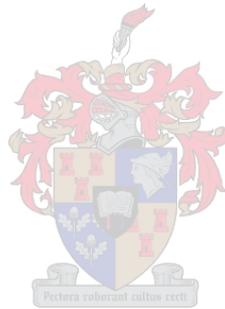# OPINIONS OF PROFESSIONAL NURSES
ON SUCCESSION PLANNING
IN A PAEDIATRIC CONTEXT

By

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Thesis presented in partial fulfillment of the requirements

for the Degree of Master of Nursing Science

in the Faculty of Health Sciences at Stellenbosch University

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DECLARATION

By submitting this thesis electronically, I declare that the entirety of the work contained therein is my own, original work, that I am the owner of the copyright thereof (unless to the extent explicitly otherwise stated) and that I have not previously in its entirety or in part submitted it for obtaining any qualification.

Signature ……………………

Date: March 2012

ABSTRACT

There is no formal succession plan for paediatric professional nurses (PNs) in academic, tertiary hospitals in the Western Cape. A lack of a succession plan could have major implications for the sustainability of effective and efficient health care services (Department of Health, DoH, 2010:1). Therefore, a systematic scientific investigation is required to determine the opinions of PNs regarding the characteristics or criteria for a succession plan in a paediatric organization.

The aim of this study was to determine the opinions of paediatric PNs regarding succession or career planning in academic, tertiary hospitals in the Western Cape. A quantitative approach with an exploratory, descriptive, non-experimental design was applied by means of a questionnaire survey which consisted of closed and open-ended questions.

Reliability and validity were assured by means of a pilot study and consultation with nursing experts and a statistician. Cronbach's alpha test was used to test for internal consistency between the responses to the 3-point Likert scale and dichotomous questions on the characteristics of an ideal succession plan. The data was collected by means of a self-administered, structured questionnaire to elicit opinions regarding the characteristics of an ideal succession plan that includes a career plan.

Ethical approval was obtained from the Health Research Ethics Committee of the University of Stellenbosch. Permission for access to the hospitals was obtained from the hospital and nursing managers. Informed written consent was obtained from the participants. The questionnaires were distributed personally by the researcher at two hospitals and via the assistant manager in nursing at one hospital.

Data was analysed by the statistician and descriptive statistics were presented by means of frequency distribution tables and histograms. Furthermore, the existence of relationships between variables was compared by means of a t-test or when assumptions of the t-test were not fulfilled an appropriate non-parametric test was considered.

The results were evidence of the need for the development of a succession plan based on Benner's Novice to Expert Model for paediatric PNs in academic, tertiary

hospitals in the Western Cape. In addition, participants' opinions on the value of a succession plan, including a career plan showed multiple benefits that will outweigh its challenges once developed and implemented.

Recommendations are based on the scientific evidence that show the urgent need for the development and implementation of a formal five level skill-based clinical training programme that includes a 360-degree feedback system for paediatric PNs by means of an integrated, collaborative approach.

The development and implementation of a formal succession plan will strengthen and enhance the retention of the various levels of competent, proficient and expert paediatric PNs. In addition, a formal succession plan will attract and motivate the novice and advance beginners to progress to competent, proficient and expert levels.

OPSOMMING

Daar is geen formele opvolgplan vir pediatriese professionele verpleegpersoneel in akademiese tersiêre hospitale in die Wes-Kaap nie. 'n Gebrek aan 'n opvolgplan kan ernstige gevolge vir die volhoubaarheid van effektiewe en doeltreffende gesondheidssorgdienste inhou (DoH, 2010:1). Dus, is 'n sistematiese wetenskaplike ondersoek nodig om die opinies van professionele verpleegpersoneel te bepaal, ten opsigte van die eienskappe of kriteria vir 'n opvolgplan in 'n pediatriese organisasie.

Die doel van hierdie studie was om die opinies van pediatriese professionele verpleegpersoneel te bepaal ten opsigte van 'n opvolg- of beroepsplan in akademiese, tersiêre hospitale in die Wes-Kaap. 'n Kwantitatiewe benadering met 'n ondersoekende, beskrywende, nie-eksperimentele ontwerp is toegepas deur gebruik te maak van 'n vraelysopname wat bestaan het uit geslote en ope-vrae.

Betroubaarheid en geldigheid is verseker deur gebruik te maak van 'n loodsondersoek en raadpleging van verpleegkundiges en 'n statistikus. Cronbach se alpha-toets is gebruik om te toets vir interne konsekwentheid tussen die response tot die 3-punt Likertskaal en tweeledige vrae oor die kenmerke van 'n ideale opvolgplan. Die data is gekollekteer deur gebruik te maak van 'n selfgeadministreerde, gestruktureerde vraelys om opinies te onthul ten opsigte van die kenmerke van 'n ideale opvolgplan, wat 'n beroepsplan insluit.

Etiese goedkeuring is verkry van die Gesondheidsnavorsing se Etiese Komitee van die Universiteit van Stellenbosch. Toestemming vir toegang tot die hospitale is verkry van die hospitaal en verpleegbestuurders. Ingeligte skriftelike toestemming is van die deelnemers verkry. Die vraelyste is persoonlik versprei deur die navorser by twee hospitale en via die assistentbestuurder wat by een van die hospitale verpleeg.

Data is geanaliseer deur die statistikus en beskrywende statistiek is aangebied by wyse van frekwensie verspreidingstabelle en histogramme. Voorts, is die bestaan van verwantskappe tussen veranderlikes vergelyk, deur gebruik te maak van 'n t-toets of waar veronderstellings van die t-toets nie bereik is nie, is 'n gepaste nie-parametriese toets oorweeg.

Die resultate is bewys van die behoefte vir die ontwikkeling van 'n opvolgplan wat gebaseer is op Benner se Novice to Expert Model vir pediatriese professionele verpleegpersoneel in akademiese, tersiêre hospitale in die Wes-Kaap. Daarbenewens, het deelnemers se opinies die waarde van 'n opvolgplan wat 'n beroepsplan insluit, die veelvoudige voordele wat dit inhou getoon wat die uitdagings sal oortref, sodra dit ontwikkel en geïmplementeer word.

Aanbevelings is gebaseer op die wetenskaplike bewys wat dui op die dringende behoefte vir die ontwikkeling en implementering van 'n formele vyfvlak vaardigheidsgebaseerde kliniese opleidingsprogram wat 'n 360-grade terugvoersisteem insluit vir pediatriese professionele verpleegpersoneel deur middel van 'n geïntegreerde, medewerkende benadering.

Die ontwikkeling en implementering van 'n formele opvolgplan sal die retensie van die verskeie vlakke van bekwame, vaardige en kundige pediatriese professionele verpleegpersoneel versterk en bevorder. Boonop sal 'n formele opvolgplan nuwelinge en gevorderdes trek en motiveer om te ontwikkel tot bekwame, vaardige en kundige vlakke.

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CHAPTER 1: SCIENTIFIC FOUNDATION OF THE STUDY

1.1 INTRODUCTION

In a personal interview with Argent (2010), the medical director of a multi-disciplinary paediatric intensive care unit (PICU), indicated that there has been a significant increase in the demand for paediatric health care services due to the burden of disease in South Africa. Malnutrition (Malnutrition, 2007:1), HIV/AIDS related illnesses, motor vehicle accidents and children born with congenital heart defects require health care services ranging from acute to critical care (Medical Schools and Nursing Colleges, 2003:1; Merriam Webster, 2011:1). In addition, the increase in the demand for critical care services can be attributed to advances in technology, high patient turnover and an increase in acuity levels due to the aforementioned conditions (Australian Health Workforce Advisory Committee/ AHWAC, 2002).

Children are one of the most vulnerable groups of society as they are dependent on others for their protection and care (Landman & Henley, 2010:1). In 1994, with the inception of the new South African government, various policies were enacted to address the inequalities inherited from the previous government. Firstly, the Constitution Act 108 of 1996 section 28 (1) provided the "legal foundation" that defines the rights and duties of South African citizens with respect to protecting the rights of the child and the provision of "…basic health care services…" (Republic of South Africa, RSA, 1996). Secondly, the Children's Amendment Act 38 of 2005 (RSA, 2005) provides a legal framework on the proceedings, actions and decisions around children in South Africa based on the guiding principle that everything is done in the "…best interest of the child…"

Since then, various strategies or interventions were recommended and implemented to improve the health care of children in South Africa but children "…are sicker…" than before (Sanders, Reynolds, Eley, Kroon, Zar, Davies, Westwood, Nongena & van Heerden, 2007:3). Sanders *et a*l., (2007:3) report on decreasing the burden of childhood diseases, confirmed that South Africa's "…performance in child survival is poor compared to other low- and middle-income countries…" Therefore, strategies to retain experienced and or qualified paediatric nurses are needed in support of these goals.

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Medical Schools and Nursing Colleges (2003:1) and Barnsteiner (2002:166), defined paediatric nursing as the provision of health care for children from newborn to "…the last year of adolescence…" or 18 years by means of promoting health, managing illness and restoring health in collaboration with their families. Nurses who care for children require knowledge, skills and experience on a wide range of medical and surgical conditions with its specific management which include the growth and development of a child and family-centered care (Barnsteiner, 2002:166). This was confirmed when the Department of Health (DoH) of the Provincial Government of the Western Cape (PGWC), identified the development of nurse leaders as one of its priorities for the year 2010 (DoH, 2010:1).

Experienced professional nurses (PNs) or leaders which include bedside, in-charge and nursing team leaders are important liaisons between senior management, other disciplines, patients and their families (DeCampli, Kirby & Baldwin, 2010:133; Goldblatt, Granor, Admi & Drach-Zahavy, 2008:45). They are individuals who live a purpose-driven life and play a pivotal role in stabilizing the health care environment (Clacey, 2008:1; Donner & Wheeler, 2008:37). According to Simons (2007:267), experienced nurses or leaders function at a higher level than inexperienced PNs bringing greater competence and critical thinking skills with them which is crucial in the provision of quality care to children in life-threatening situations.

Merriam Webster (2011:1), defined experience as the acquisition of knowledge and skills through the participation in clinical activities. Furthermore, Benner (1982:407) explains that the involvement in clinical activities over a period of time improves predetermined ideas and assumptions which increase the body of knowledge and improve critical thinking skills.

However, factors such as limited resources, increased workloads with changes in remuneration structures and limited or no managerial support, contributes to job dissatisfaction amongst experienced PNs (Anthony, Standing, Glick, Duffy, Paschall, Sauer, Sweeny, Modic & Dumpe, 2005:146). Also, an aging workforce, reduced numbers of nurses entering the health care arena and generational differences, contribute to the high attrition rate among critical care PNs (Kimball & O' Neil, 2002:5; South African Nursing Council, 2009:1).

According to Kirby and DeCampli (2008:33) and PGWC DoH (2010:23), good leadership and succession planning enhance nurse retention. The researcher's clinical experience has shown that an informal succession including a career plan for

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PNs is an approach that could strengthen the performance and contribute to the retention of experienced paediatric PNs. In order to equip PNs with knowledge and skills to manage their complex environment, their opinions regarding the characteristics or criteria for a succession plan in a paediatric organization must first be determined.

1.2   RATIONALE

The motivation for this research study originated in 2008 when the researcher identified in her place of work, a South African state institution's paediatric intensive care unit (PICU), the need for a plan to retain paediatric professional nurses (PNs) amidst the rapid changing critical care environment.

Bolton and Roy (2004:590) in their study on succession planning identified a succession plan as a strategy to secure future for nursing. They defined a succession plan as the identification and preparation of nurses for "key positions" or that it focuses on strengthening nurses' knowledge and skills, providing them with the experience for "key clinical positions" and the allocation of resources in support of the plan (Bolton & Roy, 2004:590). Furthermore, Bolton *et al.* (2004:590) states that when these elements are included in an institution's strategic plan, mission, vision, philosophy and human resource management plan, all nurses will have equal opportunity to the succession planning process.

Argent (2010), the medical director of a multi-disciplinary PICU, indicated that there is one PICU with 22-beds out of approximately 30 beds available at academic, tertiary hospitals in the Western Province. It offers specialist care for about 1 300 children between the ages 0 to 14 from the Province and country per annum (Argent, 2010). In this PICU the recommended nurse-patient ratio is one professional nurse (PN) to two patients with one nursing supporter depending on the patient acuity levels. The nursing supporter is referred to as an enrolled or an auxiliary nurse and is defined as an individual who is trained to provide "…basic nursing or elementary nursing care…" respectively, as outlined in the scope of practice in Regulation 2598 of the Nursing Act (50 of 1978). This is in contrast to the global recommended nurse-patient ratio for the delivery of safe and quality patient care of one PN to one patient and as confirmed in a local study (AHWAC, 2002; Elliot, Aitken & Chaboyer, 2007; Gillespie, Kyriakos & Mayers, 2001:54).

A preliminary and informal investigation conducted at provincial hospitals in the Cape Town Metropole, confirmed that one hospital has an informal succession plan for

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paediatric PNs. The plan included preceptorship workshops, senior nurses' and operational managers' forums. These workshops and forums were aimed at senior PNs only and excluded community service and fully qualified PNs who also performed shift leader roles. The benefit of introducing community service and fully qualified PNs to a succession plan serve as a strategy to attract, strengthen and retain the nursing workforce (Swearingen, 2009:107).

It was further identified that there was no written document which guided the succession planning process and that no formal succession plan existed in the other hospitals. This confirmed the need for the development of a formal succession including a career plan to retain paediatric PNs. According to Bolton *et al.* (2004:589), a formal succession plan is evidence of health institutions' "commitment" to career planning and professional progression which in turn is a strong retention strategy. Shermont, Krepcio and Murphy (2009:433) defines career planning as an individualized approach that assesses both the nurses' "home and work environments, their strengths and weaknesses" to facilitate their professional and personal development plan. Therefore, in view of the nursing shortages, the continuous loss of highly skilled nurses, nurses' lack of interest in advancing to leadership positions and the absence of a succession plan could further have major implications for the sustainability of effective and efficient healthcare services (DoH, 2010:1; Shermont *et al.,* 2009:432).

The conceptual framework used to support this study is Benner's Novice to Expert Model. This model can be used as a guide to the development of a leadership programme or plan (Benner, 1982:402). It focuses on five levels of clinical training which includes the novice, advanced beginner, competent, proficient and expert nurse (Benner, 1982:402). Benner explains that the clinical training for the novice is more task-orientated in comparison to a multi-factoral programme for the expert nurse (Benner, 1982:402). A study done by Swearingen (2009:111) showed that after the implementation of a leadership programme based on Benner's model, there was an improvement of 24% in the attrition rate within certain departments over one year. This approach aims at ensuring that suitable individuals are available for the "right job" at the "right time", which will consequently improve staff satisfaction and patient outcomes cost effectively (PGWC DoH, 2010:5).

1.3   SIGNIFICANCE OF THE STUDY

By completing this study the findings and recommendations based on the scientific evidence obtained will provide guidance to the development of the content and structure of a succession plan to retain paediatric PNs. This study will add value not only to the improvement in retention of professional nurses provincially but also nationally. In addition, it would support the provincial nursing educational strategy in improving nurse leadership (DoH, 2010:23).

1.4   RESEARCH PROBLEM STATEMENT

There is no formal succession plan for paediatric PNs in academic, tertiary hospitals in the Western Cape. A lack of a succession plan could have major implications for the sustainability of effective and efficient health care services (DoH, 2010:1). Therefore, a systematic scientific investigation is required to determine the opinions of PNs regarding the characteristics or criteria for a succession plan in a paediatric organization.

1.5   RESEARCH QUESTION

With input from nursing experts the following research question was formulated which gave guidance to this research study:

What are the opinions of paediatric PNs regarding succession planning for PNs in academic, tertiary hospitals?

1.6   RESEARCH AIM

The aim of this study was to determine the opinions of paediatric PNs regarding succession planning in academic, tertiary hospitals.

1.7   RESEARCH OBJECTIVES

The objectives set for this study were to
- determine the opinions of paediatric PNs regarding succession planning for PNs
- identify the characteristics of a succession plan for paediatric PNs
- determine the value a succession plan, which consequently includes a career plan for paediatric PNs by identifying the factors that would hinder or enhance the implementation of such a succession plan.

1.8   RESEARCH METHODOLOGY

In this chapter a brief overview is described of the methodology applied in this study. A more in-depth discussion follows in chapter 3.

1.8.1   Research design

A quantitative approach with an exploratory, descriptive, non-experimental design was applied by means of a questionnaire survey which consisted of closed and open-ended questions.

1.8.2   Population and sampling

The population (N=268) consisted of all paediatric PNs, with or without an additional qualification in child nursing science or paediatric critical care, who worked in the three academic, tertiary hospitals in the Western Cape.

Due to the limited number of paediatric PNs in these academic hospitals, the total number of employed PNs with or without an additional qualification in child nursing science or paediatric critical care working in the three academic, tertiary hospitals, were included as study participants.

Table 1.1: The number of respondents for this study

Hospital	Number of PNs according to the population	Percentage of recommended sample size (Burns and Grove, 2009:357)	Number of respondents included
Hospital A	13	100%	13
Hospital B	93	100%	93
Hospital C	162	100%	162
TOTAL	**268**	**100%**	**268**

1.8.2.1   Inclusion criteria

<u>a. Hospitals</u>

The inclusion criteria for the hospitals included being an academic, tertiary hospital located in the metropolitan area of the Western Cape.

<u>b. Professional nurses</u>

All PNs who worked in paediatric wards, trauma, emergency and PICUs of academic, tertiary hospitals as described in the purpose of this study were included.

1.8.2.2   Exclusion criteria

All enrolled, auxiliary and community service professional nurses, including PNs working in out-patient departments and theatres, and nurses in training were excluded from the study.

1.8.3   Instrumentation

A self-administered questionnaire was designed with the guidance of a statistician to obtain data related to the research aims and objectives. The questionnaire comprised of three sections: section one included questions on demographic data and sections two and three included closed and open-ended questions to determine the opinions of paediatric PNs on the characteristics and value of a structured succession plan.

1.8.4   Pilot Study

The pilot study was conducted amongst (n=26/10%) PNs of the main study who worked in a paediatric ward at the three academic, tertiary hospitals. These pilot PNs were excluded from the final study.

1.8.5   Reliability and validity

The questionnaires were examined for face and content validity to determine whether the questionnaire accurately measured what it was intended to measure. Senior nurses or experts in the field of management and research methodology examined the questionnaires for face and content validity. In addition, a pilot study was conducted to support the validity and reliability of the questionnaire. The pre-testers were asked to critique the questionnaires for unambiguity, validity and feasibility. Amendments were made to the questionnaire from these findings.

1.8.6   Data Collection

The data was collected by means of a self-administered, structured questionnaire to elicit opinions regarding the characteristics of an ideal succession that includes a career plan. (see Appendix B). Thirteen trained research field workers assisted in managing the collection of the questionnaires. The training of the research field workers included ethical issues such as confidentiality, anonymity and respecting the respondents' right to withdraw from the study at any time without being penalized.

1.8.7   Data analysis and interpretation

A statistician of Stellenbosch University Centre for Statistical Consultation was consulted who assisted with the data analysis of this survey. The data was captured

on an Excel® worksheet and analysed with STATISTICA 9 (a data analysis software system).

Descriptive statistics were presented by means of frequency distribution tables and histograms. Furthermore, the existence of relationships between variables was compared by means of a t-test or when assumptions of the t-test were not fulfilled an appropriate non-parametric test was considered.

1.8.8   Ethical considerations

Permission to conduct the research was obtained from the Committee for Human Research of the Faculty of Health Sciences at Stellenbosch University. Permission from the Ethics Committees of the participating hospitals and from the Deputy Directors of Nursing of the hospitals was obtained (see Annexures C, D, E and F). Informed written consent was obtained from the participants (see Annexure A). All ethical principles related to research were maintained as described in chapter 3.

1.8.9   Limitations

Anticipated limitations of this study were related to the number of respondents available during the survey period in 2011.

1.9   Conceptual Framework

LoBiondo-Wood and Haber (2010:575) defines the conceptual framework as a schematic illustration of how "…concepts and / or theories…" are arranged for the study. In turn Burns et al. (2007: 540) defines a framework as an "abstract, logical structure of meaning, such as a portion of a theory, that guides the development of the study, is tested in a study, and enables the researcher to link the findings to nursing's body of knowledge."

