works, very little teaching or learning can take place, because of their feeling stressed and uncomfortable”. Newly qualified nurses with limited experience often find themselves in charge of clinic programmes such as reproductive health, tuberculosis, HIV, paediatrics and administration. In this

situation they suffer from self-criticism as they encounter negative support from their interactions with senior managers. In this sort of climate of ineffective communication, they face demands they cannot meet, leading to stressful situations. Chipunza and Samuel (2015:101) concur, “organisations sometimes do not consider the stress and anxiety of employees, resulting in employees feeling insecure and their expectations not being fulfilled”. It should be noted that without effective mentoring, new employees will not get to know much about the culture of the organisation or their role in it. That could result in a bad start for a new employee, and it may lead to:

- low morale;
- a failure to perform effectively and efficiently;
- isolation from the work team; and
- employees leaving the organisation prematurely, increasing staff turnover (Chipunza & Samuel, 2015:101).

On the positive side, an environment that fosters a good learning climate portrays the following characteristics: mutual respect between nurses and between nurses and other professional groups; partnership; support and trust; value experienced by nursing staff from authorities and professional colleagues; health care professionals are highly motivated among themselves and provide supportive relationships (Booysens, 2008:213). In such an environment, newly qualified nurses are nurtured, given appropriate support by a preceptor or mentor and receive guidance and constructive feedback on performance. There is organisational support for discussions to take place and, as a consequence, the development of critical thinking skills is enhanced. This, in turn, leads to the production of high-quality work content, which in itself leads to motivation and satisfaction among nurses. It is required of today’s organisations to be learning organisations. Nkosi et al (2010:253) concur in stating that, when you mentor, your job is to teach new skills and explain different views. The benefits to the mentee are the fact she or he acquires new information, learns diverse skills and knowledge from the mentor, and gets advice and guidance on how to succeed in the health care profession. The mentee gets to understand the organisational environment better and is constantly sharpening her or his skills in conflict management, teaching, management and research. The mentee gains self-esteem and experiences personal growth in receiving guidance

from the mentor. The benefits for the mentor lie in sharpening her or his technical, teaching and management skills. The organisation benefits by increased staff commitment and quality patient care as a result of high performing health care staff. The absenteeism rate is likely to decrease and the morale of health care professionals will be high, with low staff turnover rates and fewer problems with staff shortages. Spector (2012:173) cites, “many organizations have found that new and inexperienced employees can benefit from being mentored by more senior and usually higher-level employees. Mentoring is a special kind of work relationship between two employees where the more experienced offers advice/coaching, counselling, and friendship and serves as a role model”. Research has shown that those mentored, or proteges, derive a number of benefits from mentoring, including better job performance, quicker promotion, better job attitudes, and less turnover. There are also benefits to the mentors, including improved personal satisfaction, enhanced job performance, recognition by others, and future loyalty of the proteges, which can be helpful, (Spector, 2012:173). Poisat (2014:308) defines mentoring as follows: “the process by which the knowledge, skills and life experience of a selected, successful manager or other senior employee are transmitted to another employee in the organisational system, for the purpose of developing that employee for greater workplace efficiency and effectiveness”. Mentoring must relate to the strategic HR objectives of the institution and the specific development needs of the individual. The mentor, and person to be mentored must be carefully selected and oriented. Mentoring focuses on the long-term individual and career development needs of the employee (Poisat, 2014:308).

The table below explains the different roles in the process.

Table 1: Roles of the mentor and mentee

Role of the mentor	Role of the mentee
Advisor: Provides an opinion about what to do or how to handle a specific situation.	Self-knower: Understands own needs, aspirations, goals, beliefs, values, interests, competencies and behaviour and how these influence the relationship.
Counsellor: A person who is close to the learner, whom the learner trusts, and to whom the learner confides personal issues and concerns on a more confidential level.	Owner: Tasks ownership of learning, career, choosing a mentor, preparing for discussion and personal development.
Encourager: Recommends actions or gives advice.	Portfolio builder: Develops a portfolio that includes transferable skills and competencies.
Subject-matter expert: Gives courage, hope or confidence to another; helps and gives support; celebrates successes.	Action taker: Does concrete action planning and takes action; measures progress towards specific goals.
Friend: Supporter or ally; a person at the other end of the journey.	Evaluator: Evaluates mentor-learner relationship, personal needs and aspirations, and initiates new relationships.
Guardian: Watches over, protects, cares for and defends.	
Leader: Directs or guides.	
Motivator: Excites or moves another to action.	

Role model: A person in a specific role to be followed or imitated owing to the excellence or worth of that role.	
Knowledge developer: Shares knowledge or insight; an instructor; shows or guides another to do something.	

(Poisat, 2014:308)

Mentoring interventions can be beneficial only when the roles of the parties are clear and well understood. Sessions regarding career progress between the two partners must take place regularly.

Bezuidenhout (2009:47) states that, “as the public service has such a great number of employees, it is of the utmost importance to have a comprehensive and explicit policy that is well organised in order to facilitate the effective handling of personnel management issues”. Personnel policy has an effect on staff performance. It also reflects on matters such as pension rights, insurance benefits, training opportunities and discipline. For instance, continuing education has become a condition of employment written into some personnel policies, among others, the following:

- the objective of equity in employment
- travelling expenses
- pay
- merit awards
- induction
- job description
- substance use
- techniques in the workplace
- discipline
- termination of services (Bezuidenhout, 2009:48).

2.4.4 Support strategy

Yako and Jooste (2010:139) explain that “teams, as used in nursing are typically groups of nurses caring for groups of clients whose care is divided among the nurses”. For example, one nurse or one pharmacy assistant might administer the medications, while another might check and record the vital signs of those same clients. Working in teams permits more efficient use of the skills of professional nurses. (Yako & Jooste 2010:139). The team leader takes the level of expertise into account when assigning functions to team members. Communication is improved, as well as the quality of service to the patient, leading to higher customer satisfaction with the service provided. (Roos, 2008:124). According to Huber (2010:449) another advantage of team nursing is that each member’s special capability can be used to the maximum, supporting group productivity and the growth of team members. Team communication is then the essence. A sense of contribution via the team can be fostered. Supervision of novice nurses and temporary personnel can be facilitated. However, it takes a skilled professional nurse with a number of years’ experience to be a team leader. The clinic manager should divise a proper plan for working in teams to ensure a collaborative environment (Naude, Meyer & Van Niekerk, 2000:224). Because of the growing complexity of modern health care service organisations, and the need for fiscal management, interdepartmental relations can become complicated. The clinic and sections all serve to contribute to patient care. As the nursing services normally act as the main coordinator of services for patients, it is important to establish healthy relations between the nursing service and other departments. Interdepartmental discussions between heads of department are essential and problems must be discussed so that a mutual understanding about the problems can come about. The official heading the clinic or health care service should regard such meetings as a necessary, routine measure (Muller et al, 2006:310). Apart from nurses and doctors, there are other members of the multi-disciplinary health team (e.g. environmental health practitioners, pharmacists, physiotherapists, radiographers, social workers and occupational therapists) who are actively involved in patient care and therapeutic activities. Other categories, such as the purchasing department, housekeeping, linen, refreshments, and maintenance departments do not directly deal with patient care but provide a safe and clean environment in which clients and staff can interrelate. However, the well-being of the

clients should remain the central focus for all parties concerned in any health care service. According to Muller (2007:310) “cooperation, mutual support and respect should be the aim of all parties concerned, regardless of the circumstances. Managers in health care services should set an example by ensuring that this kind of cooperation exists at all times”. For this reason, health care workers should be aware of the aims and contributions of other departments involved in client care and the maintenance of the environment. There are two requirements for healthy interdepartmental relations:

- The functions of every department and its contribution to the overall effort regarding client care must be clearly defined and recognised.
- Delivery times and deadlines must be strictly observed. Non-observance of fixed time schedules can create disruption and frustration, and these are major causes of interdepartmental friction.

All employees in the various departments, and not just the heads of department, must realise that good relations should be maintained at all levels of interaction. Courtesy and consideration cost nothing, but can achieve a great deal (Muller et al., 2006:311).

2.4.5 Communication strategy

According to du Rand (2009:141), communication is vital, “… tell the truth, keep employees informed and provide accurate feedback”. Nursing managers have the ability to build relationships in clinics. This characteristic is enhanced by the ability to openly communicate, empathise with others and includes a demonstrated respect for others which increases trust from followers (Mokoena & Jooste, 2010:246). According to Bezuidenhout (2009:69), “as first-level managers, unit or clinic professional nurses are a vital link between the heads of the organisation and the nurses and other subordinates”.

Muller (2007:254) states that, “personnel retention refers to activities in the nursing unit that will promote the staff member’s desire to remain in the unit”. It concerns the maintenance of positive labour relations in the unit such as the utilisation of a grievance and disciplinary procedure, the motivation of personnel and the implementation of a strategy to promote quality work-life. It also refers to the promotion of harmony in the unit: motivation of personnel, the promotion of team

building and the prevention and effective management of conflict (Muller, 2007:254). According to Spector (2012:76), “in order for employees to improve and maintain their job performance and job skills, they need job performance feedback from their supervisors”. Chipunza and Samuel (2015:114) maintain that, “the quality of supervision has been identified as a basis for improving employees’ retention. This is reflected in the quality of the relationship employees have with their immediate managers. Most voluntary resignations are due to the dissatisfaction of subordinates with their line managers. One of the critical roles of HRM is to create a work environment that will endear the organisation to employees”.

In the area of nursing management Roussel and Swansburg (2009:63), state that “nurse leaders make a significant difference in how nurses perceive and perform in their jobs. Repeatedly, effective behaviours and practices of nurse leaders have been found to influence work environments in innumerable ways, resulting in greater levels of staff nurse job satisfaction and organizational commitment”. The reason is that if an employee is comfortable with the organisation’s culture, the employee can identify with the organisation and the role being executed. This is particularly important to the category of employees who are very selective about the type of job they want, of different persuasions regarding the workplace. (Chipunza & Samuel, 2015:114). It is part of the management’s task to make the workplace attractive to employees, to encourage them to stay on in the organisation. If employees are happy in their workplace, chances are that they will stay with the organisation. Similarly, the salient feature of a low staff turnover in an industry where high staff turnover rates are the norm, is a style of management that is considerate of work-family issues. The situation where few staff leave an organisation in an industry that experiences a high level of staff leaving, can be attributed to the introduction of particular incentives. Chipunza and Samuel (2015:115) make it clear in stating that, “furthermore, HR and line managers should endeavour to remove controls in the form of organisational policies that create hurdles, obstacles and barriers in the way of employees’ creativity in their work”. It is imperative that management recognises that particular measures work against motivation and impede creativity (work autonomy and innovation). Lastly, managers should take the job security of their employees seriously and refrain from threatening employees with dismissals and unnecessary disciplinary cases. It should be noted that any or a combination of the retention factors could potentially attract employees into the organisation (if these

factors are positive) or cause them to leave (if these factors are negative) (Chipunza & Samuel, 2015:116). Recruitment efforts should refrain from creating an image that does not represent the organisation accurately. Penceliah (2013:207) concurs in asserting that, “it is therefore important at the recruitment stage to divulge information about the job that is both positive and realistic. This is especially important for new graduates who have expectations of interesting work, fair performance assessment and career development". Efforts must be made when selecting personnel to obtain a good understanding of the person about to be employed to obviate a situation where recruits leave after a few months in the employ of the organisation.The orientation of an employee should be individualised in order to develop skills which had not been acquired during former employment. During the period after the first six months in their new career and up to the end of the first year, employees derive the most satisfaction from their job when they are allowed to make some decisions (Booysens, 2011:375). The job description should be clear, listing all job duties, tasks and responsibilities. Employees derive the most satisfaction from their jobs when doing what they are capable of, when they are given sufficient responsibility, and when permitted to provide some reliable information from both supervisors and peers. Employees at this stage of their career are inclined to leave if their expectations are unfilled. They should be promptly and consistently rewarded for satisfactory performance. For the group of nurses who have been employed from one to three years in an institution there are important factors which will affect their intention to stay or leave. The first factor is the extent to which they concur with the supervisor on the responsibilities of the job (Booysens, 2011:376).

The nurses who have been working from three to six years in an organisation are less likely to leave than the two foregoing groups. They are the nurses who may experience burnout symptoms. They are at the stage of wondering whether the work they are doing bears any real significance, and will often need job enrichment so that their jobs will be as exciting as before.

The nurses working in an organisation for longer than six years are usually the least likely to leave. The degree to which these nurses agree with each other and with what supervisors expect from them is most important. It is important to see that this

group of employees is kept up-to-date on changes taking place in the organisation (Booysens, 2011:376).

It is clear from the foregoing that nurses want a say in the management of their work and that they should be authorised to make decisions at certain levels. The more complex the care, and the more uncertain the changes in patients' conditions, the more necessary it is for a nurse to be able to act quickly and intervene appropriately and timeously. Decentralisation of management is essential to enable nurses at operational level in the clinical units to make decisions regarding the nursing care of the patients for whom they are responsible. This would include matters such as changing methods of recording medications, work schedules, work shifts, patient treatment programmes, applicable nursing care standards, and methods of ensuring that a high quality of care is rendered.

The opportunity to undertake an entire project, or a meaningful part of a project, is important for this group of employees. Booysens (2011:377) proposes that management should consider the following recommendations proposed by researchers who have studied the turnover phenomenon among nurses:

- Permit the nurse to transfer from a clinic.
- Allow regular staff meetings.
- Give preference to internal promotion.
- Appoint more older married women with children. These nurses tend to have a far lower turnover rate than the younger nurses without families.
- Provide adequate child-care facilities.
- Eliminate duties not directly linked to nursing.
- Allow working in teams.
- Develop career ladders in clinical practice.
- Consider the input of nurses in policies.
- Consider paying seniors according to workload.
- Make efforts to review the performance system.
- Introduce programmes to reduce stress (Booysens, 2014:378).

It must be remembered that not all turnover is bad. In some instances a hospital or organisation may be dissatisfied with a large number of its permanent employees.

Most hospitals do not suffer from this condition and could do well to reduce their turnover rate and stabilise their workforce to a greater extent (Booysens, 2014:378).

According to Huber (2010:135) a report about older, more seasoned nurses outlined how staff could be retained when the demands on them are mounting. The following suggestions are given:

- Interaction on social level
- Monitoring
- Make them part of decision-making
- Motivation
- Programming activities
- Salary increases
- Less demanding work
- Comfortable work environment
- Making work environment attractive
- Creativity

Retaining staff provides managers with the opportunity to keep unique skills as well as those workers renowned for excellent performance.