Figure 1.1 provides a schematic illustration of the conceptual framework applied in this study. Benner's novice to expert model delineates five levels for clinical training with a number of years required prior to progressing to the next level. This model is used as a guide to the development of a leadership programme or plan (Benner, 1982:402). The five levels of Benner's novice to expert model include the novice, advance beginner nurse, competent nurse, proficient nurse and the expert nurse. (Benner, 1982:402).
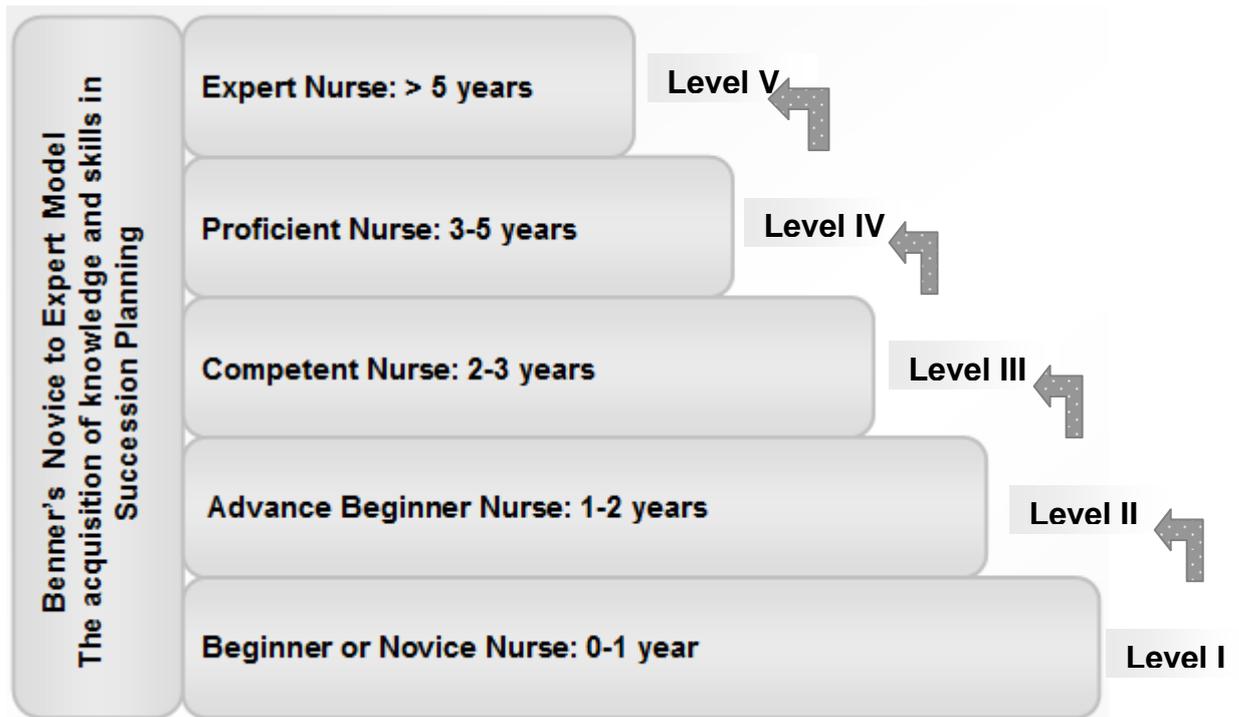
Figure 1.1 Benner's Novice to Expert Model: The conceptual framework

Figure 1.2 provides a schematic illustration of the conceptual framework with a guide to the characteristics of a succession or career plan for paediatric RPNs. Benner's novice to expert identifies the level of expertise, the knowledge, skills and support required at each level to progress to the next level. AN in-depth description of Benner's novice to expert model will be provided in chapter three.

Expert Nurse Level V: > 5 years	• Have extensive experience • Display fluid and flexible performances • Linked to a Coach • Training focuses on articulating experiences
Proficient Nurse Level IV: 3-5 years	• Have a holistic view of situations • Linked to a Preceptor and Coach • Training focuses on obtaining a deeper understanding of events by means of case studies, role play on regulations, staff development, physician relations, progressive discipline and finance

Competent Nurse
Level III: 2-3 years
	• Able to handle and effectively manage unforeseen situations
	• Linked to a Preceptor and Coach or work with senior nurse leaders on projects
	• Training focuses on:
	  * basic shift leader responsibilities
	  * team leadership skills

Advance Beginner Nurse Level II: 1-2 years	• Display acceptable performance • Commences at the completion of the foundation programme • Linked to a Preceptor and Coach • Training focuses on team building problem-solving, communication and specific clinical skills
Novice Nurse Level I: 0–1 year	• Have no prior paediatric experience • Performance guided by rules, guidelines or protocols • Linked to a Mentor • Orientation to paediatrics with in-service training focusing on task of the job

Figure 1.2 A schematic illustration of the conceptual framework for leadership in Paediatrics

1.10   OPERATIONAL DEFINITIONS

1.10.1   Opinion

According to Merriam-webster (2012:1), an opinion is defined as the viewpoint an individual has on a particular subject under discussion.

1.10.2   Succession planning

Succession planning is a crucial proactive, structured or well thought through strategic process, involving a series of events (Carriere, Muise, Cummings & Newburn-Cook, 2009:548-549). According to Bonczek and Woodard (2006:31), succession planning centres on meeting organizational goals whereby an individual or individuals are identified for "key positions" (Bolton & Roy, 2004:589).

1.10.3   Career planning

Bonczek and Woodard (2006:32), defines career planning as an action that is "supplementary" to succession planning. They state that career planning focuses on the individual's professional and personal development "…within the organization."

In turn, Shermont, Krepcio and Murphy (2009:433), defined career planning as a repetitive process that is scientifically based and includes a process of assessment, planning, implementation and evaluation, and of rewarding successful achievements. Furthermore, the authors report that a career planning programme provided a "…mechanism for succession planning" (Shermont, Krepcio & Murphy, 2009:437).

1.10.4   Nurse

The South African Nursing Council defines "nurse" as a "…person registered in a category under section 31(1) in order to practice nursing or midwifery", as stipulated in the Nursing Act 33 of 2005 (Republic of South Africa, RSA, 2005).

1.10.5   Professional nurse

The Nursing Act 33 of 2005 (RSA, 2005) section 30 (1) defines "professional nurse as a person who is qualified and competent to independently practice comprehensive nursing in the manner and to the level prescribed and who is capable of assuming responsibility and accountability for such practice."

1.10.6   Nursing

The Nursing Act 33 of 2005 (RSA, 2005) section 30 (1) defines "nursing as a caring profession practiced by a person registered under section 31, which supports, cares for and treats a health care user to achieve or maintain health and where this is not possible, cares for a health care user so that he or she lives in comfort and with dignity until death."

1.10.7   Paediatric nursing

Medical Schools and Nursing Colleges (2003:1), define paediatric nursing as the provision of health care for children from newborn to "…the last year of adolescence…"

1.10.8   Experience

Experience is defined as the acquisition of knowledge and skills through the participation in clinical activities (Merriam Webster, 2011:1).

1.10.9   Leader

Leaders are individuals who have the ability to influence others toward a common or a specific goal (Muller, 2001:153)

1.10.10 Leadership

Leadership refers to a process used to direct individual's or groups' performance towards a "…common goal" (Booyens, 2002:417).

1.10.11 Precepting

White, Purcell, Ball and Cuellar (2009:2), define precepting as a teaching role whereby preceptors, experienced and competent PNs teach learners the "…art and science of practice…" toward competencies for a specific period of time. Precepting focuses on the introduction to rules, guidelines, protocols and procedures for safe care practices.   The nurse mentoring toolkit (2009:1) states that a "…formal precepting relationship…" starts with the orientation of the inexperienced PNs for a specific period of time, it focuses on clear goal setting and ends when the orientation is completed.

1.10.12 Mentoring

Mentoring is defined as an advisory role whereby experienced individuals guide inexperienced individuals toward nursing excellence (White *et al.,* 2009:2).   In addition, mentoring focuses on professional growth, is task orientated for a specific working environment and not limited to time (Starcevich, 2009:1; White *et al.,* 2009:2).   The mentoring toolkit (2009:1) states that both formal and informal mentoring relationships start after the orientation is completed, whereas informal mentoring can continue for life.

1.10.13 Coaching

Coaching is referred to as a "collaborative" role focusing on strengthening the inexperienced PN's performance (Donner & Wheeler, 2009:8). The experienced PN imparts specific skills to the inexperienced PN aiming at improving the inexperienced PN's work performance (Donner *et al.*, 2009:8; Starcevich, 2009:2).

1.11   DURATION OF THE STUDY

The duration for the completion of the study was 12 months.

1.12   STUDY OUTLAY

Chapter 1: Scientific foundation of the study

Chapter 1 briefly describes the background and rationale for the study. This is followed by the problem statement, research question, research aim and objectives, the research methodology, operational definitions and study layout.

Chapter 2: Literature review

Chapter 2 provides a description of the literature available related to the characteristics on succession planning and the conceptual theoretical framework for the study.

Chapter 3: Research Methodology

Chapter 3 provides a detailed description of the research methodological approach applied in the study.

Chapter 4: Data Analysis, Interpretation and Discussion

In chapter 4 the results of the study followed by the analysis, interpretation and discussion of the data are described in detail.

Chapter 5: Conclusion & Recommendations

In chapter 5 the conclusions drawn from the results in relation to the study objectives are described. This is followed by recommendations based on the scientific evidence found in the study.

1.13   SUMMARY

A significant increase in the demand for both paediatric health care and critical care services have been observed by researchers (Argent, 2010; AHWAC, 2002:4). This can be attributed to various factors or challenges from both the internal and external environments. These factors or challenges have major implications for the delivery of health care, as fewer specialist nurses are available to provide paediatric services (DoH, 2010:1). Studies show that good leadership and succession planning enhances nurse retention (Kirby & DeCampli, 2008:33; PGWC DoH, 2010:23). The need for a formal plan to retain PNs amidst the rapid changing health care environment was identified.

1.14   CONCLUSION

In Chapter 1, the burden of disease on paediatric health care services in South Africa was discussed. This was followed by the legislation, the available and required paediatric nursing resources for effective and efficient health care services to children in South Africa. The rationale highlighted the importance for this research in obtaining the opinions of paediatric PNs on succession planning. The problem statement, research question, research aim and objectives, the research methodology, operational definitions and study layout were discussed in this chapter.

In the next chapter, a detailed literature review will be provided in support of this study.

CHAPTER 2: LITERATURE REVIEW

2.1   INTRODUCTION

A literature review is defined as an organized and thorough search for the most significant scholarly contributions related to the topic of interest. It forms the basis of a study that guides and refines the research process (LoBiondo-Wood & Haber, 2006:57; Mouton, 2006:87).

The purpose of this literature review is to

- gain insight into the meaning of succession planning as a strategy for the retention of nurses in clinical practice
- identify and obtain local and international nurse scholarly contributions from the year 2000 to 2011 on succession planning in health care
- identify the characteristics of effective succession planning
- explore the various strategies used internationally and locally for successful succession planning
- identify South African legislation and guidelines governing or regulating nursing practice.

The search strategy included computer databases such as the Cumulative Index Nursing and Allied Health Literature (CINAHL), EBSCO Publishing, the Cochrane library, PubMed and Medline. Keywords used during the search included succession planning or programme and critical care or intensive care and experienced nurse.

In South Africa, the Constitution Act 108 of 1996 section 28 (1) delineates South African citizens' rights and duties towards protecting the rights of the child and providing their "…basic health care" needs (Republic of South Africa, RSA, 1996:1255). Furthermore, the Children's Amendment Act 38 of 2005 provides the legal framework on the proceedings, actions and decisions around children in South Africa based on the guiding principle that everything is done in the "…best interest of the child…" (RSA, 2005:18). Paediatric nurses or child specialist nurses play an essential role in providing and coordinating health care services for children (Medical Schools and Nursing Colleges, 2003:1; Barnsteiner, 2002:166).

2.2   NURSING PRACTICE IN SOUTH AFRICA

The Nursing Act 50 of 1978 (Republic of South Africa, RSA, 1978) and the Nursing Act 33 of 2005 (RSA, 2005) regulate and provide for matters around the nursing profession in South Africa.   The Nursing Act 50 of 1978 (RSA, 1978) delineates the scope of practice for all nurses through Regulation 2598. On completion of basic or undergraduate nursing training programmes which include Regulations 683 and Regulation 425 as stipulated in the Nursing Act 50 of 1978 (RSA, 1978), professional nurses (PNs) are certified as having been found competent in four functions, namely clinical, administrative, education and research. Regulation 683 describes the education and training for enrolled nurses leading to registration as a general nurse, whereas Regulation 425 refers to the education and training of general, psychiatric, community and midwifery nurses leading to their registration. In addition, PNs who completed the undergraduate nursing training under section 40 (1) of the Nursing Act 33 of 2005 (RSA, 2005) and "…intend to register for the first time as a professional nurse…" are obliged to "…perform remunerated community service for a period of one year" (South African Nursing Council, SANC, 2007).

Thereafter, PNs can specialize in nursing administration, child nursing science or paediatric critical care nursing amongst other post-basic qualifications as stipulated in the Nursing Act 50 of 1978 (RSA, 1978). However, the current undergraduate or post-graduate nursing training programmes are not sufficient to prepare experienced PNs for leadership roles (Harkins, Butz & Taheri, 2006:126). Therefore, nurse leaders and managers at different levels are encouraged to include leadership training in their strategic plans (Cadmus, 2006:298). Also, the Department of Health (DoH) of the Provincial Government of the Western Cape, identified the development of nurse leaders as one of its priorities for the year 2010 (DoH, 2010:1).

2.3   SUCCESSION PLANNING FOR PAEDIATRIC NURSES INTERNATIONALLY AND IN SOUTH AFRICA

The international search on succession planning for paediatric PNs yielded one study by Shermont, Krepcio and Murphy (2009:432), whereby the authors described a career mapping or planning process for developing PNs at a paediatric hospital. According to Bonczek and Woodard (2006:32), career planning is an action that is "supplementary" to succession planning. Shermont *et al.*, (2009:437) state that this programme produced multiple benefits which they attribute to an individualized career planning approach. However, they cautioned nurse executives against the

assumption that nurses will not take on the challenge to develop professionally (Shermont *et. al.,* 2009:436).

Furthermore, literature on succession planning was found to focus mostly on senior management or executives in business organizations but not specifically to health care organizations (Bolton & Roy, 2004:589; Carriere, Muise, Cummings & Newburn-Cook, 2009:548).   However, the global increase in nurse shortages, attributed to challenges from both the internal and external environments, necessitates the focus of succession planning to extend to nurse leadership at all levels within health care organizations (Cadmus, 2006:298).   This nursing shortage was confirmed in a retrospective study by Buerhaus, Staiger and Auerbach (2000:2948) who analyzed the "trends" of PNs employed over a decade to estimate the future availability of PNs. Buerhaus *et al.* (2000:2953) projected that in the year 2020 the available PNs will be "20 %" below the required PN workforce in the United States of America.   Therefore, it is crucial for health care organizations globally to invest in a succession planning process that "secures the future" and ensures that health care organizations are equipped to meet future health care demands (Bolton and Roy, 2004:589).

2.3.1   Attrition rate of specialty PNs in South Africa

According to Rispel (2008:17), an attrition rate of 16% among specialty nurses in South Africa has been identified. In the Western Cape, South African nurses amount to "more than 40%" of the Provincial DoH workforce who provide health care services to about "3.8 million" people with nearly 10% of the population being children (PGWC, DoH, 2010:np; Hall, 2010:1).

De Villiers (2010), the SANC liaison officer of the University of Cape Town, indicated that in 1996, there were 2 132 paediatric PNs and in 2005 only 1 681 paediatric PNs who registered for an additional qualification. This shows a decline of 21% paediatric PNs. According to SANC (2010:5), most recent SANC statistics show that 1 216 PNs have an additional qualification in paediatric nursing. This shows a further 28% decline in paediatric PNs since 2005.   The shortage of specialty nurses was confirmed by the Provincial Government of the Western Cape's Department of Health in 2010, when a significant number of vacant specialty posts were identified (DoH, 2010:1).

2.3.2   Succession planning in South Africa

No South African literature exists on succession planning for paediatric PNs. A preliminary and informal investigation conducted at three academic, tertiary hospitals

in the Cape Town Metropole, confirmed that one hospital has an informal succession plan for paediatric PNs. The plan includes preceptorship workshops, senior nurses' and operational managers' forums. These training sessions are aimed at senior PNs only, despite the fact that community service and fully qualified PNs perform shift leader roles. The benefit of introducing community service and fully qualified PNs to a succession plan serves as a strategy to attract, strengthen and retain the nursing workforce (Swearingen, 2009:107).

Currently no formal or informal succession plan exists in the other academic, tertiary hospitals in the Western Cape. This confirms the need for the development of a formal succession plan to retain paediatric PNs for the changing health care environment. Furthermore, with the global disparity between PNs entering and leaving the nursing profession and the increase in specialty professional nurse (PN) shortages, succession planning has become a top priority for nurse executives who focus on nursing excellence with good patient outcomes (Carriere *et al.*, 2009:548).

2.4   SUCCESSION PLANNING

Carriere *et al.* (2009:548-549) conducted an integrative review in Canada on succession planning in health care in general, including nursing, to identify similarities between the strategies used in health care and business models for succession planning. Succession planning is an essential, proactive, clear, "funded" strategy that aligns the workforce to the organizational demands (Bonczek & Woodard, 2006:32). It can be customized to suit organizational and the individual's professional goals and focuses on the development and strengthening of experienced PNs' knowledge, skills and abilities in preparation for future roles or advancement (Smeltzer, 2002:615; Pierson, Liggett & Moore, 2010:39). The value of a succession plan for nurses was confirmed in a Canadian study by Pierson, Liggett and Moore (2010:39), who found that it continues to form an integral part of the organization's "retention" and professional advancement strategies.

The literature review on succession planning showed that Benner's Novice to Expert Model was used as an approach to strengthen nurse leadership and provided a "pipe-line" of leaders for advancement (Shermont *et al.*, 2009:437). Benner's Novice to Expert Model focuses on five levels of clinical training which include the novice, advanced beginner, competent, proficient and expert PN (Benner, 1982:402). Benner explains that the clinical training for the novice is more task-orientated in comparison with a multi-factoral programme for the expert (Benner, 1982:402). A

study done by Swearingen (2009:111) at Florida hospital showed that after the implementation of a leadership programme based on Benner's model there was an improvement of "24%" in the attrition rate within certain departments over one year, together with an increase in the number of PNs available for leadership advancements. Furthermore, there was an improvement in patient outcomes. This approach supports the aim of ensuring that suitable individuals are available for the "right job" at the "right time", together with improving staff satisfaction and patient outcomes cost effectively (PGWC DoH, 2010:5).

2.5   CHARACTERISTICS OF EFFECTIVE SUCCESSION PLANNING

2.5.1   Administrative support

Several studies show that administrative or executive nurse managers' support and participation is imperative for the sustainability of a succession plan and the retention of experienced PNs (Anthony, Standing, Glick, Duffy, Pascall, Sauer, Sweeny, Modic & Dumpe, 2005:146; Shermont *et al*., 2009:432; Pierson *et al*., 2010:34). Nurse executives, managers and senior nurse leaders are in the position to facilitate the development of a workforce that meets the current and future health care needs. As visionaries they should include succession planning in their strategic plan, thus ensuring that their workforce meets the health care demands (Bolton & Roy, 2004:589).

The study by Pierson *et al.* (2010:34), looked at a programme which was "…developed by nurses for nurses…" They state that administrative support was provided by means of financing the programme and providing time for developing the nurse leadership development plan. Other methods of support included the provision of incentives for participants who took on the challenge of engaging in the programme (Pierson *et al*., 2010:34).

Cadmus (2006:298), in her study on succession planning, looked at various strategies for the diverse new nursing workforce. She explained that administrative support commences with the clarification of the organizational vision and a strategic plan that includes the development of all levels in nursing (Cadmus, 2006:298). Furthermore, the involvement of clinical training units or education and human resource departments are crucial to the success of a succession planning process, as it expedites the process of workforce development (Cadmus, 2006:298). In addition, executive nurse involvement ensures that resources are mobilized efficiently and effectively throughout the succession planning process.

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Moreover, the nurse executive's participation in training programmes provides participants with the opportunity to follow by example with an added benefit of nurse managers remaining in touch with changes and challenges at operational levels. According to the study of Pierson *et al.* (2010:33), participating nurse managers or executives utilized these opportunities to motivate and encourage PNs to participate in programme development. In turn, Booyens (2002:423) identified this participative approach as a participative or democratic leadership style that enhances teamwork, improves nurses' work performance and group cohesion through good interpersonal relations and participative decision-making processes.