2.5 Staff Turnover

Staff turnover is defined as the voluntary and involuntary withdrawal, movement, or loss from an organisation due to transfer, termination, or resignation (Werner, 2014:355). According to Booysens (2011:370), “turnover among nursing personnel is either avoidable or unavoidable.

2.5.1 Avoidable and unavoidable turnover

Unavoidable turnover types are associated with marriage, pregnancy, and transfer of the partner. Other causes include death, permanent illness, retirement, and retrenchment (Werner, 2014:355). Avoidable turnover types result from failure of the organisation to ensure the worker remains with the institution.

2.5.2 Reasons for staff turnover

Regarding pay and family responsibilities, it is commonly believed that when nurses do not have job satisfaction, they are likely to be dissatisfied with the salary. Similarly, if the work does not provide satisfaction, nurses with strong family ties will

opt to attend to family responsibilities instead of staying at the clinic. Opportunities from employers outside the nursing profession also have an impact on nurses resigning. Booysens (2011:372) emphasises that “the hospital has to pay for the recruitment of new employees together with their selection and orientation into their new work environment”. The cost increases, which results in additional money during the period between resignations and the achievement of full capacity functioning of the newcomers. High turnover of staff usually leads to a shortage of staff, which leads to low morale amongst the remaining staff. This situation often leads to a decrease in the level of performance of remaining staff, accompanied by a lower quality of nursing care. It often happens that prospective patients in such a situation will select alternative health care. This situation is costly for the clinics, both in terms of costs, the dissatisfaction and service delivery quality (Booysens, 2011:372). It is logical that fewer staff are available to serve patients when the resignation level is high, leading to the quality of service being compromised.

2.5.3 Consequences of staff turnover

An organisation that has a high level of staff resignations might experience low staff morale which might lead to inferior quality of service. Therefore, it is incumbent on clinic management to monitor staff turnover periodically, in this case it will be managers from individual clinics within the municipal sub-district to do so. The primary aim must be to set an organisational baseline, to distinguish between acceptable and excessive staff turnover within a given period.

According to Spector (2012:255), “when the rate becomes excessive, the organization’s workforce can become too inexperienced and untrained, resulting in inefficiency and difficulties in achieving the organization’s objectives”. Thus the effective and efficient services can be disrupted, more especially when productive employees resign. Therefore the secondary aim must be to set an individual productivity baseline. Odendaal and Roodt (2009:17) state that, “an organisation is productive if it achieves its goals and does so by transferring inputs to outputs at the lowest cost. As such, productivity implies a concern for both effectiveness and efficiency”. The statement is based on the example that a clinic is providing an effective service when it succeeds in meeting its objectives. An institution is efficient when it reaches its objectives with the least amount of cost.

2.5.4 Management response to staff turnover

Booysens (2011:375) states that, “when management wants to reduce an excessive rate of turnover there are several paths which can be followed”. An institution wishing to decrease the level of resignations should first decide what it regards as an acceptable level of resignation. The management must state what level of resignation is at each clinic and departmentally. Such determinations should be done monthly to keep abreast of trends. Nurses who leave should be profiled and classified by average age, marital status, type of programme from which they graduated, additional education, years of experience, speciality, sex, race, and any other characteristic that will give clues that could decrease staff turnover and increase retention of competent nurses.

When nurses leave the employ, managers must make an effort of collecting information from them regarding the reasons for leaving (Jacob, 2006:192; CoCT, 2012a). This information can be stored on the information management system of the organisation. From the information it could be determined why nurses are leaving as well as the most common reasons for leaving. The information could be used by organisations to determine which interventions are needed to address the problem of staff turnover. In predicting nursing workload, it is important that the manager takes cognisance of both the number of patients as well as the type of care that each patient requires.

2.5.5 Withdrawal behaviour

Spector (2012:252) states that, “On a given day in almost any large organization, some people will come to work late, some people will miss the entire workday, and some people will quit the job permanently”. Research has found that absence from work is often linked with resignations. Where employees resign from jobs, they are likely to have had relatively high levels of absence before they resigned. This situation corroborates the belief that people who are often absent are likely to resign.

2.5.6 Job satisfaction

The culture and policies of an organisation play an important role in employee behaviour. A worker would not easily call in sick when knowing absenteeism is likely to be punished, or considered by fellow employees as not acceptable. Booysens

(2008:189) concurs by saying that “in order to ensure that the required number of employees in the desired categories and skill mix report for duty each day, the health service manager must regulate employee hiring, separation and attendance”. Managers must strive towards creating a work atmosphere that promotes retention by being attractive to workers and effectively dealing with those that do not perform (Booysens, 2008:189). It could contribute to the retention of employees if employers introduce measures that motivate employees to attend work and refrain from absenteeism (Spector, 2012:254).

Job satisfaction encompasses all aspects in the workplace that meet individual, as well as collective employee needs and the employees’ perception about the workplace (Cunningham, 2011:74). There are two approaches to the study of job satisfaction, namely the global approach and the facet approach. The global approach views job satisfaction as a single, generic approach towards the job. Research that assesses an employee’s overall satisfaction, makes use of this approach. The facet approach focuses on job facets or parts such as pay, people on the job and the scope of the job. The different facets of the job may indicate a particular level of satisfaction (Spector, 2012:210). Thus, employee satisfaction is considered using interrelated phenomena which means paying good remuneration, having good management, a favourable working environment, job security and consistent management policies and rules, do not mean employees will automatically reflect job satisfaction. Reference could be made to a public sector employee, that’s unable to service his or her basic needs each month due to low salary, and who is given a salary increase so that he or she no longer suffers the discomfort of not being able to pay for his or her needs each month. While the employee is no longer dissatisfied with servicing basic needs, the increase may not reflect an increase in job satisfaction. When public sector employees find their work responsibility in the organisation to be more interesting, are given the recognition when it is due, have a clear growth path and reach their goals, they achieve job satisfaction and motivation to be productive (Ndevu, 2013:112). Jacob (2006:192) states that the “high turnover rate in nursing is a result of job dissatisfaction.” In a study of nursing job and career satisfaction and dissatisfaction, 7277 surveys were mailed to nurses in a five-county area around Jacksonville, Florida. There were 1921 responses, with the following rank-order results: (a) Money was the number one

concern and the preferred remedy for dissatisfaction; (b) Recognition; (c) Hours and scheduling; (d) Too much responsibility for money and (e) Stress" (Jacob, 2006:192). Booysens (2008:371) concurs that the characteristics which underlie job satisfaction include, the total yearly income from the degree of power or influence one has over the speed at which one works the job; how one performs one's job activities; the degree to which employees are informed about the priority of work to be done; the nature of equipment to be used; the sequence of job activities, and the changes one would like to make in one's job; technical knowledge, and whether one has close friends among the other employees.

Another viewpoint on employee resignation reflects on the entire workplace. The employee views job satisfaction from within the work environment as an entity. (Booysens, 2008:372).

2.5.7 Occupational safety

According to Botha (2014:172), "the Occupational Health and Safety Act (OHSA) provides for the health and safety of persons at work and for the health and safety of persons in connection with the use of plant and machinery". The OHSA (RSA, 1993b) further outlines its objectives, of which the following is of paramount importance:

> *Every employer must provide and maintain, as far as is reasonably practicable, a working environment that is safe and without risk to the health of his or her employees, as well as other people affected by the operations of the business.*

Hence the professional nurse is entitled to a workplace without hazards, the clinic manager has the right to expect an professional nurse to maintain a safe working area. Hazards can be a source of, or exposure to, danger. This source could threaten people's health and/ or well-being in the workplace. Health and safety on the other hand means not only to embrace legislation, rules and regulations, but also to embrace the spirit and unseen implications for every person's health and safety in the workplace. Workers encounter situations like stress and conflict in the workplace which might affect their wellness, according to Botha (2014:176). For instance, occupational health care and safety personnel are particularly exposed to a variety of hazards in the workplace. Yet health workers are often not seen as workers in need

of protection and their health and safety are often marginalised. With their familiarity of hygienic practices, prevention of injury and disease control, the assumption is that they are safe from harm. However, the potential health hazards in the sector are in fact numerous and varied. Physically, health workers are exposed to bad posture, contact with infectious agents (e.g. bacteria), physical and psychosocial problems, for example those caused by stress (Hattingh, 2009:110).

2.5.8 Risk assessment

The City of Cape Town (CoCT) has a policy that governs matters of health within the confines of other legislation. The policy defines risks and hazards as follows: Risks refer to, the possibility that an action or a situation could result in an injury, harm or damage. Hazard, on the other hand, refers to a substance that may result in injury or damage to a person or the environment (CoCT, 2012b). It is incumbent on management to maintain stringent risk management and health and safety procedures at City Health facilities in consideration of clients. Risk Management is the responsibility of every employee (Mahlangu, 2015:3). Occupational safety refers to the behaviour of the worker on the job and the surrounds. Thus clinic management are responsible for effectively managing risk through a continuous regular programme of risk identification and awareness education. The policy identifies the shortage of staff as one of the risk components. It categorises failure to monitor staff performance; failure to monitor staff health, which may result in poor performance and errors due to physical or mental exhaustion; poor communication, leading to poor understanding of what is required and failure to supply enough staff (Mahlangu, 2015:3).

2.5.9 Stress

Potgieter and Pieterse-Landman (2011:232) cite stress to be the body's response to events that occur in the environment. Stress normally results when the person regards an event as having the potential of a threat to his or her safety or well-being. Botha (2014:176) states that each employee has various life responsibilities. It can be the role of a husband, wife, father or mother, a family member or a member of church. No employee functions as an island, and he or she is at least involved in their surrounding communities, and sometimes much more. Therefore van der Merwe (2010:3) is of the opinion that all the nursing staff are, however, frustrated

with large number of clients and the limited equipment and supplies. They are also critical of the numerous, unending expectations doctors and administrators have of them. Huber (2010:131) defines stress as a physical, mental, psychological, or spiritual reaction to something. Increased work load, stress caused by the work environment, and increased workload of the nurse, are factors that contribute to staff turnover, specifically of nurses. When nurses feel valued, they show increased job satisfaction. Nurses have been shown by studies to be one of the strongest predictors of intent to remain in the job. Research shows that countrywide, nurses are reporting higher levels of stress in the jobs. Research findings further indicate that task orientation and work pressure experienced by nurses are directly related to stress on the job (Parker, 2009:664). According to Van Rensburg et al (2012:419), human resources are in the last instance dealing with people in the workplace.

2.5.9.1 Dealing with stress

The workplace contains various elements that impact on employees, particularly areas that deal with matters peculiar to the work environment of health workers. Specifically mentioned are those areas that are considered as not being constructive environments of work that can lead to low motivation in the workplace. It is mentioned that exemplary practices are often not properly acknowledged and poor practices overlooked (Van Rensburg et al, 2012:419). Van Rensburg et al (2012:420) cite that “work environments and conditions have ripple effects on staff morale and patient care”. The level of motivation of workers has a direct effect on the way health workers interact with patients, which has a bearing on the quality of the service.The morale of staff influences the manner in which health personnel interact with patients and thus directly affects the quality of care.

Stress amongst workers is common when workloads increase and support and resources decrease. Individual nurses have reported seeing 100 patients per day. Stress in health services is common and is manifested in symptoms such as low morale, sabotage in work efforts, rapid turnover of staff and detrimental effects on service delivery as well as on interpersonal relationships (Van Rensburg et al, 2012:420).

Closely related to stress is staff burn-out. A study among 543 health workers revealed high levels of staff burn-out. These nurses frequently experienced a sense

of emotional depletion. They also reported high workload levels ending in job dissatisfaction (Van Rensburg et al, 2012:420). The study indicated that the well-being of health workers is affected negatively by continuously overloading them with work.

2.5.9.2 Stress and burnout

Potgieter and Pieterse-Landman (2011:242) are of the opinion that "burnout develops as a result of overwork, trying to reach too many goals in a constant and persistent high-pressure environment while working with difficult peers, managers and customers". The broad-based nature and the diverse effects of such human resource challenges in the public health sector were recently once again highlighted thus:

> *Poor operating environments or excessive work-loads, fatigue owing to moonlighting, lack of clinical policies and procedures which are evidence based, lack of necessary competence (including attitudes), [and] lack of supervision, lead to widespread poor quality issues in the health services, both public and private. These quality issues can be either clinical quality (measured objectively as clinical performance) or patient satisfaction (quality measured subjectively as perceived by patients)* (Van Rensburg et al., 2012:420).

According to Van Rensburg et al. (2012:420), "to a greater extent, intra-organisational factors – such as the absence of proper human resource plans, top-down management practices, continuous lack of basic equipment and drugs in health facilities, grievances not taken care of speedily and efficiently, failures in communication systems, etc. – aggravate and perpetuate discontent among public health staff, perhaps the more so in the resource-poor and infrastructure-deprived provinces, districts and facilities. Also budget-driven instead of service-driven approaches, absence of strategic plans, and the loss of skills due to the outflow of health personnel, have put tremendous pressure on remaining staff, and have resulted in extraordinary stress and heightened burn-out levels" (Van Rensburg et al., 2012:420). Stress is reported as a significant cause of poor well-being in the workplace. Pieterse-Landman (2011:231) reports that a high proportion of claims submitted to medical aids, as well as visits to primary health care institutions are related to stress.

2.5.9.3 Management response to stress

It is imperative that management should have a good understanding of the concept of stress in the workplace. Firstly, in their own work environment they need to be able to cope with job pressures, and secondly as supervisors they need to understand how stress impacts the lives of people working for the organisation. Such an understanding will help managers to be supportive of workers working under stressful conditions. It is especially in the nursing profession that stress is prevalent.

2.5.9.4 Organisational stress factors

As stated by Potgieter and Pieterse-Landman (2011:235), “change and job insecurity are stressful for employees. Restructuring, downsizing, acquisitions, closures and retrenchments leave the survivors facing job loss, extra work demands and anxiety about the next wave of change”. According to Huber (2010:133) “occupational or job stress derives from the jobs and organizations that employ nurses”. Nursing is traditionally an occupation where stress is a concern to both workers and management. Phago (2013:255) is of the opinion, that “organisations that emphasise employee wellness have been shown to experience decreased absenteeism and increased job satisfaction levels, higher morale, and productivity as well as cost savings associated with reduced health care and workers’ compensation claims. Both employers and potential employees see wellness efforts as an employee benefit, which contribute to organisational attraction, job satisfaction, and retention”.

Potgieter and Pieterse-Landman (2011:235) expound that “the most stressful factor for many employees is the interpersonal demands required to maintain effective customer and collegial relationships. These interactional factors include lack of sensitivity and critical work attitudes of colleagues, autocratic leader behaviour, team pressure to conform and diversity issues”.

Further, Potgieter and Pieterse-Landman (2011:236) are of the opinion that “poor career planning may cause confusion and stress at any stage over the working life of an employee”. When employees realise that the opportunities for career advancement within the institution are poor, it can lead to stress and the eventual ending of the employment contract to seek better prospects elsewhere. Potgieter and Pieterse-Landman (2011:237) are of the opinion that “certain role-related stressors make it difficult for employees to perform. Role conflict occurs when two

conflicting demands compete with one another and the employee is unable to fulfil both sets of expectations". An example of this includes situations where workers are required to do things that are not in agreement with their values, such as having to work on a Sunday.

Due to changes, downsizing and other transformation strategies, many employees have experienced job loss, retrenchment, plateaued careers and increased stress. Even the survivors of these re-engineering programmes experience stress. It is important to identify the levels of stress in the organisation, as well as the specific sources of stress if these levels are too high.

2.5.9.5 Environmental stress factors

According to Potgieter and Pieterse-Landman (2011:235) "continuous exposure to poor working conditions increases stress levels and consequently, physical and mental health, morale and productivity". Factors related to the working environment include travelling, lighting problems, noise, temperature, workstation design, chemical environment, colleagues and new technology. Other job design factors, such as severe time constrains, a lack of clear objectives, complex problems, a lack of intellectual demands, repetitive routine work, unpopular decision-making and lack of creative opportunity, are possible stressors. Technological advancement is also a cause of stress related to one's work. Workload, often mistaken for stress, is in fact also a cause of stress. Occupation or work stress at another instance is defined as a tension arising in a person that is related to the demands of the person's role or job (Huber, 2010:132).

2.5.9.6 Managing stress in the workplace

There are many commercial stress-measuring instruments available, for example, the occupational stress indicator. A work and life circumstances (WLC) questionnaire on stress was standardised for South African conditions. It attempts to measure the level and causes of employee stress, both in and outside the work situation (Potgieter & Pieterse-Landman 2011:238). Mets and Murphy (2009:210) suggest, "apply reasonably practical steps to change organizational factors such as control, social support and rewards. The results of such interventions must be quantified, i.e. is there improved productivity, reduced absenteeism, improved morale".

According to Potgieter and Pieterse-Landman (2011:250), “many jobs and situations have unrealistic expectations of performance. We may need to remove the stressor entirely in order to alleviate unnecessary tension and stress”. Stress is also caused by a situation in the workplace that is regarded by employees as very demanding, but over which they have no control. It is suggested that stress could be reduced if workers are given more discretion in their work. Organisations are also advised to consider dividing certain projects into multiple units to reduce the complexity of the project.

As stated by Potgieter and Pieterse-Landman (2011:250), “we can change the way we perceive a situation. Through cognitive restructuring, people are able to prevent irrational and negative thoughts and substitute them with a more positive and healthy mental approach”. This will consciously reduce their adrenaline response. These are many cognitive fallacies (e.g. the fallacy of responsibility: “I am responsible for the happiness of those around me”) that can be moderated through the use of rational mental keys. Jooste (2010:201) is of the opinion that “a focus on self-development may lead to greater job satisfaction. It is a process of looking at yourself and thinking differently about yourself”. Who we are is our identity. This has to do with our basic sense of self. Nurses should be aware of who they are to understand how they influence other people. Staff could be assisted to deal with stressful situations by teaching them coping techniques (Potgieter & Pieterse-Landman 2011:201).

Potgieter and Pieterse-Landman (2011:251) are of the opinion that “coping refers to a process of thoughts used to manage stressful situations and control meaning of these experiences. These help the individual to manage (reduce, minimise or tolerate) experienced levels of stress. Coping strategies are learned techniques applied voluntarily to modify the somatic and psychological consequences of stress”.

Specific coping styles that may be used include dealing with a particular matter directly, taking a firm stand, and exercising the necessary control over one’s own emotions.

2.5.9.7 Lifestyle management

Since workers have both work roles and family roles, they need to clarify where they want to be with each. If a proper balance is not drawn between these roles, they can get into conflict. It is important, for instance, to ensure that workers get adequate rest

in order to be well prepared for their roles as workers. Good physical health is essential for good performance in the workplace. Good physical health can withstand the effect of workplace stress (Potgieter & Pieterse-Landman, 2011:252).

2.5.9.8 Organisational arrangements

Institutions should be sensitive to the presence of stress and intervene timeously to address it. In this regard it is important that employees understand what their responsibilities are and are regularly informed of their progress at work. Management that is supportive can do much to capacitate employees to deal with stress.

Flexible work schedules (e.g. flexitime, telecommuting) are specifically aimed at reducing time and role-based conflicts. The inclusion of more informal stress breaks, leave and sabbaticals can be encouraged. Virtual work is also a beneficial option. It reduces absenteeism and increases home and work roles. It could also, however, cause stress in individuals who have high needs for affiliation and who feel isolated, or in individuals who do not have the ability to draw firm boundaries between work and home responsibilities (Potgieter & Pieterse-Landman, 2011:252).

2.6 Absenteeism

According to Odendaal and Roodt (2009:18), “absenteeism is defined as the failure to report to work”. A distinction is made between unavoidable and voluntary absenteeism. Absenteeism that is unavoidable would be an illness, or crisis at home. Voluntary absenteeism refers to using a legitimate excuse as an excuse. Absenteeism is often a sign of problems in the organisation such as unhappiness with the supervisor or problems coping with the workload. If absenteeism reaches a high level in an organisation, it can become a problem to the organisation in terms of unsatisfactory performance where the organisation does not do what is required of it. An example could be welfare beneficiaries not receiving their allowance on time, leading to suffering. Research has indicated that an employee that is happy in his work is likely to be absent less frequently than someone who is unhappy in his work (Booysens et al., 2015:190). Absenteeism does have a bearing on organisational performance and should thus be confronted by management. Several interventions are avoidable to management and should be utilised appropriately.

2.7 The purpose of the Employee Assistance Programme (EAP)

The purpose of an Employee Assistance Programme is to provide support to employees that have a problem that is not work related, such as stress or substance abuse. It is a deliberate intervention by the employer to assist the employee to overcome his problem (Swanepoel et al, 2014:680). Obviously, not all absenteeism cases are related to poor physical health – some are also attitudinal, relating to the social, psychological or mental well-being of a person.

A useful document in this regard is the City of Cape Town's "Employee Assistance Programme" (CoCT, 2013).

Hereunder, the related topics are discussed as follows: employee wellness; promoting and maintaining employee wellness; strategic holistic focus and managing aspects of employee wellness.

2.7.1 Employee wellness

Potgieter and Pieterse-Landman (2011:228) state that "wellness refers to a state of optimal health in employees where they feel energetic, motivated, emotionally and mentally stimulated, and are able to foster good relationships and show commitment to high engagement with their work roles and organisational goals". Botha (2014:181) describes employee wellness as the process in which the employee appreciates the value of personal progress as well as the welfare of the community. The critical areas of knowledge and skills that professional nurses should be exposed to include employee assistance programmes, employee wellness, the approach to management of health and safety, specific workplace of which employee wellness is the primary discussion.

Taking care of employee wellness can be an investment in the organisation since it can eventually lead to improved staff morale which could lead to improved organisational performance. (Swanepoel et al., 2014:680).

Employee wellness is often considered a secondary task and not a primary management task where it affects individual performance and organisational productivity. It is a notable building block central to employee engagement, performance, retention, organisational productivity and success. Hence employees

affect how an institution is viewed by others in the manner by which they apply their capabilities in the workplace (Penceliah, 2013:243).

2.7.2 Employee wellness: A holistic focus

As stated by Swanepoel et al (2014:680), an holistic focus implies that the individual is regarded not only as a worker, but as a normal human being. As a human being the focus is on the personal as well as the family concerns of the worker. Potgieter and Pieterse-Landman (2011:228) support this viewpoint in stating that employee well-being should include both physical and psychological health elements. Swanepoel et al (2014:682) propose a strategic focus, in addition to the holistic focus. Part of a strategic approach to managing people is a plan addressing employee wellness.

Table 2: Categories of initiatives in a Wellness Programme

Workplace environment	Work-life balance
Workplace safety	Encourage use of vacation time
Ergonomics, physical working conditions	Lifestyle management (e.g. wellness weeks)
Policy and support (e.g. alcohol, bullying, harassment)	Flexible schedules (e.g. flexitime telecommuting)
Health related	**Community involvement programmes**
Immunisations (e.g. flu shots)	Childcare assistance
HIV & AIDS	Elder-care assistance
• Managing existing infections (e.g. A-R therapy)	• Caregiving assistance (disabled employees)
• Preventing new infections (e.g. testing, awareness)	• Stress related
Physical fitness (e.g. exercising biokinetics)	Employee assistance programmes (resource and referrals)
Mental/ behavioural health coverage	Resilience training/ stress management
Diet and nutrition programmes	Yoga/ meditation
Stop-smoking programmes	Skill building education
Health risk assessments (e.g. biometric, health days)	Wellness coaching
Retirement related	**Time management**
Financial education	Healthy workplace relationships
Retirement and financial counselling	Parenting skills

(Swanepoel et al, 2014:682)

2.7.3 Employee wellness: Management aspects

Swanepoel et al (2014:683) state that, “the old adage that prevention is better than cure can be taken one step further in the context of employee wellness: it has been proven that not only is prevention better than cure, it is also cheaper than cure”. A preventative approach includes a number of aspects to be incorporated in the policies, strategies, action plans or programmes as outlined below. A useful

document in this regard, is the “Risk Assessment Guidelines for City Health Facilities” (CoCT, 2012b).

2.7.3.1 Ergonomics and workplace design

Swanepoel et al. (2014:686) state that “ergonomics has to do with matching the physical work environment to the workers”. The idea behind ergonomics is that care should be taken starting from the workplace design phase – including equipment, building and infrastructure, and workstations. This is where the use of ergonomics expertise can add value. Huber (2010:745) recommends that signalling systems, alarm systems, monitoring systems, security devices, security escorts, lighting, and architectural and furniture modifications be effected to improve employee safety.

2.7.3.2 Health screening and safety auditing

Swanepoel et al. (2014:686) assert that “traditionally, health screening was often viewed as a perk earmarked for senior management, and especially executive employees. This situation is, however, gradually changing, with some organisations offering such a service to all levels of employees”. The assessments of employee health is an effort to identify at an early stage whether employees are in good health. The employee has no say in participating in the endeavour. By conducting such assessments, the organisation is able to identify any problem relating to the employee’s health, timeously. Using this information, the organisation can design a programme for addressing employee health issues. Aspects such as habits, knowledge and attitudes may also be screened in such comprehensive health screening interventions. Other tests may include stress-level, hearing and vision, urine, blood and fitness tests. Nutritional assessments can also be conducted to collect information on aspects such as food intake and eating patterns to detect how healthy an employee’s lifestyle is. Determining the nutritional status of employees should be an important component of holistic health assessment interventions in South African organisations.

These evaluations therefore have to be conducted on a regular basis. Meyer and Kirsten (2005:233), emphasize that health screening is essentially a proactive intervention to diagnose an employee’s general health condition.

2.7.3.3 Sensitisation and education

According to Swanepoel et al (2014: 687), “If an organisation wishes to establish a work environment of employee wellness, it is essential to launch aggressive campaigns to promote the philosophy that employee health, safety and general well-being are important and beneficial to both the employee and the organisation”.

Such campaigns start by making employees aware of the importance of good health in the workplace. The awareness further implies that employees are not only made aware of the importance of health and safety, but that awareness is maintained in the form of regular workshops dealing with new developments in the field. During these workshops employees are also sensitised to the importance of a healthy lifestyle and the need to make provision to relax. Meyer and Kirsten (2005:233), assert that employees must familiarise themselves with the organisation’s requirements on health and safety and should be educated in safety consciousness and healthy lifestyles.

2.7.3.4 Physical health

The need for body exercise, as well as the need to maintain fitness have been shown by previous research to be important in the type of life a person is able to live. One cannot expect to maintain a high quality in one’s life without looking after one’s physical health. Being fit is important for the healthy functioning of the cardiovascular system, the endocrine system, as well as the musculoskeletal system. It helps to control weight and to reduce stress, thereby making a positive contribution to a person’s general feeling of well-being – and therefore to his or her state of mental health. Fit employees are generally regarded as more energetic and as better workers. Such employees will usually be happier and more productive, and absenteeism will, in all likelihood, decrease (Swanepoel et al, 2014:687).

There are various ways of promoting exercise and fitness. Sport as a recreational activity often forms part of fit people’s lifestyle. Sport can serve as an effective release valve for stress. Employers become cognisant that their employees represent a source of great value to them. It is thus important that employees are treated in such a manner that they would want to be at work every day and be motivated to give their best in the working day. It is thus important that the organisation allows for working conditions that will contribute to the wellness of

employees (Penceliah, 2013:244). Many people get their exercise from participating in different types of sport, and so sport as a recreational activity in the work context has the potential to contribute to the positive physical and mental condition of employees. Sport events can be mixed with other activities that allow employees to relax from the pressures of work.

2.7.3.5 Interaction between work and family

As stated by Swanepoel et al. (2014:691) “research has shown that conflicts between family life and working life are linked to increased health risks for parents, poor morale, depression, reduced life satisfaction, absenteeism, poor work performance and decreased productivity”. Work-family conflict is becoming an increasingly important issue within the context of the working parent. Where both parents are working, there is a need to ensure that adequate regard is paid to their responsibilities towards the family. The organisation may want to make provision for involvement of the family in social activities of the organisation. Parents may have to apply for leave of absence from time to time to attend to the activities of their children at school, or to health issues involving their children.