2.5.2   Transformational and Transactional leadership approaches

Various studies have been conducted to investigate how nurse managers can foster positive working environments (Anthony *et al.*, 2005:147).   In addition to the participative or democratic leadership style, Booyens (2002:436), Politis (2004:26) and Ohman (2000:46) identified the transformational and transactional leadership approaches as relevant leadership behaviours that foster positive working environments with good nursing and patient outcomes.

Transformational leadership is defined as a future-orientated "charismatic behaviour" which focuses on the individual and encourages critical thinking abilities in others. Booyens (2002:438) states that transformational leaders have a vision, are life-long learners and risk takers. They believe in others and "teamwork", and are committed to "excellence" (Booyens, 2002:438). Furthermore, she claims that individuals who are exposed to this leadership approach display an increase in job satisfaction, staff morale, team work, staff retention, nursing excellence and patient satisfaction within the organization (Booyens, 2002:437).

In turn, transactional leadership focuses on the achievement of daily activities within a department (Ohman, 2000:47). Ohman (2000:47) and Booyens (2002:436) are of the opinion that the transactional leaders use rewards that are based on a mutually agreed upon goal achievement, "active and passive management-by exception", to motivate nursing staff. Furthermore, staff can be remunerated for achieving the set goals or receive recognition for good performance (Ohman, 2000:47).

However, Ohman (2000:48) and Van Der Heever (2009:17) state that with the use of active management-by-exception, the leader provides no directions, but monitors and supervises the quality of work and responds promptly to substandard performances or deviations from the norm.   On the other hand, with the use of passive

management-by-exception, the leader does not monitor or supervise the quality of work or staff performances but only responds to reported "unmet" activities which can result in "chronic" problems prior to action being taken (Ohman, 2000:48). Therefore, limiting this approach is pivotal to creating positive working environments with good patient outcomes (Politis, 2004:26; Ohman, 2000:48).

2.5.3 Task teams

Nurse executives play a pivotal role in the selection of a task team to drive the process of succession planning (Bolton & Roy, 2004:591). In a study by Pierson *et al.* (2010:33), senior nursing management invited and tasked experienced PNs from different institutions, with similar settings and different levels in nursing to participate in the development of a clinical leadership programme. In preparation for the development of the programme, the team consulted articles on specific topics. This approach guided their discussions at regular meetings and facilitated the development of an evidence-based programme "for nurses by nurses" which allowed nurses to take ownership for work well done (Pierson *et al.,* 2010:33; Shermont, *et al.*, 2009:433). The encouragement of nurse involvement in evidence-based practice and regular evaluation of the programme ensured a succession plan that was aligned to the changing health care environment (Cadmus, 2006:298; Pierson *et al.,* 2010:38).

Furthermore, the development of a comprehensive package, with a full description of the succession or career planning process, formed part of the task team's duties (Shermont *et al.*, 2009:435). Included in the package was documentation to assess the participants' learning needs, their skills and abilities (Shermont *et al.,* 2009:435). Other documentation provided participants with the opportunity to identify their strengths, weaknesses and to monitor their progress throughout the process (Smeltzer, 2002:615; Shermont *et al.,* 2009:433,434).

Swearingen (2009:111) states that task teams are crucial to the development of a succession plan as it provides them with the opportunity to share experiences, raise the awareness and value of evidence-based practices to stabilize the working environment. This was confirmed by Pierson *et al.* (2010:38), who reported that the implementation of evidence-based practices ensured that an increase of different levels of PNs were prepared and available for the different positions within the health care setting. Furthermore, the benefit of the larger pool of available leaders contributed to the expansion of their health care facility (Pierson *et al.*, 2010:38).

2.5.4   Precepting, mentoring and coaching

Precepting, mentoring and coaching are crucial relationships to a succession planning process (Cadmus, 2006:299). It permits experienced PNs or preceptors, mentors and coaches to share critical values, such as their knowledge, skills and experiences with inexperienced PNs or preceptees, mentees and coachees.   These values are essential for securing the future of nursing (Cadmus, 2006:299).

Preceptors focus on introducing or teaching preceptees knowledge, skills that are based on protocols, policies, procedures and guidelines for a specific period of time (White, Purcell, Ball & Cuellar, 2009:2).   This training is directed towards competencies and ends when the orientation period is completed. In turn, mentors focus on the mentees as individuals and the enhancement of professional growth that is task orientated for a specific working environment and period of time (Starcevich, 2009:1).   This is achieved through the provision of information, guidance, encouragement, building trust and confidence towards independent decision making (Starcevich, 2009:1).   Coaches' focuses are on sharing specific skills that improves coachees' work performance (Donner & Wheeler, 2009; Starcevich, 2009:2).   Coaching can be conducted in the form of face-to-face, telephonic or electronic sessions (Kirby & DeCampli, 2008:32; McNally & Lukens, 2006:157). According to Kirby and DeCampli (2008:31), in their study on leadership development beyond the classroom, coaching relationship facilitates the retention of leadership abilities and assists experienced PNs in meeting their "…professional and personal goals."

Coach training is available through an on-line coaching and training programme offered by the International Council for Nurses, ICN. This is one of the many resources available in support of succession planning process. This coach training consists of a workbook followed by a coaching workbook test. On completion of this test successful coaches are rewarded with six international continuing nursing education credits (Donner & Wheeler, 2010:8).

2.5.5   Precepting, mentoring and coaching relationships

Precepting, mentoring and coaching are competencies that are crucial to the succession planning process (Cadmus, 2006:299; Shermont et al., 2009:435). A study by Shermont et al. (2009:435) looked at a programme to revitalize paediatric nurses' interest in career development and advancement at the Children's Hospital Boston (CHB) in Boston.   The authors reported on a "…2-tiered mentoring programme…" that included mentees, clinical advisors and mentors from CHB. The

mentees were PNs with no prior clinical experience, the clinical advisors from the same area had limited leadership experience and the mentors included the nursing director, one educational clinical nurse and two clinical nurse specialists (Shermont et al., 2009:435). They found that this approach to leadership training provided participants with the support and guidance from their immediate supervisors or peers and nurse leaders or the task team, and strengthened their mentoring and coaching skills. Furthermore, the task team gained confidence in their leadership roles, took ownership for work well done and subsequently availed themselves as resource persons to their peers (Shermont *et al.*, 2009:436; Pierson *et al.*, 2010:33).

In addition, Shermont *et al.* (2009:435) identified the following characteristics as key to the development of a leadership programme. Firstly, in preparation of the programme, they recommended that mentees and clinical advisors complete self-assessment questionnaires to identify their individual strengths, their learning needs and what they expect from the programme (Shermont *et al.*, 2009:435).

Secondly, setting individualized goals from the identified skills and knowledge needs and "…interests…" or aspirations. Good interpersonal skills with regular feedback were one of the identified skills as it enhances team work and improves the delivery of quality patient care (Starcevich, 2009:2; Shermont *et al.*, 2009:435). Vestal' (2007:7) recommends that Interpersonal skills should be the first skills in a leadership development programme. She argues that interpersonal skills are essential for precepting, mentoring, coaching, managing and or dealing with multi-disciplinary teams, patients and families (Vestal, 2007:7). Interpersonal skills include effective listening, good communication and team building (Vestal, 2007:7). These skills provide inexperienced PNs with the necessary abilities to communicate effectively and persuasively be it verbally or in writing (Vestal, 2007:7). Furthermore, it allows PNs or leaders to read the environment and respond appropriately minimizing the effects of ineffective communication on the PNs (Vestal, 2001:7). Lack of this skill adds to the already stressful situations current PNs find themselves in. Therefore, it is "…imperative that they develop this skill as soon as possible…" (Vestal, 2007:7).

Thirdly, the authors reported that role clarification of all participants was essential to the leadership programme. The role of clinical advisors and mentors were to build good relationships, facilitate the succession planning process and keep mentees accountable for their actions. This is in-line with Regulation 387 as promulgated in terms of the Nursing Act 50 of 1978 (RSA, 1978), which stipulates that all nurses are accountable for their own acts and omissions. Lastly, clinical advisors and mentors

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together attended "…coaching seminars…" offered by experts in the field and held regular meetings to discuss pertinent coaching-related issues (Shermont *et al.*, 2009:435). The authors reported that this approach afforded the task team with a platform for personalized guidance and support and limited the premature termination of clinical advisor or mentor relationships (Shermont *et al.,* 2009:435). The success to individualized mentoring and coaching relationships were seen when 89% of the participants completed the 2-tiered mentoring programme and were successfully prepared for career advancement (Shermont *et al.*, 2009:436).

In turn, McNally and Lukens (2006:155) conducted a descriptive study on leadership development that focused on individual and group coaching, explored and compared the benefits and limitations of internal and external coaching. They found that internal coaches were cognisant of "…organizational cultures … and… its policies…" and were well accepted by members within the organization (McNally & Lukens, 2006:156). Conversely, Johnson's (2004:39) report on coaching found that internal coaching tasks are additional to daily tasks that leave these coaches with limited time to fulfil their coaching tasks.

Furthermore, McNally and Lukens (2006:156) found external coaches "…more objective, unbiased..." and experienced in coaching as this was often their key role within an organization. However, the challenge to locate reputable external coaches together with the time they require familiarizing themselves with the organizational culture and policies, were major drawbacks of this approach (McNally & Lukens, 2006:156). Therefore, McNally and Lukens (2006:156) conclude and recommend a combination of internal and external coaches as a strategy for developing leaders. The success of coaching was seen in a coachee's feedback saying that "…I'm excited about coming to work. I don't want to leave…" (McNally & Lukens, 2006:159).

2.5.6   Intergenerational relationships

An aging workforce, generational differences, reduced numbers of nurses entering the health care arena are only a few factors that contribute to the high attrition rate and nursing shortage among specialty PNs (Kimball & O' Neil, 2002; SANC, 2009). Hence, nurse executives are challenged with finding strategies to retain the "talent" and expertise of the experienced nurses and ensure new recruits acquire these talents and expertise to maintain safe and quality patient care practices (Simons, 2007:268).

Knowledge about intergenerational relationships is crucial to the success of a succession plan as it affords coaches the opportunity to explore and implement different coaching strategies that best suit their institutions (Cadmus, 2006:302). This is confirmed in a study by Cadmus (2006:299) who claims that "…different coaching strategies" are needed for the diverse generations who are at different performance levels.

Several authors identified different generational age groups in the workplace. Nevertheless the study by Hu, Herrick and Hodgin (2004:334), is used to guide the explanation on the four generations in the workplace. This includes the Silent Generation "born between 1922 and 1942", Baby Boomers born between "1943 and 1960", Generation X "born between 1961 and 1980" and the Generation Y born in "1981" and beyond. Weston (2001:11) in her study explored and described the characteristics of the four generations and reported the following:

     i.   The Silent generation values "…respect for authority..." and professional behaviour with good communication skills (Weston, 2001:15). Their preferred method of communication is verbal or written communication (Weston, 2001:16). In addition, they are receptive to coaching when they have a clear understanding of the need for organizational or departmental change. In turn, they appreciate the recognition of their age, experience and the contributions they make in the workplace (Weston, 2001:15). They are hard-working, persevering individuals who make sacrifices to achieve the desired outcomes (Weston, 2001:16). However, acknowledging and rewarding their contributions are essential to the motivation of their work (Weston, 2001:16).

        Mastering technology is one of the skills this generation finds challenging. However, Weston (2001:16) reports that this skill can be achieved with the provision of adequate time. Several myths are reported about the older workforce (Simons, 2007:267). One of these myths is that the older workforce shows reluctance to learn. Hatcher, Blelch, Connolly, Davis, Hewlett and Hill (2006:13), in their study on wisdom at work negated this myth when they found that "88%" of the study population were receptive to opportunities for growth. In addition, Weston (2001:15) reports that this generation's preferred method of teaching is "traditional classroom" lectures provided by experts instead of interactive lecturing such as role play.

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ii. The Baby Boomer generation values personalized, collegial relationships that focuses on teamwork, recognizing and rewarding "individual achievements" and contributions (Weston, 2001:16). This confirms Cook's (2003:2) book review on when generations collide that this generation perceive themselves as "stars of the show". In addition, Weston (2001:17) and Cadmus (2006:299), report that Baby Boomers value life-long learning that can be applied to both their professional and personal life whereby improving their work performance and providing them with skills to balance their personal life (Weston, 2001:17).

Baby Boomers' major challenge is to balance the demands made on their professional, personal, physical, social and psychological life (Weston, 2001:16). However, Weston (2001:17) reports that this challenge can be overcome by managerial support in arranging for child minding facilities and interactive lecture training sessions that include stress and time management courses which will benefit them personally and professionally.

iii. Generation X, value informal working environments with flexible work "schedules" (Cook, 2003:2). They are committed to working hard, yet not to the same extent as the silent generation who sacrifice of their own time. For this generation, being with their families and enjoying time off receive priority over work which can be attributed to the challenges they faced when they were raised (Hart, 2006:11).

This generation was the first to be introduced to technology, have had exposure to more job opportunities than the previous generations and was found to be higher educated than the Baby Boomers (Hart, 2006:11). They have the ability to multitask and still achieve the desired outcomes (Hart, 2006:11). In addition, they appreciate clear career paths with short-term and clear goal settings as opposed to long-term goals. Short term goals provide rapid results. Furthermore, they appreciate exposure to learning opportunities that will improve their skills for future success (Weston, 2001:18). Therefore, the preferred method of teaching for this generation is interactive teaching sessions such as role-play, as it affords them the opportunity to practice, receive prompt feedback and perfect a skill in a non-threatening environment (Weston, 2001:17).

Generation X perceives all roles and job titles as different but equally important. Their awareness of the knowledge and skills that they possess that are absent in their nurse leaders, can lead to conflicting situations. However, Weston (2001:18) reported that this can be overcome by attaching generation X-ers to the silent generation who can guide them to appreciate the knowledge and skills of others.

iv. Generation Y is the generation who is technologically skilled (Hart, 2006:11). They value flexibility, "sociability and diversity" and perceive themselves as confident, independent individuals who appreciate instant authority, autonomy and active participation in decision-making processes (Hart, 2006:11). Furthermore, they appreciate the guidance of experienced and competent coaches (Weston, 2001:19; Cadmus, 2006:299; Hart, 2006:11).

Managing the different generational workforces amidst the challenges from both the internal and external environment can be an extremely daunting task for nurse executives. In addition, a poorly managed generational workforce can result in generational conflict which can negatively affect the quality of patient care, nurses' work performance and group cohesion. Therefore, knowledge of the different traits, values, methods of training and challenges each of these generations have and expects, afford nurse executives to adopt strategies for managing and motivating a diverse generational workforce cost effectively (Hart, 2006:11).

2.5.7 Cultural Diversity

Health care organizations globally experience an increase in cultural diversity that affects the stability of health care environments. Migiro (2011:1) defines cultural diversity as "…matching the composition of the workforce to the composition of clients for reasons of efficiency and effectiveness." In turn, Anderson and Taylor (2004:68), define cultural diversity as the difference in race, religion, age, gender, class and ethnicity. These differences are seen in both the workforce and clients and affect the way people think and behave. Migiro (2011:1) is of the opinion that diverse groups are at an increased risk of conflict, "…poor group cohesion and social integration, low job satisfaction…" lack of trust, poor communication and high staff turnover with poor patient outcomes. He recommends that an understanding and the effective management of cultural diversity through training programmes from

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executive to operational managerial levels can yield more benefits than challenges with "improved organizational performance" (Migiro, 2011:2).

2.6   THE STRUCTURED SUCCESSION PLANNING PROGRAMME

2.6.1   The documentation

A structured succession planning programme involves a prearranged pack of essential documents necessary to track the leadership development process and serves as a recruitment strategy to attract new PNs (Cadmus, 2006:300; Kirby & DeCampli, 2008:33; Swearingen, 2009:108; DeCampli, Kirby & Baldwin, 2010:136). The development and compilation of these essential documents require a "...good plan...", the commitment and involvement of key people in an organization to mobilize the necessary resources for PNs at all nursing levels (Cadmus, 2006:300; Shermont *et al.*, 2009:434). In the study by Shermont *et al.* (2009:434), the pack of essential documents includes an explanation of the "career mapping" concept, a description of the personalized mentorship programme, a questionnaire designed to identify participants' strengths, their training needs and a guide to the setting of short and long-term goals (Shermont *et al.*, 2009:434).

2.6.2   The process

The process included a comprehensive assessment on the different levels of nurse leadership, PNs' specific needs, their special interests, strengths, anticipated challenges and inherent job requirements to meet the service needs (Shermont *et al.,* 2009:434; Swearingen, 2009:109). Short and long-term goals are set based on the identified priorities. The SMART criteria were used to facilitate the setting of the process to reach the goal. SMART is an acronym which can be used to clarify goals through setting specific, measurable, attainable and relevant goals that are time-bound (Cothran & Wysocki, 2003:1). This method of setting goals provides a framework for developing, implementing and evaluating goals. Furthermore, Shermont *et al.* (2009:435) reports that the setting of goals provides participants with the opportunity to visualize their development process, plot their progress and serves to motivate both the participant and the coach.

The inclusion of a learning contract in the pack of essential documents is crucial to the process as it serves as a method of formalizing the agreement between the participants whereby both parties commit to the leadership development process (McNally & Lukens, 2006:157).

2.6.3   The participants

The participants include experienced PNs or leaders be it at the bedside, in-charge or nursing team leaders as they are important liaisons between senior management, multi-disciplinary teams and internal and external clients (DeCampli, et al., 2010:133; Swearingen, 2009:107). However, Swearingen (2009:109) states that nurse leaders or experienced PNs who enter any new leadership position are novices. Therefore, Swearingen (2009:109) recommends Benner's Novice to Expert Model, utilized from the Dreyfus Model of Skill Acquisition, to guide the development of the different levels found in leadership (Benner, 1982:403). This model allows for the development of a clinical leadership programme that expands to the required tasks for five different levels of leadership (Swearingen, 2009:109). In addition, Benner's Novice to Expert Model delineates the characteristics of each level, provides direction for career progression and can be tailored to suit both the individual and organizational needs.

2.7   THE THEORETICAL OR CONCEPTUAL FRAMEWORK

Burns and Grove (2007: 540), define a conceptual framework as an "abstract, logical structure of meaning, such as a portion of a theory, that guides the development of the study, is tested in a study, and enables the researcher to link the findings to the nursing's body of knowledge." Benner's Novice to Expert Model is used to support the leadership programme or plan for inexperienced developing to experience PNs. This model was used by Swearingen (2009:109) and Shermont *et al.* (2009:433), to guide the development of their leadership programmes.

The model focuses on five levels of clinical training over a number of years before the novice or beginner can progress to an advanced beginner who will become competent, proficient and an expert PN (Benner, 1982:402). Furthermore, each level within the model has well-defined characteristics for which specific skills and support is needed to strengthen the PN's leadership abilities and facilitates the transition from one level to another (Benner, 1982:403).

2.7.1   The novice or level I PN

2.7.1.1   Years of experience

According to Benner (1982:403) and Swearingen (2009:110), level I or novice PNs are "beginners" with "...no..." prior leadership experience.

2.7.1.2   Characteristics

Novice PNs' performances are guided by "rules" which are algorithms or protocols, ward routine and patient care responsibilities for safe and quality patient care.

2.7.1.3   Skills and support required by the novice

The novice PN requires the support and guidance of preceptors. This relationship is crucial for the successful transition of novices to their new positions or environments (Shermont *et al.,* 2009:435).   Novices at CHB identified knowledge and skills on "...stress and time management, coaching, professional development and advancing clinical skills and outcomes" for their nurse leadership programme (Shermont *et al.*, 2009:435).   In addition, Swearingen (2009:109) reported on a nurse leader task resource programme that outlines which computer programmes novice PNs require for level I - related tasks and "what meetings to attend".   Basic computer skills are essential for evidence-based (Webster, Davis, Holt, Stallan, New & Yeqdich, 2003:141). Not only are computer skills required to retrieve on-line information but also to accesses policies, procedures, protocols and guidelines (Webster *et al.*, 2003:141).