In view of the holistic approach to the management of health and safety, the specific issues of occupational mental health, and stress as a major impact on employee health and wellness are addressed here. Swanepoel et al (2014:692) are of the opinion that “occupational mental health (OMH), as an applied field of clinical and abnormal psychology, deals with the maladjustment of employees in the work or organisational context”. This is an extremely specialised topic, to the extent that it is a separate branch of industrial/ organisational psychology as a field of study. The first question one may wish to ask is, what constitutes an adjustment or maladjusted employee? In other words, what criteria are used to evaluate psychological adjustment (or maladjustment) in the work environment? In this regard, there are many relevant criteria and these can be compared with certain criteria in the context of his or her actions. Some of the general categories of criteria, within which more specific criteria can be set, include the following:

- Attitudes towards and observations of one’s own personality (self), which include accurate observation of one’s self-image, attitudes towards one’s own personality, include accurate observations of one’s identity.

- Adjustment and adaptability – in other words, the person's ability to meet the demands of the environment in terms of his or her personal capabilities. Meyer and Kirsten (2005:235), emphasize that occupational mental health deals with the adjustment or maladjustment of the employee in the work or organisational context.

It would serve the interests of both the employee and employer to pay the required attention to this important area and for management to ensure that organisational policies include a focus on the occupational mental health of employees.

2.8 Summary

This chapter explained employment relations in South Africa, labour relations in the health sector, the Constitution of South Africa, as well as the major Acts relating to labour. The chapter concluded with a discussion of the approaches to skills retention, staff turnover, absenteeism, as well as the purpose of the Employee Assistance Programme. The next chapter explains the research methodology.

CHAPTER 3

RESEARCH METHODOLOGY AND RESEARCH DESIGN

3.1 INTRODUCTION

The previous chapter explained the research objectives of the study by referring to employment relations, staff turnover, absenteeism and the Employee Assistance Programme.

This chapter discusses the research methodology used in this study. The importance of research methodology, is to describe the choice of sampling method and the reason for using this particular sampling method (Enslin, 2014:289). The design selection should be suitable for the research problem. Moreover, it is useful to specify the unit of analysis, which is usually either individuals, groups or organisations.

3.2 RESEARCH METHODOLOGY

The empirical survey was followed within the framework of the research methodology. This research project applied a qualitative approach in the form of a closed ended questionnaire distributed amongst professional nurses at a specific clinic. Fouche and Delpoort (2011:63) are of the opinion that, “quantitative researchers isolate the variables they want to study, control for extraneous variables, use a standardised procedure to collect some form of numerical data, and use statistical procedures to analyse and draw conclusions from the data”.

3.2.1 Study population

The research project is confined to 11 clinics in the municipal sub district. As a result, the target respondents comprise professional nurses at the 11 clinics, totalling 42 professional nurses. The study population was confined to the municipal sub district in accordance with departmental approval.

3.2.2. Data collection instrument

The selected instrument is a questionnaire. The rationale for using the questionnaire is that the researcher had clear and precise information to be obtained. This was determined by the central concepts of the study (Delport and Roestenburg 2011:190).

According to Delport and Roestenburg (2011:190) “writing the questions for a questionnaire is a process that requires not only creative thinking by the researcher, but also a high level of precision. Delport and Roestenberg (2011:190) state that there are certain basic principles for formulating the questions of a questionnaire:

3.2.2.1 Brief and clear sentences

Sentences should be brief and clear, and the vocabulary and style of the questions should be understandable and familiar to respondents.

3.2.2.2 Expressing of certain ideas

Items expressing a certain idea may be repeated using different wording to ensure that respondents understand the idea being measured.

3.2.2.3 Unbiased questions

Question and response alternatives should be clear and not reflect the bias of the researcher.

3.2.2.4 One thought

Every question should contain only one thought.

3.2.2.5 Relevance of questions

Every question should be relevant to the purpose of the questionnaire. This implies that each question should reflect the concepts of the study.

3.2.2.6 Respondents subject knowledge

Abstract questions not applicable to the milieu of the respondents should rather be avoided. Researchers should carefully consider the cultural context or seek advice from persons in that culture before designing items.

3.2.2.7 Consideration to language

Questions should preferably be formulated in the language of the respondents. Failure to do so may contribute to lack of validity.

3.2.2.8 Consideration to reading level

Questions should be pitched at the right reading level in accordance with the expected reading level of the respondents. Researchers may have to seek advice from linguists to ensure the appropriate reading level is used. A general rule of thumb is to keep the number of words in a question between seven and 11 while the number of questions per dimension should be a minimum of five and a maximum of 16. Fewer questions and shorter sentences will be easier to understand.

3.2.2.9 Sequence of questions

The sequence in which the questions are presented should aim to present general, non-threatening questions first, and more sensitive, personal questions later.

3.2.2.10 Format of the questionnaire

The questionnaire should be accompanied by a covering letter, which serves to introduce and explain the questionnaire to the respondent. The format and layout of the questionnaire is just as important as the nature and wording of the questions asked. Questionnaires should be clear, neat and easy to follow. An inadequately laid-out questionnaire can cause respondents to miss questions, confuse them about the nature of the data desired and, in the worst case, lead them to throw the questionnaire away.

Respondents should be given clear and precise directions and instructions on answering questions. If the researcher wants respondents, for instance, to put an X in a box corresponding to their answer, then should be instructed precisely to do so (Delport and Roestenburg 2011:193).

The underlying purpose for the questionnaire is to ascertain the measure to which respondents hold a particular attitude or perspective. The attitude needs then to be summarised in a brief statement, and present and ask respondents whether they agree or disagree with it, which is aligned with the Rensis Likert method through the creation of the Likert scale (Babbie 2014:262).

The prerequisites outlined above were applied in the questionnaire construction. The questionnaire comprises section A that deals with biographical data, section B are closed ended questions that deals with the variables addressed in the literature

review, section C are two open ended questions appropriate to legislation and section D two questions relating to mentoring. Instructions are given at the top of each page, requiring the respondent to indicate the response that best reflects the respondent's opinion.

Statements are presented to the respondents whereby they must answer according to the following scale by ticking the desired response. The Likert-type scale, consists of the following columns:

1 = Strongly agree

1 = Agree

3 = Neutral

4 = Disagree

5 = Strongly disagree

The questionnaire is attached as Annexure D.

3.2.3 PILOT STUDIES IN THE DEVELOPMENT OF INSTRUMENTS

Preceding the distribution of the final questionnaires amongst the 42 P.N's. The researcher distributed four draft questionnaires amongst respondents. The respondents were three professional nurses and one medical officer. The underlying aim was to ascertain the relevance of the questions, the clarity of questions and the average time to complete the questionnaire. The outcome result was an average of 20 minutes to complete the questionnaire.

According to Welman and Kruger (2001:141), "when tackling their first research projects, novice researchers are often disillusioned to discover that the principles outlined in methodology textbooks are only encountered in an idealised research environment. The purpose of a pilot study on a limited number of subjects from the same population as that for which the eventual project is intended, is inter alia:

- To detect possible flaws in the measurement procedures (such as ambiguous instructions, inadequate time limits, and so on) and in the operationalisation of the independent variable (s) (in experimental research);

- To identify unclear or ambiguously formulated items. Not only should the actual questions be put to the “participants”, but they should also be asked to indicate how they have interpreted the formulated questions;

At the same time, such a pilot study allows researchers or their assistants to notice non-verbal behaviour (on the part of the participants) that possibly may signify discomfort or embarrassment about the content or wording of the questions. Neuman (1997:232) concurs, “when preparing a questionnaire, the researcher thinks ahead to how he or she will record and organize data for analysis. He or she pilot tests the questionnaire with a small set of respondents similar to those in the final survey”. A good pilot study is one where you simulate the main study. It will involve a smaller group, but they will be of the same kind as your final target group. The questions and answers is of importance at this stage. Thus it cannot be emphasized enough until you have done this you do not know how well your questionnaire works. Two things that tell you are:

- A low, or very slow, response rate – people don’t bother with troublesome questionnaires;
- Misunderstanding of what a question means or how they are supposed to respond (Gillman 2004:42).

For this research project a pilot study was conducted. A draft questionnaire was disseminated amongst four participants (two professional nurses, one clinical nurse practitioner and one doctor). And they were asked to comment on the appropriateness, clarity of the questions and as well as the time taken to complete the questionnaire. Some useful suggestions were received and incorporated in structuring the final questionnaire.

3.2.4 Sampling Method

To ensure inclusivity and equal chance of selection, a comprehensive list was obtained from the administrative office electronically in view of questionnaire distribution to those professional nurses.

3.2.5 Data collection

The questionnaire was distributed to 42 professional nurses at 11 clinics in the municipal sub district. The questionnaires was hand delivered by the researcher under a covering letter stating that participation in the survey is voluntarily, confidential and anonymous.

This arrangement was followed up with cellular phone calls, and personal visits after work and during study leave from June – August 2017, with aim to acquire a good response from the study population. In total, 36 questionnaires were received in August out of 42 distributed, which represents a response rate of 97%.

3.2.6 Data analysis

Delport and Roestenburg (2011:196) are of the opinion, “in order to use the computer in the analysis of data, the questionnaire should be compiled in a certain manner, for example it should incorporate item numbers that can be used in a data set”. Thus the following essentials are paramount to data analysis:

- Numbering should be included in questionnaire items, for computer purposes;
- Questionnaire division into different sections, to facilitate the eventual processing of data;
- Filtering the massive amount of data available until only that which is critical to the research remains;
- Being mindful of research objectives;
- Contribution of the data towards the research.

According to Brynard and Hanekom (2006: 65) it is of the utmost importance in research that the researcher apply his or her mind to ensure that data are not merely rewritten. What the researcher writes should be a true reflection of the researcher’s own analysis, interpretation, phrasing of concepts, drawing of conclusions and findings”.

3.3 Reliability

The most common measure of internal consistency is known as “reliability”. It is most appropriate when multiple Likert statements are used in a questionnaire that form a

scale and one wishes to determine if the scale is reliable (Institute for Digital Research and Education, 2017:1). Bless, Higson-Smith and Sithole (2013:226) concur in stating that “the various items of an instrument measure the same construct even though there will be some variation between item scores”. The table below indicates internal consistency, closer to one.

Table 3 A Cronbach’s Co-efficient alpha reliability statistics

Cronbach’s alpha	**Internal consistency**
0.9 ≤ α	Excellent
0.8 ≤ α < 0.9	Good
0.7 ≤ α < 0.8	Acceptable
0.6 ≤ α < 0.7	Questionable
0.5 ≤ α < 0.6	Poor
α < 0.5	Unacceptable

(Cronbach, Shavelson and Richard 2004:3).

3.3.1 Reliability Statistics

The reliability of the questionnaire was tested using the Cronbach’s alpha reliability index for computing the internal consistency of the questionnaire. Based on this theory random or individual items do not conform to Cronbach’s phenomena. The following non conformed characteristics are commonly found in surveys, according to Uys (2017):

- Individual items have considerable random measurement error;
- Individual item can only categorize people into a relatively small number of groups;
- Individual items lack scope;
- Social scientist rarely has sufficient information.

Table 3 B Cronbach's Co-efficient alpha reliability statistics scores

Dimension codes	Statements section	Cronbach's alpha tests	Categories
F1	Staff turnover disrupts service delivery; Policy regarding immunisation procedure; My job satisfaction to retain me as a PN.	0.901	Legislative
F2	I have used the services of EAP for productivity improvement; I have used the services of EAP for personal problems; I have used the services of EAP for physical health.	0.926	Employee wellness
F3	I have access to clinic policies; My rights as a PN are taken into account; The South African Nursing Council maintains the Standards of nursing.	0.778	Legislation
F5	My relationship with my colleagues; My relationship with my manager.	0.94	Communication
F9	I will remain in my job upon receiving peer support; Tuition reimbursement/ bursary; Input into decision making.	0.82	Support
F14	In life threatening situation, I have access to security; I feel stressed when a situation is a challenge; Staff turnover impacts on our clinic goals to be reached.	0.743	Management
F15	Poor advancement opportunities; Poor leadership.	0.875	Management

The responses to the various statements and questions on the questionnaire are reported in table form.

3.4 Empirical study

The empirical study was conducted in the form of a questionnaire survey comprising closed – ended statements and questions. The responses as follow:

3.4.1 Independent variables

The independent variables are as follows:

Table 3.4.1.1 Age range

	Frequency	Percent	Valid	Cumulative Percent
Valid 24 - 39	19	52.8	52.8	52.8
40 - 49	11	30.6	30.6	83.3
50 - 59	6	16.7	16.7	
Total	36	100	100	

The diagram indicates that 53% of PN staff falls within the age group 24 – 39.

Table 3.4.1.2 Gender

	Frequency	Percent	Valid	Cumulative Percent
Valid Male	4	11.1	11.4	11.4
Female	31	86.1	88.6	100.0
Total	35	97.2	100.0	
Missing system	1	2.8		
Total	36	100.0		

The diagram indicates that 86% of the target population are females and 11% male.

Table 3.4.1.3 Marital status

	Frequency	Percent	Valid	Cumulative Percent
Valid Never Married	11	30.6	31.4	31.4
Married	19	52.8	54.3	85.7
Divorce	5	13.9	14.3	100.0
Total	35	97.2	100.0	
Missing	1	2.8		
Total	36	100.0		

53% of the target population is married.

Table 3.4.1.4 Educational qualifications

	Frequency	Percent	Valid	Cumulative Percent
Valid Master's degree	1	2.8	2.8	2.8
Post graduate degree	5	13.9	13.9	16.7
Degree	13	36.1	36.1	52.8
National Diploma	17	47.2	47.2	
Total	36	100.0	100.0	

The table indicates 47% of the population have a national diploma and 36% a degree.

Table 3.4.1.5 Work experience

	Frequency	Percent	Valid	Cumulative Percent
Valid 1 – 10	24	66.7	66.7	66.7
11 – 20	5	13.9	13.9	80.6
21 – 30	6	16.7	16.7	97.2
30 – 40	1	2.8	2.8	
Total				100.0

67 % of respondents have gained work experience during the first 10 years.

Table 3.4.1.6 Nurse Work experience

	Frequency	Percent	Valid	Cumulative Percent
Valid 1 – 10	30	86.1	86.1	86.1
11 – 20	4	11.1	11.1	97.2
21 – 40	1	2.8	2.8	
Total	35			
Missing system	1			
Total	36			100.0

86 % have gained nursing experience during their first 10 years.

3.5 Independent variables

The second part of the questionnaire comprises statements to which respondents had to express an opinion on a scale. The responses to the various statements are as follows:

Table 3.6.1 Legislative access

I have access to clinic policies

	Frequency	Percent	Valid	Cumulative Percent
Valid Strongly agree	13	36.1	36.1	36.1
Agree	12	33.3	33.3	69.4
Neutral	8	22.2	22.2	91.7
Strongly disagree	3	8.3	8.3	100.0
Total	36	100.0	100.0	

69% of respondents agreed, 22.2% neutral, and 8.3% strongly disagreed.