The researcher's experience of a PN induction programme at a local paediatric hospital include paediatric specific procedures and courses such as physical assessment of the child, resuscitation of a child, normal values for children, the management of burns on patients, nursing the ill child, and a high dependency course prior to the rotation through high dependency wards. Thereafter, novice PNs are linked to preceptors within their departments who support, guide and expedite the transition of novices to the paediatric environment. Feedback from novices who participated in this programme was that they "valued the structured programme, felt more confident and less anxious and enjoyed being hands-on" (Ahmed, 2007).

Swearingen (2009:110) study focuses on a leadership programme for nurse managers based on Benner's Novice to Expert Model. She states that experienced nurse managers who are orientated to a new position start as a novice. In addition, Swearingen (2009:100), Table 2 shows that there are three levels of leadership development for novices.   However, for this study these three will be used to demonstrate the skills required for level I to level III PNs based on Benner's Novice to Expert Model.

2.7.2 The advance beginner or level II PN

2.7.2.1 Years of experience

English (1993:388), in his study on defining the expert, explained that according to the project 2000, novice PNs are advance beginners on completion of the "foundation programme."

2.7.2.2 Characteristics

Level II or advanced beginners are nurses who display "acceptable" performance when exposed to "similar situations" (Benner, 1982:403). This was observed by the researcher when Community Service and new PNs worked in the same area for one year. In addition, the researcher observed in her place of work that these PNs are familiar with their environments, are confident in completing their tasks and display readiness to advance to the next level.

2.7.2.3 Skills and support required by advanced beginners

Benner (1982:404) explains that the support and guidance of mentors in setting priorities for effective leadership provide a visual map for professional and personal advancement. At this stage and in the South African context, registered Community Service nurses become PNs (SANC, 2007:1). The researcher's experience of this group of PNs is that they are often the senior PN or shift leader on the shift. Hence, Shermont *et al.* (2009:435), recommends that skills or mentoring or coaching on problem-solving techniques, interpersonal skills, specific clinical skills and team building methods are crucial for the advanced beginner PNs to strengthen and retain the inexperienced nurse leader.

2.7.3 The competent or level III PN

2.7.3.1 Years of experience

According to Benner (1982:405), competent PNs are nurses who have been exposed to the same clinical setting for two to three years.

2.7.3.2 Characteristics

Competent or level III PNs have the ability to handle and effectively manage unforeseen situations within the clinical setting (Benner, 1982:405). According to Benner (1982:404) they see their performance within a larger context but fall short on the overall picture of events.

2.7.3.3 Skills and support required for competent PNs

According to Swearingen (2009:110) and Gallo (2007:29), knowledge and understanding of the "organizational culture, its vision, mission, values and philosophy" will enable the competent nurse to effectively handle and manage situations within their independent units and further prepare them for proficiency. However, Swearingen (2009:110) cautions that competent PNs will not engage in leadership training when the training does not support their daily activities. Therefore, basic shift leader skills, "...staff assignments, delegation, team building, conflict management, generational diversity, assertiveness, communication skills, ethics and patient satisfaction..." are skills in support of competent PN's daily activities (Swearingen, 2009:110; Goldblatt, Granor, Admi & Drach-Zahavy, 2008:52)). Other skills include "...coaching, community building, working with others, evaluating different learning styles and how to value other's view points..." (Shermont *et al.*, 2009:435).

In addition, Redman (2006:294) and Shermont *et al.* (2009:435) are of the opinion that these leadership skills can be learnt from observing and working with senior nurse leaders on projects that focuses on quality improvement initiatives. An example of a quality improvement project is the best care always (BCA) initiative. This initiative is a national project in South Africa whereby task teams implement evidence-based practices, track its process and progress, show the results and "…share lessons learnt, and success stories with each other (Best Care Always, 2011). The aim of this initiative is to improve patient outcomes in both provincial and private health care settings (Best Care Always, 2011:np).

Involvement in joint projects afford competent PNs with the opportunity to be guided, coached and supported by senior nurse leaders, to network with experts in the field, and to observe their role models' performances in the clinical setting. The value of this approach was confirmed in a study by Shermont *et al.* (2009:435), when competent PNs were afforded the opportunity to attend coaching seminars with their senior nurse leaders and jointly explore coaching strategies to overcome challenges with which competent nurses were faced during their mentoring relationships. Furthermore, Shermont *et al.* (2009:436) found that this approach improved nurse ownership and successfully prepared competent PNs for leadership positions. In addition, these skills enhance competent or experienced PNs' abilities to be effective liaisons between senior management, other disciplines, patients and their families (DeCampli, *et al.*, 2010:133; Swearingen, 2009:107).

2.7.4 The proficient or level IV PN

2.7.4.1 Years of experience

Benner (1982:405) and English (1993:388) describe that the proficient or level IV PNs' performances are guided by experiences they have gained from similar events in the same clinical setting for a period of 3 to 5 years.

2.7.4.2 Characteristics

According to Benner (1982:405) level IV or proficient PNs have a holistic view of situations. This ability affords proficient PNs to anticipate imminent events and amend their plans to prevent or reduce the impact of an event.

2.7.4.3 Skills and support required by proficient PNs

Benner (1982:405) reports the ability for proficient PNs to anticipate imminent events that may vary from time to time and require of them to have a better understanding of the event. Thus, skills such as case studies or real life scenarios challenge proficient PNs to a higher level of thinking (Benner, 1982:405). Furthermore, opportunities such as participating in a journal club, completing a clinical post-graduate diploma in paediatric nursing science or paediatric critical care nursing can contribute to the professional and personal growth of proficient PNs. In Swearingen's (2009:110) study the leadership development of proficient PNs included skills such as "...role-play, staff development, empowerment, budgeting and finance, regulation, physician relations, performance improvement, cultural diversity and progressive discipline." She found that these skills were crucial to efficient and effective management of operational activities.

2.7.5 The expert or level V PN

2.7.5.1 Years of experience

Benner (1982:405) and English (1993:388), found that level V or expert PNs have gained extensive experience in one clinical setting for more than 5 years. However, Benner (1984) in English (1993:389) claims in no uncertain terms that not all PNs who have more than 5 years clinical experience in the same clinical setting will become experts.

2.7.5.2 Characteristics

However, Benner (1982:406) and English (1993:388) found that experts are no longer dependent on rules nor require exposure to similar events or situations. They report that expert PNs possess highly analytical abilities, have deeper understanding

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of situations that afford their performances to be "fluid and flexible" (Benner, 1982:406; English, 1992:388). Expert PNs have the ability to run or coordinate projects, guide competent and proficient PNs to higher levels of thinking.

2.7.5.3   Skills and support required by the expert PN

However, Benner (1982:406) found that experts lack the ability to articulate what they know of a situation. For this she explained that encouraging experts to the write "exemplars" on their experiences of good clinical outcomes enable them to share "embedded" knowledge and motivate competent PNs to advance to proficiency (Benner, 1982:406).

The value of expert PNs cannot be overemphasized in the stability of clinical settings. Benner's novice to expert model, where one level builds on another, provides a clear guide to the development of a leadership programme that supports succession planning through the retention of experienced PNs and attracting new PNs. Swearingen (2009:111) reports that the involvement of leaders or experts at all levels in the organization who are in nurse leadership training supported the "...strengthening of organizational leadership..." initiatives.

Furthermore, Swearingen (2009:111) reported that the benefit of applying Benner's model to a leadership programme showed a general improvement of 4% and a 24% improvement in the attrition rate over one year of certain departments.

2.8   SUCCESSION PLANNING PROGRAMME EVALUATION

Programme evaluation provides valuable information on the effectiveness of the succession planning process. The Business Dictionary (2011:1) defines programme evaluation as a comprehensive process of assessing the programme outcomes against anticipated results and determining whether the goals and objectives were met.

2.8.1   Evaluation methods

Programme evaluation can be formal or informal. Ongoing evaluation is referred to as an informal method of evaluation. This is crucial to the success of a leadership programme in that it ensures that the leadership training, experience or exposure meets the desired outcomes or set goals (Swearingen, 2009:111; Pierson *et al.*, 2010:38). In addition, it provides valuable information on participants' progress, their goal achievements and highlights areas for improvement or programme adjustments (Shermont *et al.*, 2009:435; Swearingen, 2009:111). Shermont *et al.* (2009:435) and

Swearingen (2009:111), report that ongoing evaluation can vary from daily evaluation to annual evaluation in one organization compared to another organization. An example of an evaluation process is the staff performance management system (SPMS) seen at provincial hospitals. This evaluation process focuses on the individual's professional and personal needs, is based on the scientific process that includes assessment, planning, implementation and evaluation, linked to a reward system and acknowledges good work performance that consistently exceeds the agreed upon standards (Bulak-Steyn, 2010).

2.8.2 Piloting the programmes

Piloting a leadership development programme is another method of evaluation whereby interventions are refined prior to the implementation of a programme (De Vos, 200:367). The results from a study of Shermont *et al.* (2009:435), showed that their leadership development programme delivered multiple results. These included nearly 90% advancement in careers, developing and preparing a "...pipeline..." of potential nurse leaders, increased nurse job satisfaction, increased retention rates. In addition, the success of the pilot programme resulted in the expansion of their leadership programme from three surgical units to all the clinical departments after an 18 month period (Shermont *et al.*, 2009:436). In addition, experienced PNs who had the opportunity to participate in succession planning programmes verbalized the positive effects it had on their professional and personal development (Pierson *et al.,* 2010:38).

2.8.3 Communication of progress

According to Shermont *et al.* (2009:435), it is essential to establish a method of communicating the participant's progress and or the support required from administrators and or nurse leaders. This can be achieved through face-to-face interviews between the participant, coach and nurse leader or regular programme reviews (DeCampli *et al.*, 2010:137; Pierson *et al.*, 2010:38; Shermont *et al.*, 2009:435). During interview sessions, ongoing evaluation allows for early identification of leadership mentee or mentor mismatches whereby teams can be swapped and re-matched (Shermont *et al.*, 2009:435).

2.8.4 Leadership programme indicators

Various methods of programme evaluation exist in leadership development programmes. These include indicators of participants who successfully completed leadership programmes, participants advancing in their careers or those who

successfully completed projects and indicators on attrition rates. Results in the study by Shermont et al. (2009:436) on their leadership development programme, showed that 81% of the participants advanced in their careers within the allocated 18 month period with a further 8% advancing at a later stage. Therefore, nurse executives can anticipate and predict the staff turnover and when PNs will be advancing in their careers (Shermont *et al.,* 2009:436).

2.8.5   Submission of documentation

A plan and structure to document and submit completed documents is crucial to a leadership development process. This approach finalizes the process; provide preceptors, mentors, coaches, participants and senior managers with evidence of the process, together with the opportunity to share the efficacy of the succession plan with other organizations.

2.9   REWARDS SYSTEM

Rewarding individuals for work well done is crucial to the success of a succession plan (Pierson *et al.,* 2010:38). Reward systems serve as external motivators for nurses to improve work performances. Pierson *et al.* (2010:38), confirmed this when they reported that some of their nurses were motivated by the compensation which was built into their career development programme. Others on the contrary were motivated after the successful completion of their first level (Pierson *et al.,* 2010:38). Furthermore, for nurses working in the Western Cape, the Provincial Government of the Western Cape' Department of Health (2010:23) identified "attractive incentives…and the development of salary packages …" as a strategy to ensure a sustainable workforce.

Rewards can be tangible or intangible and are based on a mutual goal agreement between the nurse manager or nurse leader and the employee (Booyens, 2002:436; Babou, 2008; Weston, 2001:20). Wieck, Dols & Northam (2009:177) state that "...nurses know what they want..." These authors recommend remuneration for "floating" from one unit to another, working flexible hours and mentoring new nurses to participative decision-making processes (Wieck *et al.*, 2009:177). However, nurse executives should guard against the "floating" initiative as this would negate Benner's Novice to Expert Model for the acquisition of skill which is obtained through the involvement of similar clinical activities in the same setting over a period of time (Benner, 1982:407). Furthermore, Wieck *et al.* (2009:177), recommended rewards

that include participation in task teams or opportunities to attend academic meetings or congresses during scheduled hours.

Furthermore, Maxwell (2007:229) identified and developed a criteria for rewarding staff members who met and exceeded "expectations" and called it the "RISE" programme. The acronym "RISE" refers to rewards indicating staff expectation and focuses on "…a positive attitude, loyalty, personal growth, leadership reproduction and creativity." He suggests that including personal growth in the criteria encourages staff to develop their own leadership abilities (Maxwell, 2007:229). Furthermore, the inclusion of leadership reproduction creates and fosters a learning environment which is essential to the succession planning process. Therefore, criteria such as these can guide the evaluation or appraisal process whereby nurse executives acknowledge outstanding work performance. Nurses' award ceremonies are examples of rewarding nurses for outstanding performances. The researcher's recent experience to the response of a recipient at a nurse's award ceremony was "…this is the best day of my life…" (Mfuniselwa, 2011).

2.10   SUMMARY

This literature review explored, identified and described the characteristics of a succession plan. It has been shown in this literature that South African statutory regulations do not adequately prepare experienced PNs for their leadership roles in the clinical setting. An effective and efficient succession plan for nurse leaders at different levels is directly related to a collaborative approach between all the role players, an integration of different generations, precepting, mentoring and coaching relationships based on the Benner's Novice to Expert Model (Cadmus, 2009:299; Swearingen, 2009:109). The development of a structured leadership programme is imperative to the success of the programme (Redman, 2006:292; Shermont *et al.*, 2009:436; Donner & Wheeler, 2009). This includes skill-based training and the regular evaluation of the programme and participants' progress and achievement of competencies over a period of time (Shermont *et al.*, 2009:436).

2.11   CONCLUSION

This chapter precedes chapter three that outlines the research methodology which supports this study.

CHAPTER 3: RESEARCH METHODOLOGY

3.1   INTRODUCTION

This chapter describes the process followed to reach the goals and objectives as set out in chapter 1. Nursing research is defined as a "scientific process that validates and refines existing knowledge and generates new knowledge that directly and indirectly influences the delivery of evidence-based nursing practice" (Burns & Grove, 2009:3). For this, a comprehensive plan or guide is required to describe or perform all the steps of the study. Burns and Grove (2009:719) identified this plan as research methodology.

3.2   RESEARCH AIM

The aim of this study was to determine the opinions of paediatric professional nurses (PNs) regarding succession planning in academic, tertiary hospitals. Burns and Grove (2007:33) state that a research aim "…might be to identify, describe, or explain a situation…"

3.3   RESEARCH OBJECTIVES

The objectives set for this study were to determine the

- opinions of paediatric PNs regarding succession planning for PNs. Section 2 of the questionnaire, questions 2.1 to 2.3 were developed for this purpose.
- characteristics of a succession plan for paediatric PNs. Sections 2 of the questionnaire, questions 2.4 to 2.5 were developed to elicit these responses.
- value that a succession (including a career) plan could have for paediatric PNs through identifying the factors that would hinder or enhance the implementation of a succession plan. Section 3 of the questionnaire, variables 89 to 90 were designed to elicit these responses.

3.4   RESEARCH METHODOLOGY

3.4.1   Research design

A quantitative approach with an exploratory, descriptive, non-experimental design was applied to determine the opinions of paediatric PNs on succession planning.

Mouton (2001:55) defines a research design as the plan that guides the manner in which the research will be conducted. Furthermore, he claims that a research design focuses on the outcome, with the research problem or question as the starting point followed by the evidence needed to support or answer the question (Mouton, 2001:56). The evidence includes the population, sample or study participants, method of data collection, the measuring instrument and methods for data analysis (Mouton, 2001:56).

LoBiondo-Wood and Haber (2010:584), define a quantitative research approach as "the process of testing relationships, differences and cause, and effect interactions among and between variables. The non-experimental research design is representative of the paediatric PN's opinions on succession planning and the relationships and differences between variables.

The literature review yielded one international study and no local studies have been found on succession or career planning for paediatric PNs. Therefore, an exploratory descriptive research design facilitated a comprehensive and in-depth understanding of this concept. LoBiondo-Wood *et al.* (2010:578), define an exploratory design as a method of collecting "…descriptions of existing phenomena for the purpose of using the data to justify or assess current conditions or to make plans for improvement of conditions." Furthermore, Burns and Grove (2007:537) state that a descriptive design is "…used to identify the phenomenon of interest, identify the variables within the phenomenon, develop conceptual and operational definitions of variables, and describe the variables." Therefore, there is no need for the manipulation of variables in this study or randomization or control of subjects (Burns & Grove, 2007:240).

3.4.2   Research question

What are the opinions of paediatric professional nurses on succession planning in academic, tertiary hospitals?

According to Polit, Beck and Hungler (2001:97), a research question refers to an expression of an inquiry researchers aim to respond to.

3.4.3   Population and sampling

According to Burns and Grove (2007:549), population refers to all the essentials that are required to meet the "…sample criteria for inclusion in a study…" The population (N=268) consisted of all paediatric PNs, with or without an additional qualification in child nursing science or paediatric critical care who worked in the three academic,

tertiary hospitals in the Western Cape. The hospitals were coded as Hospital A, B and C.

Sampling refers to the manner by which the group under study is selected and representative of the population (Burns & Grove, 2007:554; Burns & Grove, 2007:324). Strydom (2005:194) explains that sampling is used to improve the "feasibility" of the study. However, due to the limited number of paediatric PNs practicing in tertiary hospitals in the Western Cape, the total number of employed PNs (N=268) with or without an additional qualification in child nursing science or paediatric critical care working in the three academic, tertiary hospitals, were included as study participants.

The total number of paediatric PNs working in the three academic, tertiary hospitals included:
- Hospital A (n=13)
- Hospital B (n=93)
- Hospital C (n=162)

3.4.3.1   Inclusion Criteria

LoBiondo-Wood *et al.* (2010:577), define inclusion or eligibility criteria as the homogeneity of the participants that is characteristic of the population. The inclusion criteria for the study participants included all PNs working in paediatric wards, trauma, emergency and PICUs of academic, tertiary hospitals in the Western Cape, who provided specialist care for children.

Purposive sampling was applied in selecting the participating hospitals. The selected hospitals offered level three or specialist care for children, between the ages 0 to 14, from Sub-Saharan Africa (Argent, 2010). Children requiring specialist care are in demand of "…advanced respiratory support…", that is "…endotracheal intubation and mechanical ventilation or basic respiratory support…" while two or more other organ systems must be maintained (Gillespie, Kyriakos, & Mayers, 2006:52).

3.4.3.2   Exclusion Criteria

All registered enrolled, auxiliary and community service professional nurses, including PNs working in out-patient departments and theatres, and nurses in training were excluded.

3.4.4   Instrumentation

A self–report questionnaire was developed with the guidance of a statistician, study supervisor and an extensive literature research plan to obtain data related to the research aims and objectives.   This is confirmed by Delport (2005:166) that a questionnaire aims to obtain the responses of the study participants on a particular issue.

3.4.4.1   *The format and content construction of the questionnaire (see Annexure B)*

The format and content construction of the questionnaire is crucial to the development of the questionnaire and the questionnaire return rate (Rubin & Babbie in Delport, 2005:170). For this Delport (2005:170) recommends that a questionnaire be constructed within the research aims and objectives of the study.

3.4.4.2   *The covering letter*

The questionnaires were accompanied by a covering letter. According to Delport (2005:170), a covering letter is vital to a questionnaire.   Furthermore, an unambiguous, "easy-to-read" covering letter may enhance its return rate (Delport, 2005:170).

The format of the covering letter will be discussed under the heading, ethical consideration.

3.4.4.3   *The layout of the questionnaire*

The questionnaire was printed in English and comprised of three sections with closed and open-ended questions.   In addition, a Likert scale was developed which according to Burns and Grove (2007:388) is found to be appropriate in determining the opinions of study participants.   This structure was used to compare study participants' responses and to guide the data analysis process (LoBiondo-Wood *et al.*, 2010:275).

The questionnaire included:
- an introductory note to motivate the study participants to participate in the research, provide them with an estimated time frame, together with brief and clear instructions to complete the questionnaire
- Section 1: demographic data
- Section 2: request for study participants' opinions on the characteristics of an ideal succession plan

- Section 3: request for study participants' opinions on the value of a succession plan which includes a career plan.

Section 1: Questions were formulated to

- obtain the study participants' demographic data (questions 1-9). These questions were close-ended and dichotomous in nature. The questions were aimed at ascertaining the participant's gender, age, place of work, whether they were in a full time or temporary nursing employment and on day or night shift at the time of the survey. Other demographic data included the participants' specialty or qualifications, years of specialty experience after basic qualifications, paediatric critical care, critical care nursing and the functional position they held.

- ascertain the functional position study participants held. Question 10 was close-ended with multiple-choice options.

- determine whether participants have received leadership in-service training, whether they were permanently assigned to the unit and their intent is to stay in their place of work. Questions 11-12.2 were closed-ended and dichotomous in nature.

- identify the reasons for study participants' uncertainty of staying. Question 12.3, was close-ended and multiple-choice in nature. This data ensured that study participants met the inclusion criteria.

Section 2: Questions were formulated to

- identify the opinions of paediatric PNs on the characteristics of an ideal succession plan (questions 2.1-2.3). For this, instructions to a three-point Likert-scale were provided below the aim of the section. The Likert-scale was designed in a table format and consisted of three themes. The themes were followed by positive guiding declarative statements and narrowed down to the characteristics of an ideal succession plan. This aimed to facilitate the readers' train of thought. These characteristics were developed from the literature research, the researcher's personal clinical experience and input from experts in research. The themes were typed in uppercase with one characteristic per line and in clear and professional language. Study participants were given a choice to select one of three options and could indicate their choice with placing an (X) in the appropriate box. The options included: agree, neutral and disagree. The mid-point or "neutral" option in

this study resembled "no opinion" and was provided for study participants who were expected to have no opinion on the characteristic **(**Malhotra, 2004:188).

- obtain the opinions of paediatric PNs on the characteristics for leadership training (questions 2.4-2.5). These questions were close-ended and dichotomous in nature whereby the study participants could select one of two options by means of placing an (X) in the appropriate box. Only two questions had "yes" or "no" responses. Delport (2005:175) recommends that these types of questions be limited as it requires additional exploratory questions.

Section 3: Two open-ended questions were formulated and aimed at identifying the opinions of paediatric PNs with regard to

- the possible problems in the implementation of a succession plan (variable 89)
- how a succession plan which includes a career plan could improve your work performance (variable 90).
- According to Delport (2005:174), open-ended questions provide study participants with the freedom to express their individual views on an issue with the added benefit of providing researchers with a deeper understanding of the concept under study.

3.4.5   Scientific rigor

Burns and Grove (2007:554) define rigour as "excellence in research through the use of discipline, scrupulous adherence to detail and strict accuracy." For this study, rigour was ensured through careful selection of the research design, sampling, instrumentation, data collection, and a statistical analysis technique (Burns & Grove, 2009:34). Reliability and validity were other methods applied to ensure the credibility or rigour of the study.

3.4.5.1   Reliability

Burns and Grove (2007:552) define reliability as the degree of consistency to which the instrument shows similar results under similar conditions when applied by different researchers. In this study, reliability was tested through piloting the questionnaire. In addition, Cronbach's alpha test was used to test for internal consistency between the responses to the 3-point Likert scale and dichotomous questions on the characteristics of an ideal succession plan (LoBiondo-Wood &

Haber, 2010:300). The average Cronbach's alpha for all these questions was .81. It varied between .84 and .88 except for one question about communication .6. However, with alphas that exceeded .70 there was sufficient evidence in support of internal consistency (LoBiondo-Wood & Haber, 2010:300).

3.4.5.2   Validity

Validity is defined as the "truthfulness" or how accurately the instrument measures the concept under study (Burns and Grove, 2007:559). The study supervisor, statistician, nursing experts, the researchers' extensive clinical experience in paediatric nursing, the development of a clinical programme, together with the request for modification from the Ethics Committee of the University of Stellenbosch contributed to the validity of the questionnaire. Delport (2005:160) identified three methods of assessing validity. These include "face, content and construct validity" (Delport, 2005:160).

a. Face validity

LoBiondo-Wood *et al.* (2010:289), define face validity as a basic form of confirmation that the questionnaire resembled the content under study. The researcher's academic supervisor, a nursing expert and statistician, reviewed, analyzed and commented on the questionnaire. Comments related to the format and layout, and grammatical errors were corrected to validate the questionnaire. Furthermore, the five-point Likert scale was reduced to a three-point scale following comments on its relatedness to the research objectives.

b. Content validity

Delport (2005:160) defines content validity as the "representativeness" of the concept under study. Thus, the literature review on the characteristics of an ideal succession plan guided the content of the questionnaire. Furthermore, input from the researcher's academic supervisor and nursing experts increased the validity of the content. In addition, during the pilot study and final study, comments from the study participants after completing the questionnaire were: "…this is a very good study"; "…your study came at the right time, now I can use this information to develop my succession plan..." supported and confirmed content validity.

c. Construct validity

LoBiondo-Wood *et al.* (2010:290), states that construct validity relates to the "…extent to which an instrument measures theoretical construct." This study focused on a succession plan for paediatric PNs. A local and international literature review

guided the research methodology and development of the questionnaire. Construct or convergent validity was confirmed on review of nursing experts and participants from the pilot study.

d. External validity

External validity refers to the degree "…to which the study findings can be generalized beyond the sample in the study (Burns & Grove, 2007:540). This study focused on paediatric PNs with or without an additional qualification in child nursing science or paediatric critical care who worked in paediatric wards, trauma, emergency and PICUs of academic, tertiary hospitals in the Western Cape and provided specialist care for children. The study participants being an adequate representation of the population suggests that the results can be generalized to the population.

3.4.6 Pilot study

A pilot study is defined as a smaller scale of a proposed study (Burns & Grove, 2007:549). Ten percent (n=26) of the PNs from both day and night duty who worked in paediatric wards at the three academic, tertiary hospitals in the Western Cape Metropolitan area were targeted. However, only sixty five percent (n=17) of PNs piloted the questionnaires. This result was mainly due to the operational procedure of one hospital which restricted access of the researcher to study participants. In addition, one study participant was incorrectly ranked as a PN and another was on study leave at the time of the pilot study. Pilot study participants were excluded from the final study.

The pilot study aimed to determine inaccuracies, ambiguities and the feasibility of the questionnaire and the overall methodology applied in the study. The pilot study results showed that the questionnaire was completed within 20 minutes and questions were unambiguous. However, one result showed that question 8 on "How many years of experience do you have in paediatric or critical care nursing after obtaining your paediatric or critical care nursing qualification" was unclear. On investigation and analysis of the questionnaires, the researcher identified that (n=4/24%) of PNs did not answer the question and (n=7/41%) answered "N/A" which meant "not applicable." This was discussed with the researcher's academic supervisor after which question 8 was clarified, affecting question 7 which changed to:

- Question 7.1, a dichotomous question, to determine whether the study participant had a post- basic qualification in paediatric nursing

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- Question 7.2, an exploratory question, to establish how many years of experience the study participant had in paediatric nursing after obtaining a paediatric nursing qualification

- Question 8.1, a dichotomous question, to determine whether the study participant had a post- basic qualification in paediatric critical care nursing

- Question 8.2, an exploratory question, to establish how many years of experience the study participant had in paediatric critical care nursing after obtaining a paediatric critical care nursing qualification

- Question 9.1, a dichotomous question, to determine whether the study participant had a post- basic qualification in critical care nursing

- Question 9.2, an exploratory question, to establish how many years of experience the study participant had in critical care nursing after obtaining a critical care nursing qualification.

The clarification of question 8 required more dichotomous questions with exploratory questions which lengthened the questionnaire. For this reason, Delport (2005:175) cautions researchers to keep dichotomous questions to the minimum. Following this, the researcher "…concluded that the questionnaire would measure what it was intended to measure" (Prins, 2010:60). Furthermore, the results of the pilot study were excluded from the final analysis of the study.

3.4.7   Data collection

Data collection refers to the "…precise, systematic…" process of gathering information based on the research question and objectives of the study (Burns & Grove, 2007:41). A self-administered questionnaire was used to obtain the opinions of paediatric PNs regarding the characteristics of an ideal succession plan. The initial plan for data collection, as discussed in chapter one, was adapted. Operational requirements, staff shortages and the high acuity levels of the children at two of the three participating hospitals prevented the researcher from meeting with study participants at the proposed time and according to the proposed plan. In addition, the operational procedure of the third participating hospital excluded the researcher from the clinical areas.

The process of data collection commenced after permission was obtained from the participating Ethics Committees and Deputy Directors of Nursing of the hospitals. Arrangements were made to meet with operational managers, shift leaders and one Assistant Manager in Nursing of the participating hospital to inform them about the

purpose of the research, the process around completing the questionnaire, the collection and safe keeping of the completed questionnaires. In addition, thirteen fieldworkers were trained on confidentiality, anonymity and respecting the respondents' right to withdraw from the study at any time without being penalized. These meetings ensured that participants expected the researcher at the participating hospital and subsequently expedited the research process.

Data collection commenced on 21 June 2011. The research was planned and conducted over a two week period where both day and night staff were targeted for the survey at the times which best suited the departments of the participating hospital. On arrival, the researcher met with the study participants, introduced herself, explained the purpose of the study and presented the ethical approval letters from both the Ethics Committees of Stellenbosch University and the participating hospital. Participants verbalized their appreciation to witnessing the ethical approval and were keener to participate in the research.

Thereafter, the researcher provided information on consent taking, confidentiality, anonymity and respecting their right to participate voluntarily and to withdraw at any time without being penalized. Participants also received information on the procedure and time to complete the questionnaires and the posting of the completed questionnaires in the sealed boxes. Each participant who consented to the research process, except for participants at one participating hospital, was issued with a copy of the consent form and subsequently with a questionnaire and a white A5 envelope in which to place the completed questionnaire. Participants could use the copy of the consent form as evidence for participating in the study. The consent forms were collected and posted in the sealed box labeled "completed consent forms". A sealed box, labeled "completed questionnaires" was provided for each department, which the shift leader, operational manager or the Assistant Manager in Nursing was requested to safeguard. These boxes were collected at the pre-arranged times before the end of the shift or within 48 hours. Delport (2005:168) is of the opinion that the response rate increases when questionnaires are collected within 48 hours after delivery.

An inventory of the number of questionnaires that had been distributed and completed in each hospital was kept. On receipt of the completed questionnaires, each questionnaire was coded which simplified the tracking process.

3.4.8 Data analysis and interpretation

Burns and Grove (2009:695) and Kruger, De Vos, Fouché and Venter (2005:218) define data analysis and interpretation as a process whereby data is reduced, organized, and conclusions are drawn.

The data analysis of the survey was assisted by a statistician, Mr. Justin Harvey of Stellenbosch University, Centre for Statistical Consultation. The data were captured on an Excel® worksheet, and organized per hospital and per variable. Quantitative data were analyzed by the statistician using STATISTICA 9®.

Data analysis commenced with a cumulative frequency table. Descriptive statistics, including the means, medians, modes and standard deviations were calculated and presented by means of tables and histograms. Burns and Grove (2007:417), state that the mean is the measurement that reflects the middle of all the scores. The mean is calculated by means of adding all the scores and dividing the answer in the total number of scores. Also, Burns and Grove (2007:415) state that medians reflect the score that is exactly in the middle of all the scores. Standard deviation is the statistical test that measures how the scores vary from the mean and is determined by calculating the "…square root of the variance" (Burns & Grove, 2007:418).

The existence of relationships between the opinions, demographic and socio-economic factors that include age, years of experience, post-basic qualification, paediatric qualification and critical care qualification were determined. Continuous variables such as age were compared to the responses to "other" as a reason for leaving by means of a t-test. Where the assumptions of the t-test were not fulfilled appropriate non-parametric tests were considered. In addition, a 95% confidence interval with a significance level of ($p \leq 0.05$) was used to establish statistically significant associations between variables as discussed. For this, the level of significance was set at 0.05. This level of significance is used mostly for nursing research (Burns & Grove, 2007:407). The level of significance is used to determine whether the tested sample is from the same population or from a different population (Burns & Grove, 2007:407). In addition, the level of significance reflects the chance of type I errors (Burns & Grove, 2007:407).

Section C of the questionnaire consisted of two qualitative, open-ended, questions. Burns and Grove

(2007:79) identified three stages in qualitative data analysis which include: "description, analysis and interpretation." Initially the responses of the participants were read and reread until the researcher became "…immersed in the data" (Burns and Grove, 2007:80). During this process, themes were identified in the data which were summarized into categories and confirmed the "…usefulness of the findings to the clinical practice" (Burns and Grove, 2007:90).

3.5   ETHICAL CONSIDERATIONS

Permission to conduct the research was obtained from the Committee for Human Research of the Faculty of Health Sciences at Stellenbosch University, the Ethics Committees of the participating hospitals and from the Deputy Directors in Nursing of these hospitals.

- A consent or covering letter, attached to the questionnaire, reflected the title of the research study, introduced the researcher and invited participants to participate in the research. It included a request for voluntary participation and a statement that the research study had been approved by the Committee for Human Research at the University of Stellenbosch and the Deputy Directors in Nursing. The request for voluntary participation was based on the ethical principle of respect for autonomy whereby participants were free to decide whether they would participate or not (Pera, 2005:32). Respect for autonomy also afforded participants the freedom to withdraw at any point without being penalized (Pera, 2005:32).

- Furthermore, the consent letter provided a description and purpose of the study, guided participants to the method of completing the questionnaire and the anonymous return thereof in the envelopes provided. This ensured that the identity of the participants and the hospitals remained anonymous, confidential and private. In addition, the consent letter briefly explained possible risks and the measures taken, as stated above, to eliminate the risks. Participants were also briefed on the anticipated benefits from the research study and were provided with both the researcher and the supervisor's contact details for any queries. This information was based on the ethical principles of beneficence and non-maleficence (Pera, 2005:33). Participants were informed, not coerced, that their participation would identify and amend or guide, if necessary, the development of future succession plans as a strategy to attract, develop and retain paediatric PNs.

- The thirteen trained field workers were requested to coordinate the distribution, management and safekeeping of the questionnaires, while respecting the anonymity and confidentiality of the study participants. It must be noted that completed signed informed consent letters were kept apart from the completed questionnaires. The field workers included one assistant manager in nursing, operational managers and shift leaders. However, operational requirements necessitated the researcher to coordinate the distribution of all the questionnaires except for one institution whose operational procedure excluded researchers from the clinical areas. Furthermore, each hospital was assigned a code, known only to the researcher, to assure anonymity and confidentiality.

- In addition, researchers are expected to safeguard research data for at least five years with access to it by only the researcher for auditing and inspection purposes (DoH, 2006).

3.6 SUMMARY

The opinions of paediatric PNs on succession planning were elicited by means of a quantitative approach with an exploratory, descriptive, non-experimental design.

A self–report questionnaire was developed with the guidance of a statistician, study supervisor and an extensive literature research to obtain data based on the research aims and objectives. The questionnaire was examined for reliability, validity, feasibility and unambiguity. Senior nurses, experts in the field of management and participants of the pilot study played a crucial role in this process. Following these processes, adjustments were made to the questionnaire for purposes of clarity.

Furthermore, the operational requirements at two of the three participating hospitals and one hospital's operational procedure necessitated a change in the proposed plan and times for data collection. Sections one and two were analyzed with STATISTICA 9® by the statistician, whereas section 3 was analysed thematically by the researcher.

3.7 CONCLUSION

This chapter provided a detailed description of the research methodology used for this study. It was followed by the limitations and ethical considerations to the study. Thus, a detailed description on data analysis and interpretation are presented in the next chapter.

CHAPTER 4: DATA ANALYSIS AND INTERPRETATION

4.1   INTRODUCTION

This chapter outlines the process of data analysis and interpretation. A quantitative approach was applied to analyse the data. Trochim (2006:1) identifies three major steps of data analysis namely data preparation, descriptive statistics and inferential statistics. The data generated by this research will be analysed according to Trochim.

4.2.   DATA ANALYSIS

4.2.1   Data preparation

Data preparation involves a process of preparing a raw data table for entering or capturing the data, checking the data for accuracy and converting data for statistical analysis (Burns & Grove, 2007:402; Trochim, 2006:1).

Guided by Kruger, De Vos, Fouché and Venter (2005:221), a raw data table was developed by using an Excel spreadsheet to capture the participant's responses. Variables were entered in the columns and the participant's responses were entered in the rows of the Excel spreadsheet.

The format and accuracy of the raw data table was checked and confirmed by a qualified nursing researcher and statistician.

In order to facilitate the accuracy of the data capturing, the variables were separated by means of a thick box border and multivariate questions with thin borders.

On receipt of the completed questionnaires, each questionnaire was assigned a number to simplify the tracking process. One blank questionnaire was used to code the variables in preparation for the data capturing process. According to Kruger *et al.* (2005:220) coding data is used to facilitate the understanding of the meaning of values and for calculating statistics.

The data entered on the pre-developed Excel spreadsheet, were cross-checked for accuracy against the variables displayed in the columns. When a response did not match the variable or fit the multi-choice options as in questions 10 and 12.3, the researcher re-entered the response to the question or statement.

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Converting data is a process of reorganizing data for statistical analyses (Trochim, 2006:1).

4.2.2   Descriptive statistics

Descriptive statistics provides a description of key elements in the results of the study. Descriptive statistics were calculated, summarized and presented by means of frequency distribution tables and histograms. Burns and Grove (2007:413), state that a frequency distribution table is the initial method of organizing data for analysis.

4.2.3   Inferential statistics

Inferential statistics refer to the application of statistical tests or techniques that provide information beyond the "…immediate data alone" (Trochim, 2006:1). According to Burns *et al.* (2009:704) inferential statistics "…allow inferences from a sample statistic to a population parameter" and is used to test for the existence of "…statistical relationship between variables."

Continuous variables such as age were compared to opinions of paediatric PNs on the characteristics of a succession plan by means of a t-test. The t-test is a parametric test used to determine the significant difference between the means of measures of two samples (Burns & Grove, 2007:558).

The following tests used were the chi-square, Fisher's exact probability, Mann-Whitney U and Kruskal-Wallis.

- The chi-square test was used to determine whether there was an association between two nominal variables, e.g. the relationship between a qualification and the responses to questions regarding the characteristics of an ideal succession plan
- The Fisher Exact two-tailed test was used in cases of small expected cell frequencies for 2x2 tables (LoBiondo-Wood & Haber, 2010:578)
- The Mann-Whitney U test was used to analyze ordinal data and non-normally distributed data to determine the differences between two groups (Burns & Grove, 2007:545)
- The Kruskal-Wallis test was used to compare whether there were significant differences between three or more independent groups of which the variables were ordinal with a non-normal distribution (Brink, 2006:183).

By convention in medical research, it was agreed that if the p-value is more than 0.05, then there is an insignificant difference between the variables tested. However,

if the p-value is less than 0.05, this denotes that there is a statistically significant difference between the variables. Furthermore, in medical research a 95% confidence is usually used (Attia, 2005:78-79). Therefore, a 95% confidence interval with a significance level of ≤0.05 was used to establish statistically significant associations between variables.

4.3.1   Questionnaire response rate

Paediatric PNs with or without an additional qualification in child nursing science or paediatric critical care, who work in the three academic, tertiary hospitals in the Western Cape were surveyed. The population for this study comprised of 268 (N=268) paediatric PNs with or without an additional qualification in child nursing science or paediatric critical care.

Table 4.1 shows a response rate of 66%. This percentage was calculated after the pilot study participants (n=26/10%) were subtracted from the study population N=268. Therefore the sample size was (n=242). Burns, Duffet, Meade, Adhikari, Sinuff and Cook (2008:250) state that high response rates of self-administered questionnaires increase a study sample representation of the population under study and the "…generalizability…" of the results. The response rate in this study was consistent with the acceptable self-administered questionnaire response rate of 60-70% or less, as opposed to mailed questionnaires (Sierles, 2003:109).

Table 4.1: The study sample and response rate per hospital

Hospital	n=Sample size	Number of questionnaires returned (n)	Response rate in percentage
Hospital A	n=7	7	100%
Hospital B	n=82	39	48%
Hospital C	n=153	114	75%
TOTAL	**n=242**	**n=160**	**66%**

4.3.2   Section 1: Demographic data

Question 1 (Variables 1-2): Participants' gender? (n=160)

Table 4.2 shows that the majority of participants (n=154/96%) were females. This result is consistent with the geographical distribution table of PNs of the South African Nursing Council' (SANC) in South Africa. Nursing is a female-dominated profession in South Africa (SANC, 2010).