Table 3.6.2 Employee Rights

My rights as a PN are taken into account

	Frequency	Percent	Valid	Cumulative Percent
Valid Strongly agree	2	5.6	5.6	5.6
Agree	10	27.8	27.8	33.3
Neutral	9	25.0	25.0	58.3
Disagree	7	19.4	19.4	77.8
Strongly disagree	8	22.2	22.2	100.0
Total	36	100.0	100.0	

42% of respondents disagreed, 33% agreed, and 25% are neutral.

Table 3.6.3 Nursing standards

The South African Nursing Council maintains the ethical standards of nursing

	Frequency	Percent	Valid	Cumulative Percent
Valid Strongly agree	9	25.0	25.0	25.0
Agree	12	33.3	33.3	58.3
Neutral	8	22.2	22.2	80.6
Disagree	3	8.3	8.3	88.9
Strongly disagree	4	11.1	11.1	100.0
Total	36	100.0	100.0	

58% of respondents agreed that SANC is responsible maintaining nursing ethical standards.

Table 3.6.4 Risk management

My working environment is without risk

	Frequency	Percent	Valid	Cumulative Percent
Valid Strongly agree	1	2.8	2.8	2.8
Agree	3	8.3	8.3	11.1
Neutral	10	27.8	27.8	38.9
Disagree	18	50.0	50.0	88.9
Strongly disagree	4	11.1	11.1	
Total	36	100.0	100.0	

61% of respondents disagreed, 28% neutral, and 11% agreed. The variance is a significant concern management should investigate.

Table 3.6.5 Safety

My working environment is safe

	Frequency	Percent	Valid	Cumulative Percent
Valid Strongly agree	1	2.8	2.8	2.8
Agree	3	8.3	8.3	11.1
Neutral	17	47.2	47.2	58.3
Disagree	11	30.6	30.6	88.9
Strongly disagree	4	11.1	11.1	
Total	36	100.0	100.0	100.0

47% are neutral, 42% of respondents disagree, and 11% agree.

Table 3.6.6 Hepatitis B vaccination

I am vaccinated annually for Hepatitis B

	Frequency	Percent	Valid	Cumulative Percent
Valid Strongly agree	2	5.6	5.6	5.6
Agree	4	11.1	11.1	16.7
Neutral	2	5.6	5.6	22.2
Disagree	15	41.7	41.7	63.9
Strongly disagree	13	36.1	36.1	
Total	36	100.0	100.0	100.0

78% of respondents disagree that hepatitis vaccination is given to staff annually.

Table 3.6.7 Employee Assistance Programme (EAP)

I am not aware of the role of the Employee Assistance Programme (EAP)

	Frequency	Percent	Valid	Cumulative Percent
Valid Strongly agree	6	16.7	16.7	16.7
Agree	6	16.7	16.7	33.3
Neutral	10	27.8	27.8	61.1
Disagree	8	22.2	22.2	83.3
Strongly disagree	6	16.7	16.7	
Total	36	100.0	100.0	100.0

39% disagree, 34% agree, and 27% of respondents.

Table 3.6.8

I have used the services of EAP to improve my productivity

	Frequency	Percent	Valid	Cumulative Percent
Agree	2	5.6	5.6	5.6
Neutral	8	22.6	22.6	27.8
Disagree	12	33.3	33.3	61.1
Strongly disagree	14	38.9	38.9	
Total	36	100.0		100.0

72% had never used Employee Assistance Programme services.

Table 3.6.9

I have used the services of EAP to improve my personal problems

	Frequency	Percent	Valid	Cumulative Percent
Valid Strongly agree	2	5.6	5.6	5.6
Agree	1	2.8	2.8	8.3
Neutral	7	19.4	19.4	27.8
Disagree	13	36.1	36.1	63.9
Strongly disagree	13	36.1	36.1	
Total	36	100.0	100.0	100.0

72% disagreed to ever have used EAP to improve their personal problems.

Table 3.6.10

I have used the services of EAP to improve my physical health

	Frequency	Percent	Valid	Cumulative Percent
Valid Strongly agree	1	2.8	2.8	2.8
Neutral	6	16.7	16.7	19.4
Disagree	15	41.7	41.7	61.1
Strongly disagree	14	38.9	38.9	
Total	36	100.0	100.0	100.0

81% disagreed to ever have used EAP to improve physical health.

Table 3.6.11

I have used the services of EAP to improve my stress level

	Frequency	Percent	Valid	Cumulative Percent
Valid Strongly agree	3	8.3	8.3	8.3
Agree	1	2.8	2.8	11.1
Neutral	4	11.1	11.1	22.2
Disagree	14	38.9	38.9	61.1
Strongly disagree	14	38.9	38.9	
Total	36	100.0	100.0	100.0

78% disagreed to have used EAP to improve stress level.

Table 3.6.12

I have used the services of EAP for financial counselling

	Frequency	Percent	Valid	Cumulative Percent
Valid Strongly agree	1	2.8	2.8	2.8
Agree	1	2.8	2.8	5.6
Neutral	5	13.9	13.9	19.4
Disagree	14	38.9	38.9	58.3
Strongly disagree	15	41.7	41.7	
Total	36	100.0	100.0	

81% disagreed to have used EAP to improve financial counselling.

Table 3.6.13

In life threatening situation, I have a panic button to alert of danger

	Frequency	Percent	Valid	Cumulative Percent
Valid Strongly agree	6	16.7	16.7	16.7
Agree	6	16.7	16.7	33.3
Neutral	1	2.8	2.8	36.1
Disagree	9	25.0	25.0	61.1
Strongly disagree	14	38.9	38.9	
Total	36	100.0	100.0	

64% disagree, 33% agree, and 3% neutral to have panic buttons in life threatening situations.

Table 3.6.14

In life threatening situation, I have access to security guards

	Frequency	Percent	Valid	Cumulative Percent
Valid Strongly agree	9	25.0	25.0	25.0
Agree	12	33.3	33.3	58.3
Neutral	6	16.7	16.7	75.0
Disagree	4	11.1	11.1	86.1
Strongly disagree	5	13.9	13.9	
Total	36	100.0	100.0	

58% of respondents agree to have access to security guards in life threatening situations.

Table 3.6.15

My furniture in the consultation room is ideally suited to perform my work well

	Frequency	Percent	Valid	Cumulative Percent
Valid Strongly agree	3	8.3	8.3	8.3
Agree	12	33.3	33.3	41.7
Neutral	9	25.0	25.0	66.7
Disagree	7	19.4	19.4	86.1
Strongly disagree	5	13.9	13.9	
Total	36	100.0	100.0	

41% agree, 34% disagree, and 25% are neutral that their furniture is ideally suited to perform their work well in consultation rooms.

Table 3.6.16

Should a family crisis arises I can fully depend on my organisation for support

	Frequency	Percent	Valid	Cumulative Percent
Agree	9	25.0	25.0	25.0
Neutral	13	36.1	36.1	61.1
Disagree	4	11.1	11.1	72.2
Strongly disagree	10	27.8	27.8	
Total	36	100.0	100.0	

39% disagree, 36% neutral, and 25% agree to depend fully on the organisation for support in a family crisis.

Table 3.6.17

My employer has regular wellness days

	Frequency	Percent	Valid	Cumulative Percent
Valid Strongly agree	1	2.8	2.8	2.8
Agree	6	16.7	16.7	19.4
Neutral	4	11.1	11.1	30.6
Disagree	10	27.8	27.8	58.3
Strongly disagree	15	41.7	41.7	
Total	36	100.0	100.0	

70% disagree that the employer have regular wellness days.

Table 3.6.18

I regularly attend wellness days that are frequently arranged by my department

	Frequency	Percent	Valid	Cumulative Percent
Valid Strongly agree	2	5.6	5.6	5.6
Agree	4	11.1	11.1	16.7
Neutral	4	11.1	11.1	27.8
Disagree	10	27.8	27.8	55.6
Strongly disagree	16	44.4	44.4	100.0
Total	36	100.0	100.0	

72% of respondents disagree that they attend regular wellness days arranged by the department.

Table 3.6.19

I feel stressed when a situation is a challenge or threat

	Frequency	Percent	Valid	Cumulative Percent
Valid Strongly agree	6	16.7	16.7	16.7
Agree	12	33.3	33.3	50.0
Neutral	10	27.8	27.8	77.8
Disagree	7	19.4	19.4	97.2
Strongly disagree	1	2.8	2.8	100.0
Total	36	100.0	100.0	

50% agree that they feel stressed when a situation is a challenge or threat.

Table 3.6.20

I am happy at work

	Frequency	Percent	Valid	Cumulative Percent
Valid Strongly agree	5	13.9	13.9	13.9
Agree	13	36.1	36.1	50.0
Neutral	11	30.6	30.6	80.6
Disagree	3	8.3	8.3	88.9
Strongly disagree	4	11.1	11.1	100.0
Total	36	100.0	100.0	

50% agree, 31% are neutral, and 19% of respondents disagree that they are happy at work.

Table 3.6.21

Colleagues often do not cooperate after agreeing on an objective

	Frequency	Percent	Valid	Cumulative Percent
Valid Strongly agree	3	8.3	8.3	8.3
Agree	15	41.7	41.7	50.0
Neutral	10	27.8	27.8	77.8
Disagree	7	19.4	19.4	97.2
Strongly disagree	1	2.8	2.8	100.0
Total	36	100.0	100.0	

50% agree that colleagues often do not cooperate after agreeing on an objective.

Table 3.6.22

My manager often engages with us to provide encouragement

	Frequency	Percent	Valid	Cumulative Percent
Valid Strongly agree	2	5.6	5.6	5.6
Agree	8	22.2	22.2	27.8
Neutral	13	36.1	36.1	63.9
Disagree	6	16.7	16.7	80.6
Strongly disagree	7	19.4	19.4	100.0
Total	36	100.0	100.0	

36% disagree, 36% neutral, and 28 agree that their manager often engages with them to provide encouragement.

Table 3.6.23

Workload (too many clients) often is the cause of my stress

	Frequency	Percent	Valid	Cumulative Percent
Valid Strongly agree	7	19.4	19.4	19.4
Agree	16	44.4	44.4	63.9
Neutral	4	11.1	11.1	75.0
Disagree	7	19.4	19.4	94.4
Strongly disagree	2	5.6	5.6	100.0
Total	36	100.0	100.0	

63% of respondents agree that workload is often the cause of their stress.

Table 3.6.24

I get support when there is a high volume of clients in the clinic

	Frequency	Percent	Valid	Cumulative Percent
Valid Strongly agree	4	11.1	11.1	11.1
Agree	6	16.7	16.7	27.8
Neutral	13	36.1	36.1	63.9
Disagree	7	19.4	19.4	83.3
Strongly disagree	6	16.7	16.7	100.0
Total	36	100.0	100.0	

36% disagree that support is given when clinic has a high volume of clients.

Table 3.6.25

Lack of basic equipment

	Frequency	Percent	Valid	Cumulative Percent
Valid Strongly agree	11	30.6	30.6	30.6
Agree	14	38.9	38.9	69.4
Neutral	6	16.7	16.7	86.1
Disagree	4	11.1	11.1	97.2
Strongly disagree	1	2.8	2.8	100.0
Total	36	100.0	100.0	

70% of respondents agree to be frustrated with the lack of basic equipment at work.

Table 3.6.26

Lack of medication

	Frequency	Percent	Valid	Cumulative Percent
Valid Strongly agree	2	5.6	5.6	5.6
Agree	10	27.8	27.8	33.3
Neutral	10	27.8	27.8	61.1
Disagree	11	30.6	30.6	91.7
Strongly disagree	3	8.3	8.3	
Total	36	100.0	100.0	

39% disagree, 33% agree, and 28% of respondents are neutral regarding the lack of medication.

Table 3.6.27

Prolonged grievance procedures

	Frequency	Percent	Valid	Cumulative Percent
Valid Strongly agree	4	11.1	11.1	11.1
Agree	8	22.2	22.2	33.3
Neutral	15	41.7	41.7	75.0
Disagree	7	19.4	19.4	94.4
Strongly disagree	2	5.6	5.6	100.0
Total	36	100.0	100.0	

42% of respondents are neutral with the matter of prolonged grievance procedures.

Table 3.6.28

Poor communication

	Frequency	Percent	Valid	Cumulative Percent
Valid Strongly agree	10	27.8	27.8	27.8
Agree	13	36.1	36.1	63.9
Neutral	8	22.2	22.2	86.1
Disagree	3	8.3	8.3	94.4
Strongly disagree	2	5.6	5.6	100.0
Total	36	100.0	100.0	

64% agree to be frustrated with poor communication at work.

Table 3.6.29

Staff turnover/ resignation disrupts the efficient health service provision e.g lost of experience or knowledge

	Frequency	Percent	Valid	Cumulative Percent
Valid Strongly agree	16	44.4	44.4	44.4
Agree	14	38.9	38.9	83.3
Neutral	4	11.1	11.1	94.4
Disagree	1	2.8	2.8	97.2
Strongly disagree	1	2.8	2.8	100.0
Total	36	100.0	100.0	

83% of respondents agree that staff turnover disrupts the efficient health service provision.

Table 3.6.30

Staff turnover impacts on our clinic goals to be reached

	Frequency	Percent	Valid	Cumulative Percent
Valid Strongly agree	16	44.4	44.4	44.4
Agree	15	41.7	41.7	86.1
Neutral	2	5.6	5.6	91.7
Disagree	2	5.6	5.6	97.2
Strongly disagree	1	2.8	2.8	100.0
Total	36	100.0	100.0	

86% of respondents agree staff turnover impacts on our clinic goals to be reached.

Table 3.6.31

I will have more time for my family e.g. children

	Frequency	Percent	Valid	Cumulative Percent
Valid Strongly agree	4	11.1	11.1	11.1
Agree	17	47.2	47.2	58.3
Neutral	8	22.2	22.2	80.6
Disagree	4	11.1	11.1	91.7
Strongly disagree	3	8.3	8.3	
Total	36	100.0	100.0	

58% agree that a reason for staff turnover is to have more time with children.

Table 3.6.32

Long travelling distance to work

	Frequency	Percent	Valid	Cumulative Percent
Valid Strongly agree	7	19.4	19.4	19.4
Agree	12	33.3	33.3	52.8
Neutral	7	19.4	19.4	72.2
Disagree	6	16.7	16.7	88.9
Strongly disagree	4	11.1	11.1	100.0
Total	36	100.0	100.0	

52% of respondents agree that a reason for staff turnover is long distance travelling.