Table 4.2: Rank order gender (n=160)

Variable	Gender	n	%
2	Female	154	96
1	Male	6	4
	TOTAL	**160**	**100**

Question 2 (Variable 3): Participant's age? (n=151)

Figure 4.1 shows that the majority of participants' (n=34/23%) ages ranged between 25-29 years of age. Furthermore, it shows that (n=63/43%) of the participants are older than 40 years of age. These results are consistent with Kimball and O'Neil's (2002:5) report of an aging nursing workforce and that reduced numbers of nurses are entering the health care arena.
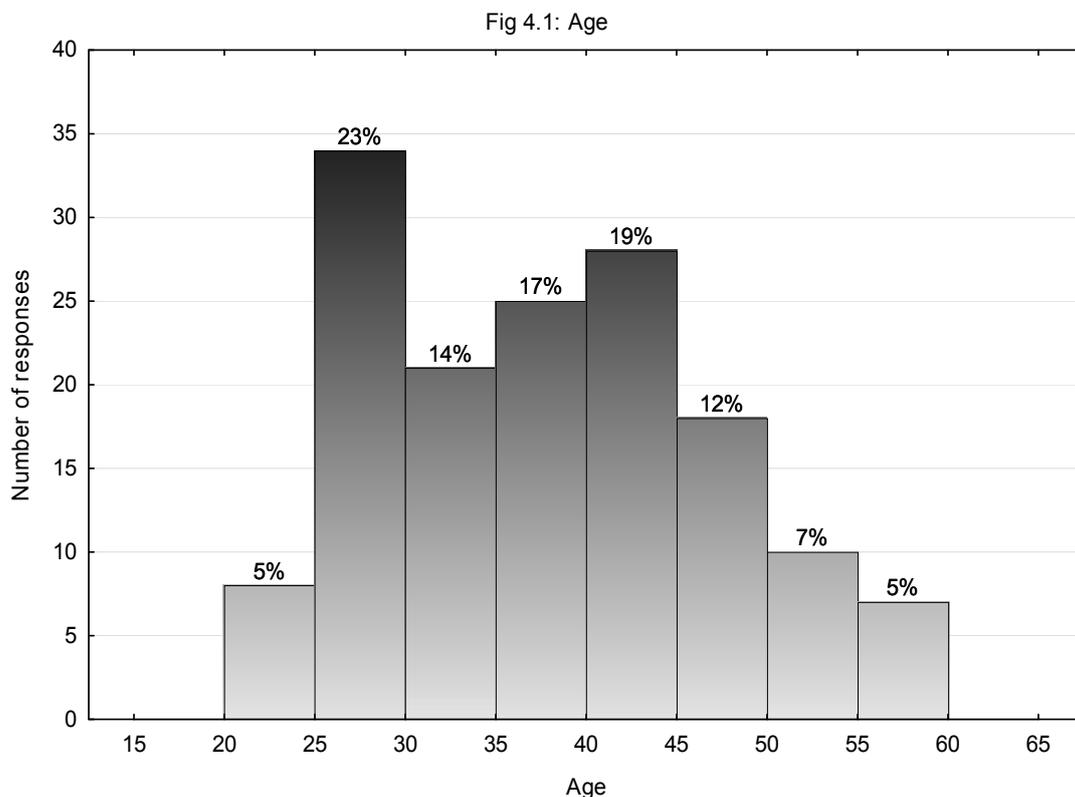
Figure 4.1: A graphic illustration of the participants' ages

Question 3 (Variables 4-7): Place of work? (n=160)

Most participants were from paediatric wards (n=93/58%) followed by the intensive care units (n=52/33%) (see Figure 4.2). The minority of the participants were from the emergency (n=10/6%) and trauma units (n=5/3%). The reduced numbers of PNs in emergency and trauma units in comparison to the paediatric wards and intensive care units can be related to the fact that emergency and trauma are designed for

acute care or stabilization of acutely ill or severely injured children (Merriam Webster, 2011:1).
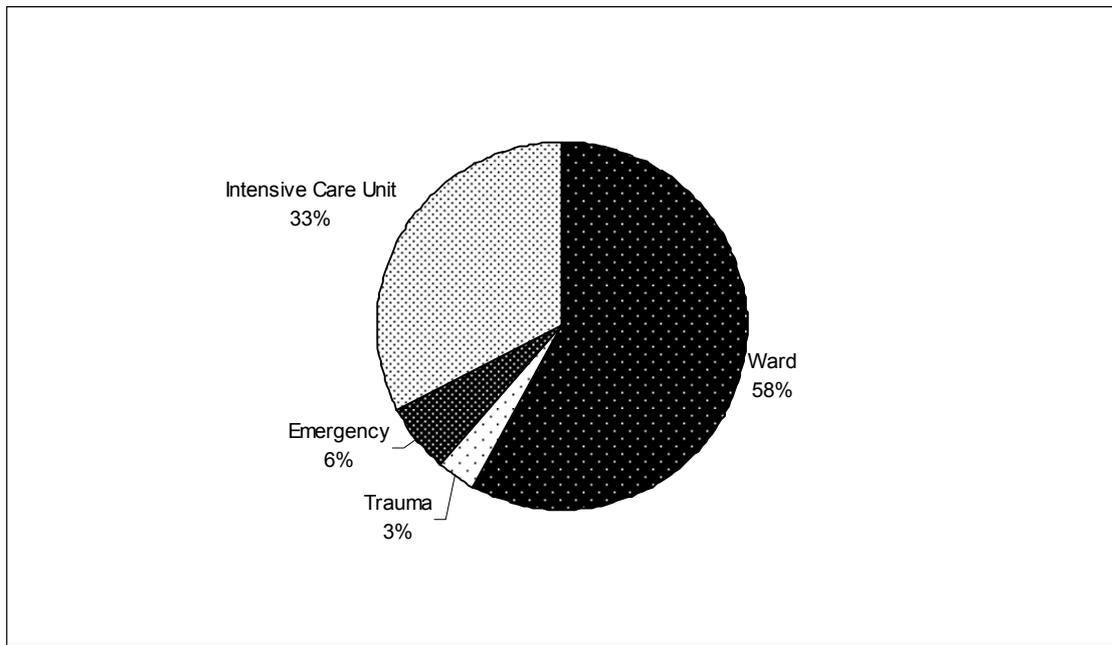
Figure 4.2: Place of work (n=160)

Question 4 (Variables 8-9): Employment? (n=160)

Almost all the participants (n=159/99%) were employed in a full time permanent capacity (see Table 4.3).   The advantage of permanent versus nursing agency employment is seen in Rispel's (2008:17) report on the challenges experienced by and the effect of agency nurses on patient care and nursing practice.   Rispel (2008:17) reported that agency nurses provide lower standards of nursing care, show "lack of ownership and commitment" and that "more time is spent on orientating agency staff".

Table 4.3: Employment (n=160)

Variable	Employment	n	%
8	Full time	159	99
9	Agency	1	1
	TOTAL	**160**	**100**

Question 5 (Variables 10-11): Shift? (n=158)

The majority of the participants (n=103/65%) worked on day duty in comparison with those on night duty (n=55/35%). A larger number of paediatric PNs are expected on

day duty as nursing duties and patient care activities are less on night duty (see Table 4.4).

Table 4.4: *Shift (n=158)*

Variable	Shift	n	%
10	Day duty	103	65
11	Night duty	55	35
	TOTAL	**158**	**100**

Question 6 (Variable 12): Years of paediatric or paediatric intensive care (PICU) experience after a basic nursing qualification? (n=153)

Table 4.5 shows that the majority of participants (n=85/56%) have more than 5 years of experience, followed by (n=45/29%) with 3-5 years of paediatric or PICU experience after obtaining a basic qualification.

Benner (1982:405) defines nurses with 3 to more than 5 years of experience in the same clinical setting as competent, proficient and expert nurses. She is of the opinion that the involvement in the same clinical activities over a period of time improves predetermined ideas and assumptions which increases the body of knowledge and improves critical thinking skills (Benner, 1982:405,407). According to Simons (2007:267), these abilities are crucial in the provision of quality care to children in life-threatening situations. In addition, Benner (1982:405) states that these PNs are able to stabilize the ever-changing health care environment. Therefore the development and implementation of a formal succession plan will strengthen and enhance the retention of (n=130/85%) competent, proficient and expert paediatric PNs. In addition, a formal succession plan will attract and motivate the (n=23/15%) novice and advance beginners to advance to competent, proficient and expert levels.

Table 4.5: Rank order years of paediatric or PICU experience after a basic nursing qualification (n=153)

Variable	Years of experience	n	%
12	>5	85	56
	3-5	45	29
	0-2	14	9
	2-3	9	6
	TOTAL	**153**	**100**

Question 7.1 (Variables 13-14): Paediatric qualification? (n=158)

Less than fifty percent of the (n=52/33%) participants are qualified paediatric PNs and the majority (n=106/67%) of the participants are without a paediatric qualification (see Table 4.6). This result is consistent with the latest statistics of the South African Nursing Council (SANC) on PNs who are registered for an additional qualification in child nursing science. According to the SANC (2010:5) and Hall (2010:1), only 1216 PNs are registered for an additional qualification in child nursing science for 1.7 million children in the Western Cape. Therefore, with a PN-child ratio of 1:715.2941, more PNs with an additional qualification in child nursing science are required to ensure the provision of safe and quality care.

Table 4.6: Rank order paediatric qualification (n=158)

Variable	Qualification	n	%
14	Non qualified paediatric PNs	106	67
13	Paediatric qualified PNs	52	33
	TOTAL	**158**	**100**

Question 7.2 (Variable 15): Years of experience in a paediatric nursing after paediatric qualification? (n=51)

The majority of the participants (n=26/50.9%) had less than 5 years paediatric nursing experience after a paediatric qualification (see Table 4.7). Hence, these results show an improvement in formal paediatric training for PNs which is consistent with the objective of the PGWC DoH in 2010, to ensure competent and skilled nurses through a continuous professional development process (PGWC DoH, 2010:3).

Table 4.7: Rank order years of experience in paediatric nursing after a paediatric qualification (n=51)

Variable	Years of experience	N	%
15	0-5	26	50.9
	11-15	8	15.7
	16-20	8	15.7
	26-30	4	7.8
	21-25	3	5.8
	6-10	2	3.9
	TOTAL	**51**	**99.8 (100)**

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Question 8.1 (Variables 17-18): Paediatric critical care qualification? (n=158)

Table 4.8 shows that the majority of the participants (n=140/89%) had no paediatric critical care qualification. This can be attributed to low numbers of PNs sent for child critical care training amidst the specialty nurse shortage (Kimball & O' Neil, 2002:5; Rispel, 2008). A paediatric critical care qualification provides PNs working in paediatric critical care units with knowledge, skills and competencies in caring for children requiring two or multi-organ support with intensive interventions and high technological support (Gillespie, Kyriakos & Mayers, 2001:52). Therefore, the value of the implementation of a formal succession plan cannot be overemphasized according to Pierson, Liggett and Moore (2010:39), who found that it continues to form an integral part of the "retention" and professional advancement strategies of the organization.

Table 4.8: Rank order paediatric critical care qualification (n=158)

Variable	Qualification	n	%
18	Non qualified paediatric critical care PNs	140	89
17	Paediatric critical care qualified PNs	18	11
	TOTAL	**158**	**100**

Question 8.2 (Variable 19): Years of experience in paediatric nursing after a paediatric critical care qualification? (n=16)

The results in table 4.9 show that the majority of participants (n=14/88%) had less than 4 years of paediatric nursing experience after obtaining a qualification in paediatric critical care. According to the SANC (2010:2), 11 PNs were registered for an additional qualification in paediatric or child critical care nursing in 2010. This shows that since the release of the SANC (2010:2) results in 2010, three more PNs were registered for an additional qualification in paediatric or child critical care nursing.

Table 4.9: Years of experience in paediatric critical care nursing after a paediatric critical care qualification? (n=16)

Variable	Years of experience	n	%
19	0-2	9	56.2
	3-4	5	31.2
	5-6	1	6.3
	7-8	1	6.3
	TOTAL	**16**	**100**

Question 9.1 (Variables 21-22): Critical care qualification? (n=156)

Participants (n=6/4%) with a critical care qualification were in the minority. As observed and experienced by the researcher, an additional qualification in critical care nursing is adult focused which with the minimal theory or clinical experience in paediatrics as part of the training. In addition and according to Roodt (2008), Manager of Nursing of a children's hospital, the additional qualification in child nursing and child critical care nursing is vital, for the "core business" of paediatric organisations (see Table 4.10).

Table 4.10: Rank order critical care qualification (n=156)

Variable	Qualification	n	%
22	Non qualified critical care PNs	150	96
21	Critical care qualified PNs	6	4
	TOTAL	**156**	**100**

Question 9.2 (Variable 23): Years of experience in critical care after a critical care qualification? (n=6)

Table 4.11 shows that the majority of the participants (n=4/66%) with a qualification in critical care nursing have more than 5 years critical care nursing experience.

Table 4.11: Rank order years of experience in critical care nursing after a critical care qualification (n=6)

Variable	Years of experience	n	%
23	7-8	2	33
	5-6	2	33
	3-4	1	17
	0-2	1	17
	TOTAL	**6**	**100**

Question 10 (Variables 25-30): Functional position? (n=155)

Table 4.12 shows that participants fulfilled more than one function per shift. The majority of participants (n=118/76%) were clinical nurses who (n=85/55%) fulfilled shift leader duties. The total response to this question was (n=285/100%), thus confirming that the participants have more than one function. This confirms Johnson's (2004:39) observation that "internal coaching", mentoring and precepting are often added to PNs' daily patient care tasks which limits the time available for coaching duties.

Table 4.12: Functional position (n=285)

Variable	Functional Position	n=285	100 %
25	Clinical nurse	118	41
26	Shift leader	85	30
27	Preceptor	37	13
28	Mentor or Clinical facilitator	22	8
30	Operational Manager / Unit Manager	17	6
29	Coach	7	2

Question 11 (Variables 31-32): In-service training on leadership? (n=158)

According to table 4.13, the majority of participants (n=114/72%) had no leadership in-service training with only the minority of the participants (n=44/28%) having received leadership in-service training. This confirms the preliminary and informal investigation conducted at provincial hospitals in the Cape Town Metropole that an informal succession plan existed at only one hospital of the three academic, tertiary hospitals. Furthermore, this raises concerns that despite the release of the Provincial Nursing Strategy the majority of the participants (n=114/72%) had received no leadership in-service training (DoH, 2010:23). The value of leadership in-service training and succession planning can provide paediatric PNs with the necessary knowledge, skills and competencies to effectively manage the paediatric environment and enhance nurse retention (Kirby & DeCampli (2008:33).

Table 4.13: Rank order leadership in-service training (n=158)

Variable	Qualification	n	%
32	Paediatric PNs not trained in leadership	114	72
31	Paediatric PNs trained in leadership	44	28
	TOTAL	**158**	**100**

Question 12.1 (Variables 33-34): Permanently assigned to the unit? (n=159)

Table 4.14 shows that the majority of the participants (n=150/94%) were permanently assigned with very few of the participants (n=9/6%) temporarily assigned to the unit. PNs not permanently assigned to the unit work overtime or work for an agency. According to the Basic Conditions of Service Act 1997 (Republic of South Africa, RSA, 1997), overtime is defined as hours worked in addition to scheduled hours. Furthermore, the opportunity for permanent PNs to work overtime is one of the strategies employed by the DoH to address the nursing shortage in the Western Cape (Rispel, 2008:18).

Table 4.14: Permanently assigned to the unit (n=159)

Variable	Qualification	n	%
33	Paediatric PNs permanently assigned	150	94
34	Paediatric PNs not permanently assigned	9	6
	TOTAL	**159**	**100**

Question 12.2 (Variables 35-36): Intent to stay? (n=151)

Table 4.15 shows that the majority of participants (n=98/65%) were unsure of their intent to stay with the minority of the participants (n=53/35%) indicating their intent to stay. The uncertainty of the remaining participants (n=53/35%) is alarming as nurse executives are unable to predict when and whether these participants will remain in employment or not. In turn, the development and implementation of a formal succession plan at all PNs levels could attract, strengthen and retain the paediatric PN workforce (Swearingen, 2009:107).

Table 4.156: Rank order Intent to stay (n=151)

Variable	Qualification	n	%
36	Paediatric PNs unsure of intent to stay	98	65
35	Paediatric PNs intending to stay	53	35
	TOTAL	**151**	**100**

The majority of the participants (n=29/55%) intend to stay for less than 5 years and a limited number (n=10/19%) intend staying for more than 10 years (see Table 4.16). According to Bolton and Roy (2004:589), the development and implementation of a formal succession plan can "secure the future" for nurses to meet the current and future health care demands.

Table 4.16: Intent to stay in years (n=53)

Variable	Years of intent to stay	n	%
35	1-5	29	55
	6-10	14	26
	11-15	5	9
	16-20	3	6
	21-25	2	4
	TOTAL	**53**	**100**

Question 12.3 (Variables 37-41): Reasons for uncertainty? (n=107)

According to Nedd (2006:13), intent to stay is indicative of nurses' attrition rate. Figure 4.3 show that the majority of the participants (n=42/39%) indicated that family responsibilities are the main reason with financial reasons (n=13/12%) as the last reason for their uncertainty of their intent to stay. The high response to family responsibilities is consistent with Hart (2006:11) and Weston's (2001:17) observation where three of the four generations find balancing work and family life challenging. However, Nedd (2006:13) states that knowledge of the reasons enables nurse executives, line managers and administrators with the opportunity to develop and implement strategies that will eliminate the financial implications related to "…staff turnover."
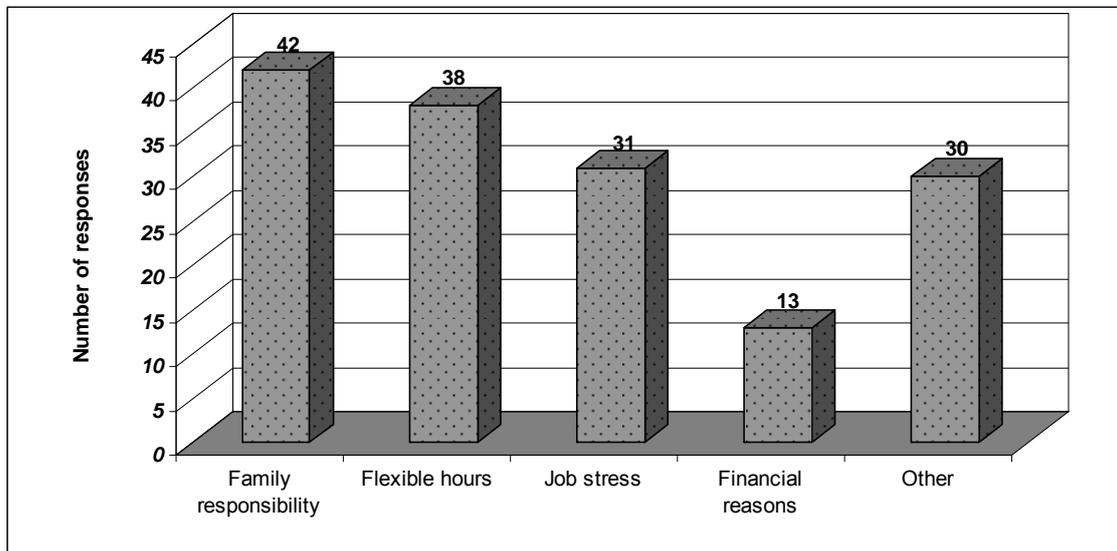
Figure 4.3: Reasons for uncertainty (n=107)

The high response to "other" was a concern for which a t-test analysis was conducted. The results showed a significant difference (p=0.02) between the mean age of the participants ($\bar{x}$=40years) who selected the "other" option and the mean age of the participants ($\bar{x}$=36 years) who did not select "other" as an option or reason for being unsure of their intent to stay. The reason "other" was further thematically analysed to identify the reasons that were not included in the questionnaire. The themes identified included retirement, career development, better finance, night duty, new appointment, new challenge, own goals, too little in-service training and unhappiness.