Table 3.6.33

Poor team work

	Frequency	Percent	Valid	Cumulative Percent
Valid Strongly agree	11	30.6	30.6	30.6
Agree	16	44.4	44.4	75.0
Neutral	6	16.7	16.7	91.7
Disagree	3	8.3	8.3	100.0
Total	36	100.0	100.0	

75% of respondents agree that poor team work is a reason for staff turnover

Table 3.6.34

Poor advancement opportunities

	Frequency	Percent	Valid	Cumulative Percent
Valid Strongly agree	10	27.8	27.8	27.8
Agree	12	33.3	33.3	61.1
Neutral	8	22.2	22.2	83.3
Disagree	4	11.1	11.1	94.4
Strongly disagree	2	5.6	5.6	100.0
Total	36	100.0	100.0	

61% of respondents agree that poor advancement opportunities is a reason for staff turnover.

Table 3.6.35

Poor leadership

	Frequency	Percent	Valid	Cumulative Percent
Valid Strongly agree	13	36.1	36.1	36.1
Agree	12	33.3	33.3	69.4
Neutral	8	22.2	22.2	91.7
Disagree	2	5.6	5.6	97.2
Strongly disagree	1	2.8	2.8	100.0
Total	36	100.0	100.0	

69% of respondents agree that poor leadership is a reason for staff turnover.

Table 3.6.36

Salary in relation to effort put into the job

	Frequency	Percent	Valid	Cumulative Percent
Valid Strongly agree	9	25.0	25.0	25.0
Agree	11	30.6	30.6	55.6
Neutral	9	25.0	25.0	80.6
Disagree	5	13.9	13.9	94.4
Strongly disagree	2	5.6	5.6	100.0
Total	36	100.0	100.0	

56% of respondents agree that salary in relation to effort put into the job is the reason for turnover.

Table 3.6.37

The type of interaction I have with my colleagues

	Frequency	Percent	Valid	Cumulative Percent
Valid Strongly agree	4	11.1	11.1	11.1
Agree	12	33.3	33.3	44.4
Neutral	12	33.3	33.3	77.8
Disagree	8	22.2	22.2	100.0
Total	36	100.0	100.0	

45% agree, 33% neutral, and 22% disagree that the type of interaction with their colleagues is the reason for staff turnover.

Table 3.6.38

The type of interaction I have with my manager

	Frequency	Percent	Valid	Cumulative Percent
Valid Strongly agree	4	11.1	11.4	11.4
Agree	9	25.0	25.7	37.1
Neutral	14	38.9	40.0	77.1
Disagree	6	16.7	17.1	94.3
Strongly disagree	2	5.6	5.7	100.0
Total	35	97.2	100.0	
Missing	1	2.8		
Total	36	100.0		

39% neutral, 36% agree, and 23% disagree that the type of interaction with their manager is the cause of staff turnover.

Table 3.6.39

Absenteeism amongst my colleagues adversely affects my work performance

	Frequency	Percent	Valid	Cumulative Percent
Valid Strongly agree	10	27.8	28.6	28.6
Agree	15	41.7	42.9	71.4
Neutral	3	8.3	8.6	80.0
Disagree	7	19.4	20.0	100.0
Total	35	97.2		
Missing system	1	2.8		
Total	36	100.0		

70% of respondents agree that absenteeism amongst colleagues adversely affects their work performance.

Table 3.6.40

Locums are unfamiliar with work environment

	Frequency	Percent	Valid	Cumulative Percent
Valid Strongly agree	11	30.6	31.4	31.4
Agree	17	47.2	48.6	80.0
Neutral	4	11.1	11.4	91.4
Disagree	1	2.8	2.9	94.3
Strongly disagree	2	5.6	5.7	100.0
Total	35	97.2	100.0	
Missing system	1	2.8		
Total	36	100.0		

78% of respondents agree that locums are often unfamiliar with work environment.

Table 3.6.41

Locums are often unfamiliar with the routines of the health facility

	Frequency	Percent	Valid	Cumulative Percent
Valid Strongly agree	9	25.0	25.7	25.7
Agree	17	47.2	48.6	74.3
Neutral	6	16.7	17.1	91.4
Disagree	1	2.8	2.9	94.3
Strongly disagree	2	5.6	5.7	100.0
Total	35	97.2	100.0	
Missing system	1	2.8		
Total	36	100.0		

89 % of respondents agree that locums are unfamiliar with the routines of the work environment.

Table 3.6.42

Staff retention includes all efforts by my manager to make my work environment attractive

	Frequency	Percent	Valid	Cumulative Percent
Valid Strongly agree	6	16.7	17.1	17.1
Agree	8	22.2	22.9	40.0
Neutral	17	47.2	48.6	88.6
Disagree	1	2.8	2.9	91.4
Strongly disagree	3	8.3	8.6	100.0
Total	35	97.2	100.0	
Missing system	1	2.8		
Total	36	100.0		

47% are neutral, 40% agree, and 13% disagree that staff retention includes all efforts by their manager to make their work environment attractive.

Table 3.6.43

New employees (P.Ns) take at least six months to be efficient

	Frequency	Percent	Valid	Cumulative Percent
Valid Strongly agree	9	25.0	27.3	27.3
Agree	12	33.3	36.4	63.6
Neutral	4	11.1	12.1	75.8
Disagree	4	11.1	12.1	87.9
Strongly disagree	4	11.1	12.1	100.0
Total	33	91.7	100.1	
Missing system	3	8.3		
Total	36	100.0		

58% of respondents agree that new employees take at least six months to be efficient.

Table 3.6.44

Policy regarding immunisation procedures

	Frequency	Percent	Valid	Cumulative Percent
Valid Strongly agree	18	50.0	51.4	51.4
Agree	13	36.1	37.1	88.6
Neutral	1	2.8	2.9	91.4
Disagree	2	5.6	5.7	97.1
Strongly disagree	1	2.8	2.9	100.0
Total	35	97.2	100.0	
Missing system	1	2.8		
Total	36	100.0		

86% of respondents agree that the policy regarding immunisation procedure are a critical area of learning for newly appointed PNs.

Table 3.6.45

Referral procedures

	Frequency	Percent	Valid	Cumulative Percent
Valid Strongly agree	17	47.2	48.6	48.6
Agree	15	41.7	42.9	91.4
Disagree	1	2.8	2.9	94.3
Strongly disagree	2	5.6	5.7	100.0
Total	35	97.2	100.0	
Missing system	1	2.8		
Total	36	100.0		

89% of respondents agree that referral procedures are the critical areas of learning for newly appointed PNs.

Table 3.6.46

Rules for the use of vehicles

	Frequency	Percent	Valid	Cumulative Percent
Valid Strongly agree	11	30.6	31.4	31.4
Agree	14	38.9	40.0	71.4
Neutral	3	8.3	8.6	80.0
Disagree	3	8.3	8.6	88.6
Strongly disagree	4	11.1	11.4	100.0
Total	35	97.2	100.0	
Missing system	1	2.8		
Total	36	100.0		

70% of respondents agree that rules for the use of vehicles are critical areas of learning to newly appointed employees.

Table 3.6.47

Use of emergency trolley

	Frequency	Percent	Valid	Cumulative Percent
Valid Strongly agree	19	52.8	54.3	54.3
Agree	13	36.1	37.1	91.4
Neutral	1	2.8	2.9	94.3
Disagree	1	2.8	2.9	97.1
Strongly disagree	1	2.8	2.9	100.0
Total	35	97.2	100.0	
Missing system	1	2.8		
Total	36	100.0		

89% of respondents consider the use of emergency trolleys as critical areas of learning to newly appointed PNs.

Table 3.6.48

Risk management

	Frequency	Percent	Valid	Cumulative Percent
Valid Strongly agree	16	44.4	45.7	45.7
Agree	13	36.1	37.1	82.9
Neutral	2	5.6	5.7	88.6
Disagree	2	5.6	5.7	94.3
Strongly disagree	2	5.6	5.7	100.0
Total	35	97.2	100.0	
Missing system	1	2.8		
Total	36	100.0		

80% of respondents agree that risk management is a critical area of learning for newly appointed PN's.

Table 3.6.49

Our clinic has an effective communication procedure to address my challenges or concerns

	Frequency	Percent	Valid	Cumulative Percent
Valid Strongly agree	2	5.6	5.7	5.7
Agree	9	25.0	25.7	31.4
Neutral	7	19.4	20.0	51.4
Disagree	9	25.0	25.7	77.1
Strongly disagree	8	22.2	22.9	100.0
Total	35	97.2	100.0	
Missing system	1	2.8		
Total	36	100.0		

47% of respondents disagree that their clinic has an effective communication procedure to address their challenges or concerns.

Table 3.6.50

In my team all members participate fully

	Frequency	Percent	Valid	Cumulative Percent
Valid Strongly agree	1	2.8	2.9	2.9
Agree	10	27.8	28.6	31.4
Neutral	8	22.2	22.9	54.3
Disagree	7	19.4	20.0	74.3
Strongly disagree	9	25.0	25.7	100.0
Total	35	97.2	100.0	
Missing system	1	2.8		
Total	36	100.0		

44% disagreed, 31% agreed, and 22% are neutral that team members participate fully at respective clinics.

Table 3.6.51 Peer support

	Frequency	Percent	Valid	Cumulative Percent
Valid Strongly agree	16	44.4	45.7	45.7
Agree	14	38.9	40.0	85.7
Neutral	3	8.3	8.6	94.3
Disagree	2	5.6	5.7	100.0
Total	35	97.2	100.0	
Missing system	1	2.8		
Total	36	100.0		

83% agree to remain in their job upon receiving peer support.

Table 3.6.52

Tuition reimbursement/ bursary

	Frequency	Percent	Valid	Cumulative Percent
Valid Strongly agree	15	41.7	42.9	42.9
Agree	6	16.7	17.1	60.0
Neutral	10	27.8	28.6	88.6
Disagree	3	8.3	8.6	97.1
Strongly disagree	1	2.8	2.9	100.0
Total	35	97.2	100.0	
Missing system	1	2.8		
Total	36	100.0		

59% agree to remain in their job upon receiving tuition reimbursement/ bursary.

Table 3.6.53

Input in decision making

	Frequency	Percent	Valid	Cumulative Percent
Valid Strongly agree	16	44.4	45.7	45.7
Agree	12	33.3	34.3	80.0
Neutral	6	16.7	17.1	97.1
Disagree	1	2.8	2.9	100.0
Total	35	97.2	100.0	
Missing System	1	2.8		
Total	36	100.0		

77% of respondents agree to remain in their job upon receiving input in decision making.

Table 3.6.54

When communication is open

	Frequency	Percent	Valid	Cumulative Percent
Valid Strongly agree	19	52.8	54.3	54.3
Agree	9	25.0	25.7	80.0
Neutral	5	13.9	14.3	94.3
Disagree	1	2.8	2.9	97.1
Strongly Disagree	1	2.8	2.9	100.0
Total	35	97.2	100.0	
Missing System	1	2.8		
Total	36	100.0		

78% of respondents agree that they will remain in their job upon receiving open communication.

Table 3.6.55

Support from medical staff

	Frequency	Percent	Valid	Cumulative Percent
Valid Strongly agree	16	44.4	45.7	45.7
Agree	11	30.6	31.4	77.1
Neutral	6	16.7	17.1	94.3
Disagree	1	2.8	2.9	97.1
Strongly Disagree	1	2.8	2.9	100.0
Total	35	97.2	100.0	
Missing System	1	2.8		
Total	36	100.0		

75% of respondents agree to remain in their job upon receiving support from medical staff.

Table 3.6.56

My job satisfaction is important to retain me as a P.N

	Frequency	Percent	Valid	Cumulative Percent
Valid Strongly agree	19	52.8	54.3	54.3
Agree	13	36.1	37.1	91.4
Neutral	2	5.6	5.7	97.1
Disagree	1	2.8	2.9	100.0
Total	35	97.2	100.0	
Missing System	1	2.8		
Total	36	100.0		

89% of respondents agree that their job satisfaction is important to retain them as PNs.

Table 3.6.57

My relationship with colleagues is important to retain me as a P.N

	Frequency	Percent	Valid	Cumulative Percent
Valid Strongly agree	17	47.2	48.6	48.6
Agree	11	30.6	31.4	80.0
Neutral	4	11.1	11.4	91.4
Disagree	2	5.6	5.7	97.1
Strongly Disagree	1	2.8	2.9	100.0
Total	35	97.2	100.0	
Missing System	1	2.8		
Total	36	100.0		

78% agree that my relationship with my colleagues is important to retain me as a PN.

Table 3.6.58

My relationship with manager is important to retain me as a P.N

	Frequency	Percent	Valid	Cumulative Percent
Valid Strongly agree	18	50.0	51.4	51.4
Agree	13	36.1	37.1	88.6
Neutral	2	5.6	5.7	94.3
Disagree	2	5.6	5.7	100.0
Total	35	97.2	100.0	
Missing System	1	2.8		
Total	36	100.0		

86% of respondents agree that their relationship with manager is important to retain them as PNs.

Table 3.6.59

My salary is important to retain me as a P.N

	Frequency	Percent	Valid	Cumulative Percent
Valid Strongly agree	21	58.3	60.0	60.0
Agree	10	27.8	28.6	88.6
Disagree	3	8.3	8.6	97.1
Strongly Disagree	1	2.8	2.9	100.0
Total	35	97.2	100.0	
Missing System	1	2.8		
Total	36	100.0		

86% of respondents agree that their salary is important to retain them as PNs.

Table 3.6.60

Nurses working six years plus for an organisation, are less likely to resign

	Frequency	Percent	Valid	Cumulative Percent
Valid Strongly agree	3	8.3	8.6	8.6
Agree	9	25.0	25.7	34.3
Neutral	14	38.9	40.0	74.3
Disagree	6	16.7	17.1	91.4
Strongly Disagree	3	8.3	8.6	100.0
Total	35	97.2	100.0	
Missing System	1	2.8		
Total	36	100.0		

39% are neutral, 33 agree, and 28% disagree that nurses that work six years plus for a organisation, are less likely to resign.

Table 3.6.61

Training increases the market values of P.Ns

		Frequency	Percent	Valid	Cumulative Percent
Valid	Strongly agree	19	52.8	54.3	54.3
	Agree	15	41.7	42.9	97.1
	Disagree	1	2.8	2.9	100.0
Total		35	97.2	100.0	
Missing System		1	2.8		
Total		36	100.0		

95% of respondents agree that training increases their market value as PNs.

Table 3.6.62

(a) “Injury or damage to the person and property of health care personnel working at that establishment”;

Yes	No	Frequency	Percent	Valid Percent	Cumulative Percent
X		1	2.8	2.9	2.9
X		1	2.8	2.9	5.9
	X	1	2.8	2.9	8.8
X		1	2.8	2.9	11.8
	X	1	2.8	2.9	14.7
	X	1	2.8	2.9	17.6
X		1	2.8	2.9	20.6
Yes		13	36.1	38.2	58.8
X		1	2.8	2.9	61.8
X		1	2.8	2.9	64.7
X		1	2.8	2.9	67.6
X		1	2.8	2.9	70.6
X		1	2.8	2.9	73.5
	X	1	2.8	2.9	76.5
X		1	2.8	2.9	79.4
X		1	2.8	2.9	82.4
X		1	2.8	2.9	85.3
X		1	2.8	2.9	88.2
X		1	2.8	2.9	91.2
X		1	2.8	2.9	94.1

X		1	2.8	2.9	97.1
X		1	2.8	2.9	
30	4	34	94.4	100.0	
Missing		2	5.6		
Total		36	100.0		100.0

Staff parking concerns employees, more particular the unsecured and parking that are shared with clients.

Table 3.6.63

(b) “Disease transmission”

Yes	No	Frequency	Percent	Valid Percent	Cumulative Percent
X		1	2.8	2.9	2.9
X		1	2.8	2.9	5.9
X		1	2.8	2.9	8.8
X		1	2.8	2.9	11.8
X		1	2.8	2.9	14.7
	X	1	2.8	2.9	17.6
	X	1	2.8	2.9	20.6
X		1	2.8	2.9	23.5
	X	1	2.8	2.9	26.5
X		1	2.8	2.9	29.4
X		13	36.1	38.2	67.6
X		1	2.8	2.9	70.6
	X	1	2.8	2.9	73.5
X		1	2.8	2.9	76.5
X		1	2.8	2.9	79.4
X		1	2.8	2.9	82.4
X		1	2.8	2.9	85.3
X		1	2.8	2.9	88.2
X		1	2.8	2.9	91.2
X		1	2.8	2.9	94.1
X		1	2.8	2.9	97.1

X		1	2.8	2.9	100.0
30	4	34	94.4	100.0	
Missing system		2	5.6		
Total		36	100.0		

Firstly poor ventilation is a concern that needs to be investigated. Secondly annual or scheduled staff hepatitis vaccinations are not being done according to respondents.

Table 3.6.64

I have been mentored in my career as a P.N

		Frequency	Percent	Valid	Cumulative Percent
Valid	No	6	16.7	17.6	17.6
	Yes	28	77.8	82.4	100.0
	Total	34	94.4	100.0	
Missing system		2	5.6		
	Total	36	100.0		

78% of respondents received mentoring in their career.

Table 3.6.65

The mentoring I received contributed significantly to my progress

		Frequency	Percent	Valid	Cumulative Percent
Valid	No	6	16.7	17.6	17.6
	Yes	28	77.8	82.4	100.0
	Total	34	94.4	100.0	
	Missing	2	5.6		
	Total	36	100.0		

78% of respondents said the mentoring had made a significant contribution to their progress.

3.7 Summary

Employment relations, staff turnover and absenteeism, as well as the Employee. Assistance Programme are critical areas in discussing the strategies for retention of staff. The opinions that staff members have on these topics have been tested in the empirical study that was conducted by means of a questionnaire survey, and the responses reported in this chapter. The next chapter discusses the findings, analysis and interpretation.

CHAPTER 4

RESEARCH FINDINGS, ANALYSIS AND INTERPRETATION

4.1 Introduction

The previous chapter explained the research methodology as a quantitative survey in the form of a questionnaire distributed amongst professional nurses at various clinics within the jurisdiction of the municipality.

In this section the key findings are discussed for the 11 clinics in Blue Downs, Carinus, Dr Ivan Toms, Eersteriver, Fagan Street, Gordon's Bay, Ikhwezi, Sarepta, Sir Lowry's Pass, Somerset West and Wesbank. The researcher aimed at investigating the management of staff turnover and staff retention in the City Health Eastern Sub-district in the Western Cape. The focus area of the study was professional nurses at the aforementioned 11 clinics.

4.2 Research Findings

Although many findings can be reported resulting from the empirical study, only the major trends from the research project will be reported.

4.2.1 Staff turnover disrupts the efficient health service provision

A total of 83% of the respondents agreed that staff turnover disrupts the efficient health service provision. Support for this finding is provided in the literature by Spector (2012:255), where it is stated that "when the rate becomes excessive, the organization's workforce can become too inexperienced and untrained, resulting in inefficiency and difficulties in achieving the organization's objectives". Thus, the effective and efficient services can be disrupted, more especially when productive employees resign. Therefore the secondary aim must be to set an individual productivity baseline. Odendaal and Roodt (2009:17) state that "an organisation is productive if it achieves its goals and does so by transferring inputs to outputs at the lowest cost. As such, productivity implies a concern for both effectiveness and efficiency". The statement is based on the example that a clinic performs well when addressing the interests of customers successfully. A clinic is efficient when it performs that function with the lowest cost.

Table 3: Staff turnover

"Staff turnover/ resignation disrupts the efficient health service provision e.g. loss of experience or knowledge"

	Frequency	Percent	Valid	Cumulative Percent
Valid Strongly agree	16	44.4	44.4	44.4
Agree	14	38.9	38.9	83.3
Neutral	4	11.1	11.1	94.4
Disagree	1	2.8	2.8	97.2
Strongly disagree	1	2.8	2.8	100.0
Total	36	100.0	100.0	

83% of respondents agree that staff turnover disrupts the efficient health service provision.

4.2.2 Importance of relationship between Professional Nurse and Manager

A total of 86% of respondents agreed that the relationship between the Professional Nurse and the manager is important to retain them in the employ. Emphasis on qualitative supervision is a known phenomenon, in improving employees' staying with the institution. The more staff are dissatisfied with supervisors, the higher the resignation rate. This is reflected in the quality of the relationship employees have with their immediate managers. Most voluntary resignations are due to the dissatisfaction of subordinates with their line managers. Therefore it is incumbent on Human Resource Management (HRM) to work towards a workplace where the institution appreciates its workers (Chipunza and Samuel, 2015:114). A more modern management approach is where organisations acknowledge that workers are an organisation's single most important asset. From a nursing management perspective, Roussel and Swansburg (2009:63), state that, "nurse leaders make a significant difference in how nurses perceive and perform in their jobs. Repeatedly, effective behaviours and practices of nurse leaders have been found to influence

work environments in innumerable ways, resulting in greater levels of staff nurse job satisfaction and organizational commitment". Managers therefore must attempt to create conditions where workers feel stimulated and excited to the extent that they are not interested in attempts by others to lure them away.

Table 4: Relationship with Manager

"My relationship with my Manager is important to retain me as a Professional Nurse"

	Frequency	Percent	Valid	Cumulative Percent
Valid Strongly agree	18	50.0	51.4	51.4
Agree	13	36.1	37.1	88.6
Neutral	2	5.6	5.7	94.3
Disagree	2	5.6	5.7	100.0
Total	35	97.2	100.0	
Missing System	1	2.8		
Total	36	100.0		

86% of respondents agree that their relationship with their manager is important to retain them as PNs.

4.2.3 Professional Nurses will remain in their jobs upon receiving peer support

A total of 83% of respondents agreed that receiving peer support was critical in encouraging them to stay on in the organisation. Support for this finding is provided in the literature by Booysens (2008:213) who states that the staff shortages experienced in health care settings nowadays compound the issue, as the opportunity to work with experienced workers does not exist, which leads to a lack of consultation opportunities.

An environment that fosters a good learning climate portrays the following characteristics: mutual respect between nurses and between nurses and other professional groups; partnership; support and trust; value experienced by nursing

staff from authorities and professional colleagues; health care professionals are highly motivated among themselves and provide supportive relationships (Booysens, 2008:213). In such an environment, newly qualified nurses are nurtured, given appropriate support by a preceptor or mentor and receive guidance and constructive feedback on performance. There is organisational support for discussions to take place and, as a consequence, the development of critical thinking skills is enhanced. This, in turn, leads to the production of high-quality work content, which in itself leads to motivation and satisfaction among nurses. Such supportive nursing environments allow for the better utilisation of the skills of qualified nurses and assistans (Yako & Jooste, 2010:139). The team leader takes the level of expertise into account when assigning functions to team members. The benefits include better liaison with team members, as well as optimal utilisation of the capabilities of staff.

Table 5: Peer support

"I will remain in my job upon receiving peer support"

	Frequency	**Percent**	**Valid**	**Cumulative Percent**
Valid Strongly agree	16	44.4	45.7	45.7
Agree	14	38.9	40.0	85.7
Neutral	3	8.3	8.6	94.3
Disagree	2	5.6	5.7	100.0
Total	35	97.2	100.0	
Missing system	1	2.8		
Total	36	100.0		

83% agree to remain in their jobs upon receiving peer support.

4.2.4 Poor advancement a common reason for staff turnover

A total of 61% of respondents stated that poor career advancement is a common reason for staff turnover. Every worker steers towards career growth, and it is important that the worker is able to see what the chances are for such growth within the organisation. Werner (2013:357) affirms that when there are no promotional opportunities, or better opportunities elsewhere, many employees take the option of leaving the company. Sometimes employees just do not fit into company culture, or they find themselves in conflict situations from which they decide to withdraw. In the case of female employees, a resignation is sometimes the result of a decision to start a family, or spend more time with children. In the majority of cases, resignations are healthy events and allow the organisation to introduce new blood.

Table 6: Poor advancement opportunities

"Poor advancement opportunities a reason for staff turnover"

	Frequency	Percent	Valid	Cumulative Percent
Valid Strongly agree	10	27.8	27.8	27.8
Agree	12	33.3	33.3	61.1
Neutral	8	22.2	22.2	83.3
Disagree	4	11.1	11.1	94.4
Strongly disagree	2	5.6	5.6	100.0
Total	36	100.0	100.0	

61% of respondents agree that poor advancement opportunities are a reason for staff turnover.

4.2.5 Value of the Employee Assistance Programme (EAP) to improve productivity is not appreciated

A total of 72% of respondents indicated that they had never made use of the Employee Assistance Programme to improve productivity.

Employers realise that employee assistance programmes improve the performance of the organisation, with a reduction in absenteeism. The employee assistance programme helps to achieve a position that favours the promotion of organisational culture and organisational performance (Botha, 2014:181). An organisation that invests in the well-being of its staff stands to gain in the form of improved performance. Employees that are helped to overcome their personal problems are inclined to repay the organisation in the form of high commitment and performance leading to improved organisational performance. (Penceliah, 2013:244).

Table 7: EAP and productivity

"I have used the services of EAP to improve my productivity"

	Frequency	Percent	Valid	Cumulative Percent
Agree	2	5.6	5.6	5.6
Neutral	8	22.6	22.6	27.8
Disagree	12	33.3	33.3	61.1
Strongly disagree	14	38.9	38.9	
Total	36	100.0		100.0

72% had never used Employee Assistance Programmes to improve their productivity.

4.3 Discussion

From the empirical study it can be deduced that the respondents have a thorough understanding of the impact of staff turnover amongst professional nurses on the performance of clinics. Based on the responses from the empirical study, the researcher's remarks on some of the research findings are summarised below.

4.3.1 The provision of efficient health services is disrupted by staff turnover

Every time a professional nurse leaves the employ, existing staff are required to carry the workload of that employee until a new staff member is appointed. It must be mentioned that the existing workload of the professional nurse is already high,

making it difficult for the nurse to take on more and still maintain the required quality in the service. Also, the new appointee will be required to spend some time on training and not be able to perform at optimum level, requiring of colleagues to assist them. This situation has the potential to lead to a decrease in the quality of service provided by professional nurses, as well as becoming demotivated to experienced staff. The question arises whether the current staff should not be rewarded financially for carrying an extra workload during times when vacancies exist at the clinic.

4.3.2 Poor advancement

Poor advancement within the hierarchy of the municipality is a common reason for professional nurses leaving the employ. The growth in private hospitals and clinics can be an added threat to retaining professional nurses. The municipality should ensure that the reward package for professional nurses is competitive in order to retain its quality staff. An avenue that should be explored is the system of providing opportunities for financial advancement in the job if promotional advancement is not possible. For example, not every nurse can be promoted to the rank of senior professional nurse because there are only one or two such positions, but they can at least progress to the equal salary level without occupying the position, based on consistent performance. They can thus progress salary wise to equal the rank of senior professional nurse without the post becoming theirs.

4.3.3 The Employee Assistance Programme (EAP)

The Employee Assistance Programme is a tool that can be used to retain staff for the institution through the provision of support during critical times in their careers. Personal problems such as financial crises and substance abuse can lead to employees performing poorly in the workplace. It often happens to the best of employees. Instead of terminating their services, these employees could be enrolled for the employee assistance programme to overcome their problem. Employees that become rehabilitated as a result of the employee assistance programme are inclined to show their appreciation towards the employer for having assisted them during their time of challenge. It is incumbent upon managers to make all employees aware of the employee assistance programme.

4.4 Summary

This chapter focused on the major findings of the empirical study.

The next chapter provides a summary of the various chapters, recommendations of the study, and the conclusion.

CHAPTER 5

SUMMARY OF THE STUDY, RECOMMENDATIONS AND CONCLUSION

5.1 Introduction

The previous chapter explained the major findings of the empirical study.

This chapter concludes the research project by providing a summary of the previous chapters, recommendations for addressing the research problem, recommendations for future research, and a conclusion.

5.2 Summary of Research

Chapter 1 introduced the research problem, namely the resignation rate amongst health personnel within a sub-district of a metropolitan municipality. It then presented the research question, research objectives and research methodology. Lastly, the importance of the researcher and the layout of the chapters were explained.

Chapter 2 presented an analysis of the information to explain the theoretical background relating to the legislative framework, staff turnover, job satisfaction, the Employee Assistance Programme, employee wellness, occupational health, stress, job design, mentoring and communication.

Chapter 3 explained the research methodology chosen as the research area which is an approach of a non-qualitative nature by meas of a survey amongst professional nurses at designated clinics, as well as the responses to the survey.