Figure 4.4 shows that the majority of the participants (n=7/23%) needed a new challenge. This is followed by (n=6/20%) of the participants who identified retirement

as the "other" reason for their uncertainty. The remainder of the participants (n=5/17%) identified pursuing their own goals, (n=4/13%) planning to develop their careers and one participant (n=1/3%) identified "better finance" as the "other" reason for their uncertainty, which were in the minority. The result (n=11/37%) on career development and new challenge is consistent with Kaye and Jordan-Evans' (2001:7) results in their study that includes reasons for intending to stay. The development and implementation of a formal succession plan can be tailored to suit both the organizational and individual's professional goals and focuses on the development and strengthening of talent in preparation for future roles or advancement (Smeltzer, 2002:615; Pierson, Liggett & Moore, 2010:39).
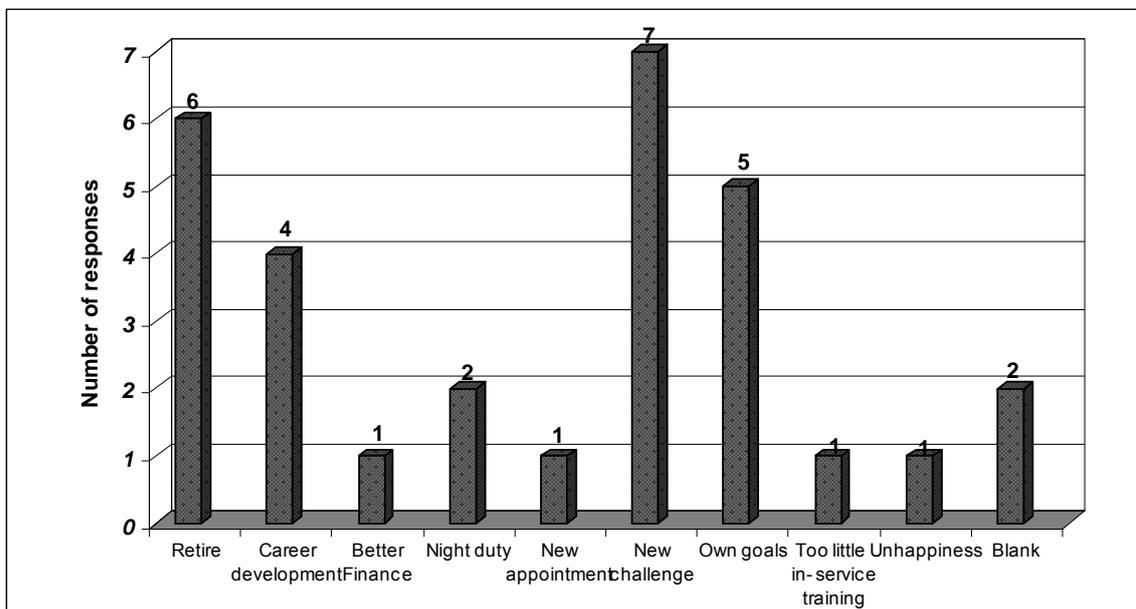
Figure 4.4: "Other" reasons for uncertainty (n=30)

4.3.3   Section 2: Opinion as a paediatric nurse, regarding the characteristics of an ideal succession plan for PNs

Question 2.1 (Variables 42-48): Performance assessment and appraisals -
Variable 42: It is important to me that during performance assessments and appraisals *I am asked about my learning needs*

According to table 4.17 (n=142/90%) participants agreed that it is important to be asked about their learning needs. Knowledge about PNs learning needs will allow executive managers to align limited available resources effectively and cost effectively. In addition, these results are substantiated by Shermont *et al.* (2009:434) who found that knowledge about identified learning needs allow preceptors, mentors

and coaches to set SMART goals that are specific, measurable, attainable and time-bound.

Table 4.17: Performance and appraisals -

Variable: It is important to me that during performance assessments and appraisals I am…		Number of responses AND Percentages			
		TOTAL n/%	AGREE n/%	NEUTRAL n/%	DISAGREE n/%
42.	asked about my learning needs	**n=158/100 (100%)**	n=142/90 (90%)	n=10/6 (6%)	n=6/4 (4%)

Variable 43: It is important to me that during performance assessments and appraisals *I am invited to participate in setting goals*

In table 4.18 the majority of the participants (n=132/84%) agreed that it is important to them to be invited to participate in the setting of goals. The participative approach in goal setting allows for individualized leadership development programmes that benefit PNs professionally and personally. In addition, and as described in the study by Shermont *et al.* (2009:435), a participative approach in goal setting serves to motivate PNs and allow participants to progress rapidly thus, securing the future for PNs. Furthermore, Weston (2001:18) reports that goal setting is beneficial to all four generations in the work place as it provide participants with a map of their leadership training, the progress they make and it also motivates them to complete the leadership training (Shermont *et al.* 2009:435).

Table 4.18: Performance and appraisals -

Variable: It is important to me that during performance assessments and appraisals I am…		Number of responses AND Percentages			
		TOTAL n/%	AGREE n/%	NEUTRAL n/%	DISAGREE n/%
43.	invited to participate in setting goals	**n=158/100 (100%)**	n=132/84 (84%)	n=17/11 (11%)	n=9/6 (6%)

Variable 44: It is important to me that during performance assessments and appraisals *I am provided with a formal learning contract*

The majority of the participants (n=110/72%) agreed that it was important for them to be provided with a learning contract (see Table 4.19). The benefit of a learning contract formalizes the agreement between the PNs in training and the preceptor, mentor or coach. In addition, it serves as evidence of both parties' commitment to the leadership process and their accountability towards the completion of the programme (McNally & Lukens, 2006:157). This characteristic builds on the objectives of the Department of Health of the Provincial Government of the Western Cape, (2010:3) ensuring that the "highest professional standards and accountability is upheld throughout the nurses" career.

Table 4.19: Performance and appraisals -

Variable: It is important to me that during performance assessments and appraisals I am…		Number of responses AND Percentages			
		TOTAL n/%	AGREE n/%	NEUTRAL n/%	DISAGREE n/%
44.	provided with a formal learning contract	**n=154/100 (100%)**	n=110/72 (72%)	n=33/21 (21%)	n=11/7 (7%)

Variable 45: It is important to me that during performance assessments and appraisals *I am provided with specific learning opportunities*

The majority of the participants (n=138/88%) agreed that it was important for them to be provided with specific learning opportunities (see Table 4.20). This result affirms that the PNs' learning needs can vary according to their level of experience. Specific learning opportunities include training courses with the appropriate support to facilitate and expedite goal achievement that match the individual level of experience of each PN. Benner's Novice to Expert Model supports this characteristic in ensuring that the mastery of one level of learning builds on the other over a period of time.

Table 4.20: Performance and appraisals -

Variable: It is important to me that during performance assessments and appraisals I am…		Number of responses AND Percentages			
		TOTAL n/%	AGREE n/%	NEUTRAL n/%	DISAGREE n/%
45.	provided with specific learning opportunities	**n=156/100 (100%)**	n=138/88 (88%)	n=11/7 (7%)	n=7/5 (5%)

Variable 46: It is important to me that during performance assessments and appraisals *I am provided with regular feedback on my work performance*

In table 4.21 most of the participants (n=141/89%) indicated that it was important for them to be provided with regular feedback on their work performance. The value of feedback on work performance provides evaluators with the opportunity to give praise where it is due and motivate and encourage PNs towards nursing excellence and serve to retain experienced PNs. This was affirmed in the study by Kaye and Jordan-Evans (2001:7) on retaining key employees that included the participants' reasons for their intent to stay. Furthermore, feedback on work performance also provides time to identify areas for improvement whereafter the PN can be allocated to a preceptor, mentor or coach for additional educational support or training (Starcevich, 2009:1).

Table 4.21: Performance and appraisals -

Variable: It is important to me that during performance assessments and appraisals I am…		Number of responses AND Percentages			
		TOTAL n/%	AGREE n/%	NEUTRAL n/%	DISAGREE n/%
46.	provided with regular feedback on my work performance	**n=158/100 (100%)**	n=141/89 (89%)	n=9/6 (6%)	n=8/5 (5%)

Variable 47: It is important to me that during performance assessments and appraisals *I am provided with evidence of good work performance*

According to table 4.22 most (n=136/88%) of the participants agreed that it was important for them to be provided with evidence of good work performance. The value of this characteristic to a succession plan is that the evidence can be submitted

to nurse executives or line managers as proof of the talent within their organizations. This evidence can be referred to for opportunities for further development and advancement (Shermont *et al.,* 2009:437). In addition, evidence for good work performance serves as an external motivator for nursing excellence that can be rewarded (Bulak-Steyn, 2011).

Table 4.22: Performance and appraisals -

Variable: It is important to me that during performance assessments and appraisals I am…		Number of responses AND Percentages			
		TOTAL n/%	**AGREE n/%**	**NEUTRAL n/%**	**DISAGREE n/%**
47.	provided with evidence of good work performance	**n=155/100 (100%)**	n=136/88 (88%)	n=11/7 (7%)	n=8/5 (5%)

A significant difference was identified between age and PNs who are provided with evidence of good work performance (Kruskal-Wallis test p=0.02). Furthermore, figure 4.5 shows that the PNs who disagreed with the provision of evidence for good work performance were older than those PNs who agreed with the importance of this characteristic of a succession plan. It is interesting to note that those who indicated that they are neutral are among the youngest participants.
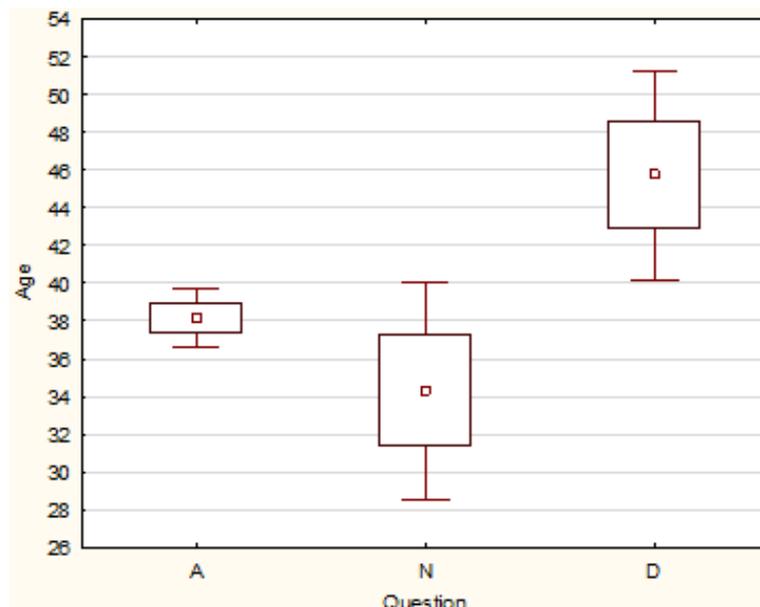
Figure 4.5: Response to evidence of good work performance

Variable 48: It is important to me that during performance assessments and appraisals *I am acknowledged for good work performance*

In table 4.23 the majority of the participants (n=143/91%) agreed that it was important for them to be acknowledged for good work performance. Kaye and Jordan-Evans (2001:7) found that acknowledging good work performance was one of the retention strategies identified in their study.

Table 4.23: Performance and appraisals -

Variable: It is important to me that during performance assessments and appraisals I am…		Number of responses AND Percentages			
		TOTAL n/%	AGREE n/%	NEUTRAL n/%	DISAGREE n/%
48.	acknowledged for good work performance	**n=157/100 (100%)**	n=143/91 (91%)	n=7/4 (4%)	n=7/5 (5%)

Question 2.2 (Variables 49-55): Advancement/promotion -

Variable 49: For advancement and promotion opportunities, it is important that *I am asked about my succession including my career plan once a year*

The majority of the participants (n=118/76%) agreed that it was important for them to be asked about their succession including their career plan once a year (see Table 4.24). Knowledge of PNs' interests and aspirations provides nurse executives and line managers with the opportunity to be pro-active in their strategic planning, mobilize the necessary resources to develop and retain the talent within the organization. This approach ensures the development of a "pipeline" of nurse leaders who will be prepared to take on new positions and simultaneously maintain the standard of care throughout the transition of new key leaders within the organization (Shermont *et al.,* 2009:437).

Table 4.24: Advancement or promotion -

Variable: For advancement and promotion opportunities, it is important to me that I am…		Number of responses AND Percentages			
		TOTAL n/%	AGREE n/%	NEUTRAL n/%	DISAGREE n/%
49.	asked about my succession or career plan once a year	**n=155 (100%)**	n=118 (76%)	n=26 (17%)	n=11 (7%)

Variable 50: For advancement and promotion opportunities, it is important that I am asked about my learning needs towards the succession or career plan once a year

In table 4.25 the majority of the participants (n=123/79%) agreed it was important for them to be asked about their learning needs towards a succession including a career plan. Shermont *et al.* (2009::434) reported that a learning need analysis sheet was included in the pack of essential documents. The value of knowing PNs learning needs allows nurse executives and experienced PNs to individualize the PNs' leadership programme and to align them with the goals and objectives within the organization. For the PN in training this ensures an individualized leadership development programme that is flexible as it was adjusted according to their individualized needs. For the nurse executives, this approach ensures a higher success rate whereby nurse executives could anticipate the readiness of their PNs for further advancement (Shermont *et al.,* 2009:437). Furthermore, the individualized approach becomes "…an effective mechanism for their succession planning strategy" (Shermont *et al.,* 2009:437).

Table 4.25: Advancement or promotion

Variable: For advancement and promotion opportunities, it is important to me that I am…		Number of responses AND Percentages			
		TOTAL n/%	AGREE n/%	NEUTRAL n/%	DISAGREE n/%
50.	Asked about my learning needs towards the succession or career plan once a year	**n=155/100 (100%)**	n=123/79 (79%)	n=22/14 (14%)	n=10/7 (7%)

<u>Variable 51: For advancement and promotion opportunities, it is important that *I am appraised annually*</u>

Most of the participants (n=122/79%) agreed that it was important for them to be appraised annually (see Table 4.26). However, some of the participants (n=21/13%) were neutral to this characteristic. This result could point toward participants who might have no opinion on this characteristic. However, the value of appraising PNs annually provides nurse executives, line managers and experienced PNs with the opportunity to reflect on the PNs' performance over a period of time. Subsequently, good or outstanding work performance can be recognized and motivated for a reward depending on the reward system in the organization.   Rewarding good work performance motivates PNs to a higher level of performance resulting in job satisfaction with good patient outcomes.

Table 4.26: Advancement or promotion -

Variable: For advancement and promotion opportunities, it is important to me that I am…		Number of responses AND Percentages			
		TOTAL n/%	**AGREE n/%**	**NEUTRAL n/%**	**DISAGREE n/%**
51.	appraised annually	**n=155/100 (100%)**	n=122/79 (79%)	n=21/13 (13%)	n=12/8 (8%)

<u>Variable 52: For advancement and promotion opportunities, it is important that *I am appraised against a set of performance guidelines or criteria*</u>

In table 4.27 the majority of the participants (n=120/77%) agreed that it was important for them to be appraised against a set of performance guidelines or criteria. However, it is a concern that some of the participants (n=30/19%) were neutral on this characteristic. A set performance criteria shows the performance level expected per level of PN and is expected to vary across the different levels of expertise in PNs (Benner, 1982:403).   The value of appraising PNs against set performance guidelines or criteria ensures fair and consistent appraisals.

Table 4.27: Advancement or promotion -

Variable: For advancement and promotion opportunities, it is important to me that I am…		Number of responses AND Percentages			
		TOTAL n/%	**AGREE n/%**	**NEUTRAL n/%**	**DISAGREE n/%**
52.	appraised against a set of performance guidelines or criteria	**n=156/100 (100%)**	n=120/77 (77%)	n=30/19 (19%)	n=6/4 (4%)

Variable 53: For advancement and promotion opportunities, it is important that *I am acknowledged for my professional achievements*

Ninety percent (n=142/90%) of the participants agreed that it was important for them to be acknowledged for their professional achievements (see Table 4.28). Weston (2001:18) and Hart's (2006:11) observations support this result. Nurses' award ceremonies are one of the methods of acknowledging nurses professional achievements. PNs who were recipients of awards at these events were more motivated and committed to nursing excellence.

Table 4.28: Advancement or promotion -

Variable: For advancement and promotion opportunities, it is important to me that I am…		Number of responses AND Percentages			
		TOTAL n/%	**AGREE n/%**	**NEUTRAL n/%**	**DISAGREE n/%**
53.	acknowledged for my professional achievements	**n=158/100 (100%)**	n=142/90 (90%)	n=10/6 (6%)	n=6/4 (4%)

Variable 54: For advancement and promotion opportunities, it is important that *I am financially recognized for my experience*

The majority (n=122/78%) of the participants agreed that it was important for them to be financially recognized for their experience (see Table 4.29). However, some of the participants (n=23/15%) were neutral and a few of the participants (n=12/7%) disagreed with this characteristic which affirms that finance is not key to a succession plan for PNs but that leadership development and training is. This result supports Kaye and Jordan-Evans' (2001:7) results that "career growth, learning and development" is one of the reasons for nurses' intent to stay.

Table 4.29: Advancement or promotion -

Variable: For advancement and promotion opportunities, it is important to me that I am…		Number of responses AND Percentages			
		TOTAL n/%	AGREE n/%	NEUTRAL n/%	DISAGREE n/%
54.	financially recognized for my experience	**n=157/100 (100%)**	n=122/78 (78%)	n=23/15 (15%)	n=12/7 (7%)

Variable 55: For advancement and promotion opportunities, it is important that *I am informed of higher posts when they become available*

Most of the participants (n=138/87%) agreed that it was important for them to be informed of higher posts when it becomes available (see Table 4.30). The value of this characteristic is that it provides all PNs equal opportunity to apply for higher posts when it becomes available thereby ensuring equality in the work place.

This result is affirmed by Shermont *et al.* (2009:436) whose results show that when PNs are prepared for leadership positions they are more likely to advance from one level to another and/or take on new roles. Shermont *et al.* (2009:436) experienced that by informing participants of higher posts when they became available motivated nurses to pursue their careers in other departments within the same institution which supports their retention strategy. In addition, Swearingen (2009:111), confirms that after the implementation of a leadership programme based on Benner's model there was an improvement of "24%" in the attrition rate within certain departments over one year, together with an increased number of PNs available for leadership advancements.

Table 4.30: Advancement or promotion -

Variable: For advancement and promotion opportunities, it is important to me that I am…		Number of responses AND Percentages			
		TOTAL n/%	AGREE n/%	NEUTRAL n/%	DISAGREE n/%
55.	informed of higher posts when they become available	**n=158/100 (100%)**	n=138/87 (87%)	n=13/8 (8 %)	n=7/5 (5%)

Question 2.3 (Variables 56-62): COMMUNICATION

Variable 56: In a succession plan, it is important to me that I *attend stakeholders' meetings*

According to table 4.31, the majority of the participants (n=86/56%) agreed that it was important for them to attend stakeholder meetings. Muller (2001:233) states that meetings are formal assemblies for sharing information, discussing topical issues, problem-solving and pertinent decision making. In addition, and as experienced by the researcher these meetings are platforms where inexperienced nurse leaders are supported and strengthened by experienced nurse leaders. Meetings can be constructive or time wasting, therefore Swearingen (2009:109) states that in their leadership development programme that is based on Benner's Novice to Expert Model, novices are informed of which meetings they have to attend.

However, it is alarming that thirty six percent (n=55/36%) of the participants were neutral to this characteristic. A significant association was identified between PNs with and without a paediatric qualification and their responses to attending stakeholder meetings (Pearson chi-square test p=0.03). This result showed that nurses without a paediatric qualification agreed that attending stakeholder meetings is an important characteristic in a succession plan, than those with a paediatric qualification.

Table 4.31: Communication -

Variable: In a succession plan, it is important to me that I…		Number of responses AND Percentages			
		TOTAL n/%	**AGREE n/%**	**NEUTRAL n/%**	**DISAGREE n/%**
56.	attend stakeholders' meetings	**n=154/100 (100%)**	n=86/56 (56%)	n=55/36 (36%)	n=13/8 (8%)

In addition, a significant association was identified between age and attending stakeholder meetings as an important characteristic in a succession plan (Kruskal-Wallis test p=0.01). Furthermore, the box plot in figure 4.6 shows that the PNs who were neutral to this characteristic were younger.