Chapter 4 discussed the major findings of the the empirical study and how the findings relate to the literature.

5.2.1 Literature review

The literature review in this study explained how health care reform evolved in South Africa, from pre-democratic South Africa to the present, focusing on legislation impacting on professional nurses in public clinical settings. The literature expounded on the fundamentals of staff turnover as opposed to measures to retain staff.

Interrelated aspects such as employee health and safety, absenteeism, job satisfaction and employee assistance programmes were considerations.

5.2.2 Empirical investigation

The study focused on professional nurses, and the main findings are listed below.

5.2.2.1 Causes of staff turnover in the sub-district

The study identified causes of staff turnover in the sub-district, that were traced to the clinic circumstances that the professional nurses are working in. The management styles differ from clinic to clinic, the workload differs from clinic to clinic and so do the environmental aspects, i.e. ergonomics, occupational health and safety. Staff turnover is dimensional, therefore productivity, performance, absenteeism and job satisfaction are the pertinent staff factors individual clinic managers must assess, frequently.

5.2.2.2 Roles of line managers to promote skills retention

In order to get the message of the importance of good quality nursing across to the newcomer, the new employee has to be approached in an adult way and the information presented should be meaningful. The message will be enhanced if the clinic manager, senior professional nurse and heads of department, with whom the nurse will come into frequent contact, are present during at least some stage of the orientation process. Booysens et al (2015:152) are of the opinion that there is a link between recruitment and staff retention if the fit between the expectations of the nurse is close to the offer the organisation makes, chances are great that the nurse will stay on.

5.2.2.3 Challenges encountered and possible solutions in management of labour turnover

No employee functions as an island, and he or she is at least involved in their surrounding communities, and sometimes much more. Stress is a general term applied to pressures people feel in life. These pressures give rise to job and personal stress and influence a person's life directly. Therefore Van der Merwe (2010:3) is of the opinion that all the nursing staff are, however, frustrated with large numbers of clients and the limited equipment and supplies. They are also critical of the numerous, unending expectations doctors and administrators have of them. Hence authors and researchers recommend that comprehensive health-screening interventions may go beyond assessing concrete health measures (such as coronary

heart disease, respiratory disease, blood pressure, cholesterol levels, etc.) Aspects such as habits, knowledge and attitudes may also be screened in such comprehensive health screening interventions. Other tests may include stress-level, hearing and vision, urine, blood and fitness tests. Employees often experience stress when having to deal with the requirements of the job and pressures of family life. Organisations need to work at interventions that reduce that source of stress.

5.2.2.4 Understanding skills retention strategies

On the positive side, an environment that fosters a good learning climate portrays the following characteristics: mutual respect between nurses and between nurses and other professional groups; partnership; support and trust; value experienced by nursing staff from authorities and professional colleagues; health care professionals are highly motivated among themselves and provide supportive relationships (Booysens, 2008:213). In such an environment, newly qualified nurses are nurtured, given appropriate support by a preceptor or mentor and receive guidance and constructive feedback on performance.

However, it takes a skilled professional nurse with a number of years' experience to be a team leader. The clinic manager should plan effectively, reminding the personnel of the task at hand. Team leaders must be assisted in familiarising themselves with various skills retention strategies. The clinic executive must be aware of the need for an environment that is conducive to providing feedback and promoting performance.

5.2.2.5 Policies on skills retention

There are five characteristics, namely, labour fairness, worker negotiations on issues of common interest, workers affected by hazards in the workplace, major incidents from activities in the workplace and the risk of disease during the course of employment. These characteristics are central to the five policies, that have a direct effect on the well-being of professional nurses. Therefore it is incumbent on management to formulate concise and detailed mitigation strategies that encompass the aforesaid.

5.3 Recommendations

Based on the major trends identified in the study, a few recommendations are made for addressing the challenges and for engaging in future research.

5.3.1 Recommendation One

In view of the high staff turnover rate that currently exists within the sub-district as reported in Chapter 1, it is recommended that management be informed about their responsibilities in contributing to a low staff turnover. From the empirical study it appreared that some managers were not fully aware of their responsibilities in this regard.

5.3.2 Recommendation Two

It is recommended that management be reminded of their responsibility to make staff aware of the Employee Assistance Programme (EAP) as a mechanism to address personal problems. From the empirical study it showed that 72% of employees were not aware of the EAP that can assist with employee productivity.

5.3.3 Recommendation Three

It is recommended that managers be informed about the importance of maintaining a sound relationship with their staff. It could be in the form of frequent staff meetings at work and social events outside of work hours.

5.3.4 Recommendation Four

It is recommended that managers continually ensure that professional nurses are assessed for possible promotion in the hieracrchy of the organisation. The empirical study showed that people often left for better positions elsewhere.

5.3.5 Recommendation Five

For future research, it is recommended that the feasibility of prescribing productivity requirements for professional nurses, be investigated.

5.4 Conclusion

It is a reality that public services that are entrenched in the Constitution (RSA, 1996) will always be in the public domain regardless of how efficiently they are delivered. Primary health care is particularly important amongst lower income groups whose numbers can put pressure on the capacity of local government to render an effective and efficient service. The literature shows that a high staff turnover could impact negatively on service delivery. It is thus important that municipalities do everything in their power to retain the services of professional nurses to ensure effective and efficient service delivery in basic health care. From the empirical study it can be concluded that the municipality is not able to retain the services of professional nurses due to its limited financial capacity. In this regard the researcher wishes to recommend that the municipality enter into negotiations with the province to develop, jointly, a package for professional nurses that will address all their current challenges.

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Annexure A

CITY OF CAPE TOWN
ISIXEKO SASEKAPA
STAD KAAPSTAD

CITY HEALTH

Dr Hélène Visser
Manager: Specialised Health

T: 021 400 3981 F: 021 421 4894 M: 083 298 8718
E: Helene.Visser@capetown.gov.za

2016-06-09

Re: Research Request: Assessment of skills retention strategies in a Health Sub District within a Metropolitan Municipality in the Western Cape (7674) (ID No: 10575)

Dear Mr Sayers,

Your research has been approved as per your research request.

Eastern Sub District:	**Bluedowns, Wesbank, Sarepta, Dr Ivan Toms, Kuilsriver, Somerset West, Sir Lowry Pass, Gordons Bay, Eersteriver, Ikhwezi and Fagan Street Clinics**
Contact People	Dr P Nkurunziza (Sub District Manager) Tel: (021) 850-4315 / 084 800 0644 Mrs T de Villiers (Head: PHC & Programmes) Tel: (021) 850-4312

Please note the following:

1. All individual patient information obtained must be kept confidential.
2. Access to the clinics and its patients must be arranged with the relevant Managers such that normal activities are not disrupted.
3. A copy of the final report must be sent to the City Health Head Office, P O Box 2815 Cape Town 8001, within 6 months of its completion and feedback must also be given to the clinics involved.
4. Your project has been given an ID Number (10575) Please use this in any future correspondence with us.
5. No monetary incentives to be paid to clients on the City Health premises.

Thank you for your co-operation and please contact me if you require any further information or assistance.

Yours sincerely

pp Dr Visser

DR G H VISSER
MANAGER: SPECIALISED HEALTH

cc. Dr Nkurunziza & Ms de Villiers
Dr Jennings

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Tel: 082 2988 560

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EDITING CERTIFICATE

Annexre B

11 June 2018

***To**:*

Mr Stanley Sayers

c/o Faculty of Business and Management Sciences Cape Peninsula University of Technology
Cape Town 8000

Proofreading, editing and reference checking of MPA thesis

This serves to confirm that the following thesis has been fully edited, proof-read and reference-checked:

"Assessment of Skills Retention Strategies in a Health Sub-District within a Metropolitan Municipality in the Western Cape"

By: Stanley Andrew Sayers

I may be contacted for any further clarity required regarding the above.

Sincerely

……..

URSULA F. ARENDS

Director: On Point Language Solutions

ANNEXURE C: Letter to Respondents

Dear Respondent

The following questionnaire is being conducted as part of my Master of Public Administration research study the assessment of skills retention strategies amongst Professional Nurses in a Municipal Sub-district.

All information herein will be regarded with anonymity, confidential and voluntarily. Should you have any queries about the research you can contact Stanley Sayers at 084 8044 759 or email stanleysayers@gmail.com

I wish to thank you in advance for your participation

Stanley Sayers (Researcher)

ANNEXURE D: Questionnaire – Professional Nurses

SECTION A - QUESTIONNAIRE

Instructions

Indicate with the mark "X" what is applicable to you

Independent variables

A 1: Age	
24 – 39	1
40 – 49	2
50 – 59	3
60 and older	4
A2: Gender	
Male	1
Female	2
A3: Marital status	
Never married	1
Married	2
Divorced	3
Widowed	4
A4: Highest Educational Qualification	
Doctorate	
Maste'rs degree	
Honours degree/ Advanced diploma	
Degree	
Advanced diploma	
Diploma	

A5: Total nursing work experience:

E.g 3 mnths or 2 yrs	

A6: Professional Nurse Work experience in local government:

E.g 2 months or 1 yr	

Instructions: Please indicate with a cross (x) in the accompanying column on the right the response that resembles your opinion on the statement to the left.

Dependent variables

SECTION B	Statements	Strongly Agree 1	Agree 2	Neutral 3	Disagree 4	Strongly isagree 5
1	I have easy access to clinic policies					
2	My rights as a PN are taken into account					
3	The South African Nursing Council maintains the ethical standards of nursing					
4	My working environment is without risk					
5	My working environment is safe					
6	I am vaccinated annually for Hepatitis B					
7	I am not aware of the role of the Employee Assistance Programme (EAP)					
8	I have used the services of EAP to improve my productivity					
9	I have used the services of EAP to improve personal problems					
10	I have used the services of EAP to improve physical health					
11	I have used the services of EAP to improve stress levels					
12	I have used the services of EAP to improve financial counselling					
13	In life threatening situation, I have a panic button to alert of danger					
14	In life threatening situation, I have access to security guards					
15	My furniture in the consultation room is ideally suited to perform my work well					
16	Should a family crisis arise, I can fully depend on my organisation for support					

17	My employer has regular wellness days					
SECTION B	Statements	Strongly agree 1	Agree 2	Neutral 3	Disagree 4	Strongly disagree 5
18	I regularly attend wellness days that are frequently arranged by my department					
19	I feel stressed when a situation is a challenge or threat					
20	I am happy at work					
21	Colleagues often do not cooperate after agreeing on an objective					
22	My manager often engages with us to provide encouragement					
23	Workload (too many clients) often is the cause of my stress					
24	I get support when there is a high volume of clients in the clinic					
25	I am frustrated by the following at work:					
A	Lack of basic equipment					
B	Lack of medication					
C	Prolonged grievance procedures					
D	Poor communication					
26	Staff turnover/ resignation disrupts the efficient health service provision e.g. loss of experience or knowledge					
27	Staff turnover impacts on our clinic goals to be reached					
28	The following are common reasons for staff turnover:					
A	I will have more time for my family e.g. children					
B	Long travelling distance to work					
C	Poor team work					
D	Poor advancement opportunities					
E	Poor leadership					
F	Salary in relation to effort put into the job					
G	The type of interaction I have with my colleagues					

SECTION B	Statement	Strongly agree 1	Agree 2	Neutral 3	Disagree 4	Strongly disagree 5
H	The type of interaction I have with my with manager					
29	Absenteeism amongst my colleagues adversely affects my work performance					
30	Locums are often unfamiliar with the:					
A	Work environment					
B	Routines of the health facility					
31	Staff retention includes all efforts by my manager to make my work environment attractive					
32	New employees (PNs) take at least six months to be efficient					
33	I consider the following as critical areas of learning (orientation) to newly appointed PNs					
A	Policy regarding immunisation procedures					
B	Referral procedures					
C	Rules for the use of vehicles					
D	Use of emergency trolley					
E	Risk management					
34	Our clinic has an effective communication procedure to address my challenges or concerns					
35	In my team all members participate fully					
36	I will remain in my job upon receiving the following:					
A	Peer support					
B	Tuition reimbursement/ bursary					
C	Input in decision-making					
D	When communication is open					
E	Support from medical staff					

SECTION B	Statement	Strongly disagree 1	Agree 2	Neutral 3	Disagree 4	Strongly disagree 5
37	The following forms the basis to retain us as PNs:					
38	My job satisfaction is important to retain me as a PN					
38	My relationship with colleagues is important to retain me as a PN					
39	My relationship with manager is important to retain me as a PN					
40	My salary is important to retain me as a PN					
41	Nurses working six years plus for a organisation, are less likely to resign					
42	Training increases the market value of PNs					

43 Injury or damage to person and property

(a) “Injury or damage to the person and property of health care personnel working at that establishment”;

Yes	No	Frequency	Percent	Valid Percent	Cumulative Percent

Staff parking concerns employees, more particular the unsecured and parking that are shared with clients.

44 Disease transmission

(b) “disease transmission”

Yes	No	Frequency	Percent	Valid Percent	Cumulative Percent

Firstly poor ventilation are a concern that need to be investigated. Secondly annual or scheduled staff hepatitis vaccinations are not being done according to respondents.

45 Mentoring

I have been mentored in my career as a PN

		Frequency	Percent	Valid	Cumulative Percent
Valid	No				
	Yes				
	Total				
Missing system					
	Total				

46 Mentoring benefit

The mentoring I received contributed significantly to my progress

		Frequency	Percent	Valid	Cumulative Percent
Valid	No				
	Yes				

Total				
Missing				
Total				

AnnexureE

ASSADPAM

ASSOCIATION OF SOUTHERN AFRICAN SCHOOLS AND DEPARTMENTS
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ADMINISTRATIO PUBLICA

Administratio Publica is a peer-reviewed journal accredited with the South African Department of Education and produced four times a year and aims to promote academic scholarship in public administration and management and related fields.

To whom it may concern 19 June 2018

Please note that a co-authored manuscript entitled, ***Assessment of Skills Retention strategies in a health sub-district within a Metropolitan Municipality in the Western Cape***, was submitted by S A Sayers and S Cronje for possible publication in *Administratio Publica*.

Administratio Publica is a double-blind, peer-reviewed journal that is accredited by the South African Department of Higher Education and Training (ISSN 1015-4833).
Should you require further clarity, please feel free to contact me as per the details below.

Thank you.
Dr D B Jarbandhan
Chief Editor
vainj@uj.ac.za
Tel: 011-559 2905
Cell: 083 647 2580