73
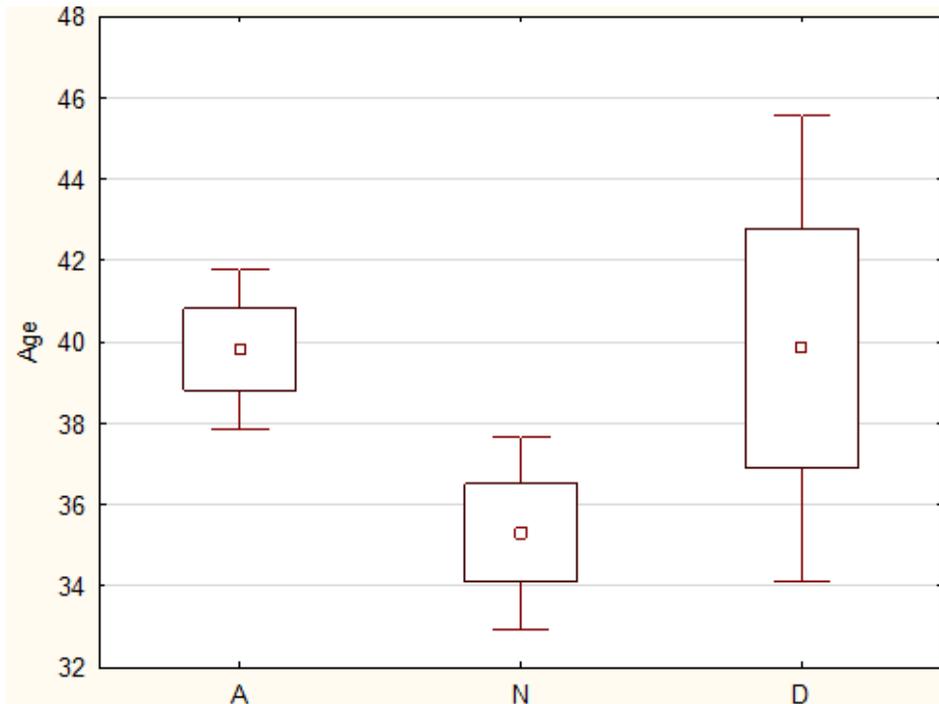
Figure 4.6: Response to attend stakeholder meetings

Variable 57: In a succession plan, it is important to me that I g*ive input at meetings*

Most of the participants (n=138/88%) agreed that it is important for them to give input at meetings (see Table 4.32). Allowing PNs to give input at meetings is characteristic of the participative management style. Muller (2001:109) states that this approach yields multiple benefits that include "… interactive decision-making and problem-solving, ownership and accountability." In addition, a participative management style facilitates change, effective communication processes and transformation within an organisation (Muller, 2001:110).

Table 4.32: Communication -

Variable: In a succession plan, it is important to me that I…		Number of responses AND Percentages			
		TOTAL n/%	AGREE n/%	NEUTRAL n/%	DISAGREE n/%
57.	give input at meetings	**n=157/100 (100%)**	n=138/88 (88%)	n=17/11 (11%)	n=2/1 (1%)

Variable 58: In a succession plan, it is important to me that I *participate in the decision-making process*

In table 4.33, most of the participants (n=142/92%) agreed that it was important for them to participate in the decision-making process. Muller (2001:171) states that the benefit of a participative decision-making process improves nurses' commitment and motivation in achieving the predetermined goals.

Table 4.33: Communication -

Variable: In a succession plan, it is important to me that I…		Number of responses AND Percentages			
		TOTAL n/%	**AGREE n/%**	**NEUTRAL n/%**	**DISAGREE n/%**
58.	Participate in decision-making process	**n=155/100 (100%)**	n=142/92 (92%)	n=10/6 (6%)	n=3/2 (2%)

Variable 59: In a succession plan, it is important to me that I *receive feedback from nurse leaders*

In table 4.34 the majority of the participants (n=151/97%) agreed that it was important for them to receive feedback from nurse leaders. This characteristic relates to keeping nurses at all levels informed of both internal and external activities affecting nurse work (Ohman, 2000:47). According to Ohman (2000:47) providing feedback to nurses is characteristic of the transformational leader.

A significant association was identified between PNs with and without a critical care qualification and their responses to receiving feedback from nurse leaders (Pearson chi-square test p=0.02). This result showed that nurses with a critical care qualification agreed that it is important for them to receive feedback from nurse leaders compared to the PNs without a critical care qualification. Furthermore, due to the small sample size of PNs with a critical care qualification that was neutral to this characteristic, the Fisher Exact two-tailed test was used showing an insignificant result (p=.15).

Table 4.34: Communication -

Variable: In a succession plan, it is important to me that I…		Number of responses AND Percentages			
		TOTAL n/%	AGREE n/%	NEUTRAL n/%	DISAGREE n/%
59.	receive feedback from nurse leaders	**n=156/100 (100%)**	n=151/97 (97%)	n=5/3 (3%)	n=0/0 (0%)

<u>Variable 60: In a succession plan, it is important to me that I</u> *receive feedback from nurse leaders*

Most of the participants (n=148/94%) agreed that it was important for them to be updated on the outcomes of meetings (see Table 4.35). The importance of updating PNs on the outcomes of meetings ensures that all nurses are knowledgeable about activities within the organization. In addition, PNs feel a sense of belonging, of being valued and also recognized as being part of the team.

Table 4.35: Communication -

Variable: In a succession plan, it is important to me that I…		Number of responses AND Percentages			
		TOTAL n/%	AGREE n/%	NEUTRAL n/%	DISAGREE n/%
60.	am updated on the outcomes of meetings	**n=157/100 (100%)**	n=148/94 (94%)	n=7/5 (5%)	n=2/1 (1%)

<u>Variable 61: In a succession plan, it is important to me that I</u> *receive information on organizational activities*

According to table 4.36 the majority of the participants (n=144/92%) agreed that it was important for them to receive information on organizational activities. Kaye and Jordan-Evans (2001:7) found one of the reasons for nurses' intent to stay is for them to "provide meaningful work, making a difference and a contribution". The value of receiving information of organizational activities allows PNs to avail themselves to organizational activities. This could include quality improvement projects. This exposure provides PNs with the opportunity to network with experts in the field and to observe their performance in critical situations (Redman, 2006:294).

Table 4.36: Communication -

Variable: In a succession plan, it is important to me that I…		Number of responses AND Percentages			
		TOTAL n/%	AGREE n/%	NEUTRAL n/%	DISAGREE n/%
61.	receive information on organizational activities	**n=157/100** **(100%)**	n=144/92 (92%)	n=11/7 (7%)	n=2/1 (1%)

<u>Variable 62: In a succession plan, it is important to me that I have an email address in my work place to facilitate the communication process within the hospital</u>

Most of the participants (n=136/87%) agreed that it was important for them to have an email address in their work place to facilitate the communication process within the hospital (see Table 4.37). Often PNs are unable to attend meetings due to staff shortages. Providing PNs with an email address is a method of keeping nurses informed amidst the staff shortages. Furthermore, communicating electronically ensures a succession plan that is technologically aligned and generationally friendly (Hart, 2006:11).

Figure 4.7 shows that the PNs who were neutral in having an email address in their work place were slightly older than those who agreed. In addition, the box plot shows that the PNs, who disagreed that it was important for them to have an email address, were younger.

Table 4.37: Communication -

Variable: In a succession plan, it is important to me that I…		Number of responses AND Percentages			
		TOTAL n/%	AGREE n/%	NEUTRAL n/%	DISAGREE n/%
62.	have an email address in my work place to facilitate the communication process within the hospital	**n=156/100** **(100%)**	n=135/87 (87%)	n=15/10 (10%)	n=6/3.6 (3.8%)
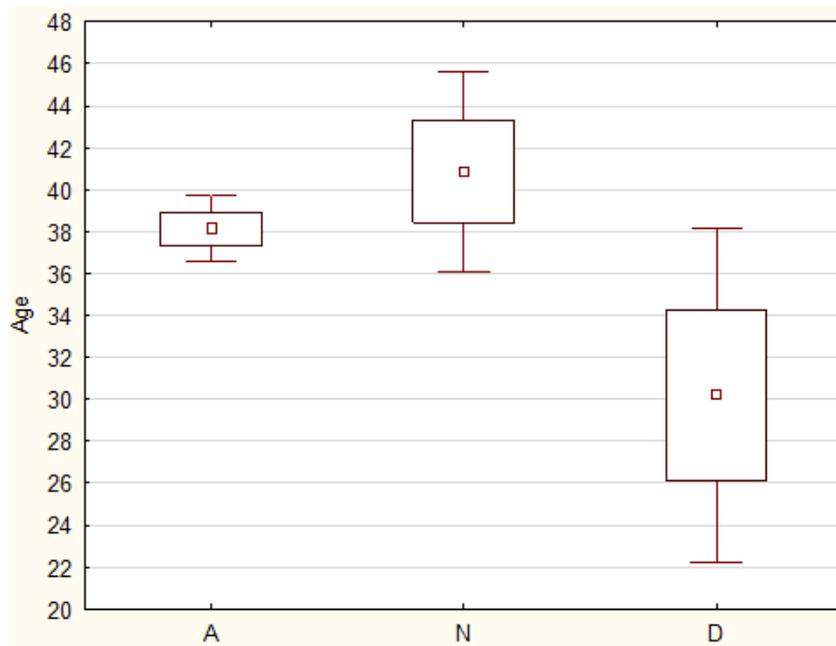
Figure 4.7: Response to an email address

Question 2.4 (Variables 63-72): LEADERSHIP -

Variable 63: In a succession plan, it is important to me that I receive training on

interpersonal skills

Most of the participants (149/96%) indicated that it was important for them to receive training on interpersonal skills (see Table 4.38). According to Vestal (2007:7) interpersonal skills should be on one of the first skills in a leadership development programme. She argues that interpersonal skills are essential for precepting, mentoring, coaching, managing and or dealing with multi-disciplinary teams, patients and families (Vestal, 2007:7). In addition, interpersonal kills provide inexperienced PNs with the necessary abilities to communicate effectively and persuasively, verbally or in writing (Vestal, 2007:7). Lack of this skill adds to the already stressful situations current PNs find themselves in and it is "…imperative that they develop it as soon as possible…" (Vestal, 2007:7).

Table 4.38: Leadership skills –

<table>
<tr><td rowspan="3" colspan="2">Variable: In a succession plan, it is important to me that I receive training on…</td><td colspan="3">Number of responses
AND
Percentages</td></tr>
<tr><td>TOTAL
n/%</td><td>YES
n/%</td><td>NO
n/%</td></tr>
<tr><td>63.</td><td>interpersonal skills</td><td>n=156/100
(100%)</td><td>n=149/96
(96%)</td><td>n=7/4
(4%)</td></tr>
</table>

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Variable 64: In a succession plan, it is important to me that I receive training on *supervision*

In table 4.39 the majority of participants (n=150/96%) indicated that it is important for them that they receive training on supervision. This result affirms the need for PNs to be equipped in supervising their subordinates, their environments and the quality of patient care (Merriam, 2011:1).

A statistical significance was identified between age and participants' responses to supervision as a leadership skill using the Mann-Whitney U test p=0.02. Furthermore, the box plot in figure 4.8 showed that older PNs indicated that supervision should be included in a succession plan. This result is consistent with Clacey (2008:1) and Donner and Wheeler's (2008:37) observation that experienced PNs live a purpose-driven life and play a pivotal role in stabilizing the health care environment. Merriam (2011:1) defines supervision as a process or "action" of monitoring the activities of others. Hence, it is evident that older participants are more aware of the importance of this role than younger participants.

Table 4.39: Leadership skills -

Variable: In a succession plan, it is important to me that I receive training on…		Number of responses AND Percentages		
		TOTAL n/%	YES n/%	NO n/%
64.	supervision	**n=157/100 (100%)**	n=150/96 (96%)	n=7/4 (4%)

Figure 4.8: Responses to supervision

<u>Variable 65: In a succession plan, it is important to me that I receive training on</u>
diversity management

Most of the participants (n=147/94%) indicated that it is important to them that they receive training on diversity management (see Table 4.40). Diversity management training provide PNs with the necessary knowledge and skills to foster and maintain an environment where individuals from different cultures, ages, race and religions can work together in harmony, are respectful of each other and maintain high standards of care (Tjale, 2004:202).

A significant association was identified between PNs with and without a paediatric qualification and their response to diversity management (Pearson chi-square test p-0.02). This result showed that nurses without a paediatric qualification indicated that diversity management is an important leadership skill. In addition, the Fisher Exact two-tailed test p=.03 confirmed that a significant association existed. The box plot in figure 4.9 showed that older PNs indicated that diversity management should be included in a succession plan. Moreover, Swearingen (2009:110), is of the opinion that this skill will improve experienced PNs' understanding of this concept and enhance their ability to manage issues of diversity in the work place.

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Table 4.40: Leadership skills -

Variable: In a succession plan, it is important to me that I receive training on…		Number of responses AND Percentages		
		TOTAL n/%	YES n/%	NO n/%
65.	diversity management	**n=157/100 (100%)**	n=147/94 (94%)	n=10/6 (6%)
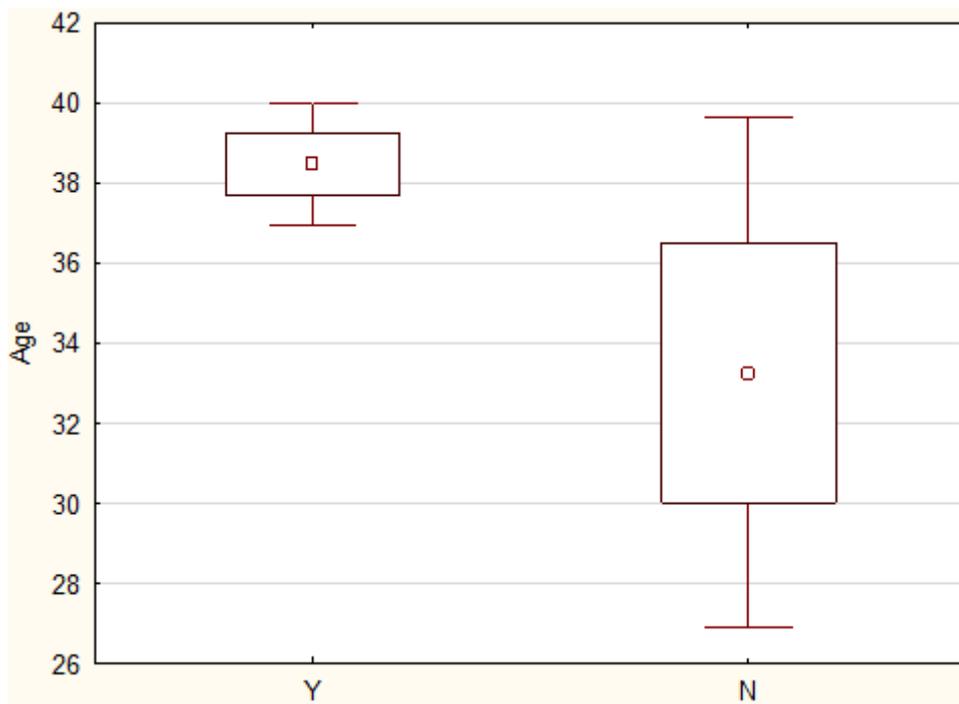
Figure 4.9: Responses to diversity management

Variable 66: In a succession plan, it is important to me that I receive training on
conflict management

According to table 4.41, almost all of the participants (n=154/98%) indicated that it is important that they receive training on conflict management. PNs at all levels in nursing are experiencing varying degrees of conflict in the workplace or in their personal lives. According to Muller (2001:185) conflict in the work place can be attributed to differences in culture, age, personalities, attitudes, methods of communication and managerial styles which can negatively affect PNs and the quality of patient care. Furthermore, unresolved conflict can lead to "hostility, ineffective communication, sabotage [and] mistrust, with clique formation (Kelly, 2006:22). However, Booyens (2002:534) provides various modes of conflict resolution such as avoidance, accommodation, compromisation, collaboration and

competition based on the two-dimensional model of conflict resolution. In turn, Swearingen (2009:110) identified conflict management as one of the skills required for level III PNs who have two to three years of experience within the same clinical setting. As described in chapter two level III PNs fall short on the overview of events.

Table 4.41: Leadership skills -

Variable: In a succession plan, it is important to me that I receive training on…		Number of responses AND Percentages		
		TOTAL n/%	YES n/%	NO n/%
66.	conflict management	**n=156 (100%)**	n=154/98 (98%)	n=3/2 (2%)

Variable 67: In a succession plan, it is important to me that I receive training on *change management*

Most of the participants (n=146/94%) indicated that it was important that they receive training on change management (see Table 4.42). Changes from both the internal and external environment affect the stability within health care organizations. These changes include departmental policies, increased workloads with limited resources and changes in remuneration structures, new technologies, generational differences and high attrition rates amongst nurses. For this, it is imperative that nurse leaders are knowledgeable and skilled to effectively manage their environments (Booyens, 2002:479). The inability to manage change effectively leaves nurse leaders with feelings of helplessness, insecurity, and stress. Therefore, in-service training on change management is imperative as a characteristic in a succession plan.

Table 4.42: Leadership skills -

Variable: In a succession plan, it is important to me that I receive training on…		Number of responses AND Percentages		
		TOTAL n/%	YES n/%	NO n/%
67.	change management	**n=156/100 (100%)**	n=146/94 (94%)	n=10/6 (6%)

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Variable 68: In a succession plan, it is important to me that I receive training on *staff assignments or allocation*

The majority of the participants (n=148/95%) indicated that it was important that they receive training on staff assignments or allocations (see Table 4.43). Training on staff assignments provide PNs with the necessary knowledge and skills to effectively, fairly and responsibly assign nursing duties to staff members (Booyens, 2002:309). In addition, Swearingen (2009:110) reported that a staff assignment was one of the shift leader skills included in their leadership training programme.

Table 4.43: Leadership skills -

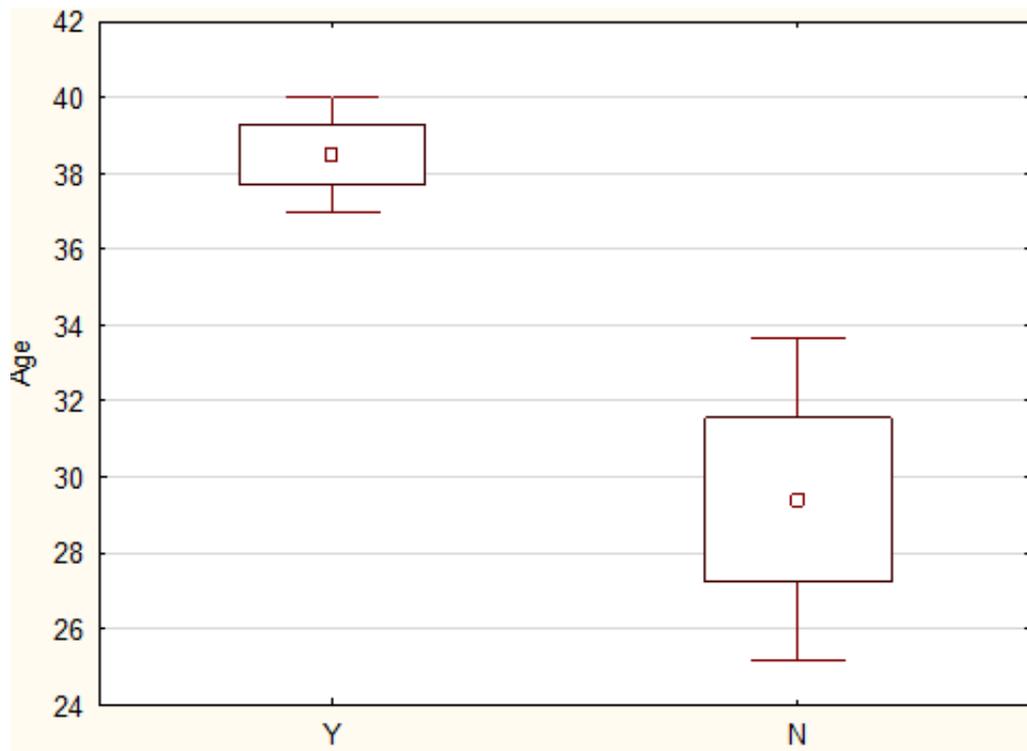| Variable: In a succession plan, it is important to me that I receive training on…		Number of responses AND Percentages		
		TOTAL n/%	**YES n/%**	**NO n/%**
68.	staff assignments or allocation	**n=156/100 (100%)**	n=148/95 (95%)	n=8/5 (5%)

Variable 69: In a succession plan, it is important to me that I receive training on *delegation*

In table 4.44 the majority of the participants (n=145/94%) indicated that it was important that they receive training on delegation. Muller (2001:141) refers to delegation as a process where the nurse or shift leader assigns leadership duties, tasks or responsibilities to one or more subordinates. According to Chapman (2011:1) delegation is essential to the leadership process whereby it focuses on the development of others for future professional advancement. However, there are specific principles that need to be taken into consideration before these duties, tasks and responsibilities can be delegated (Muller, 2001:145). Therefore, Swearingen (2009:110) reports that delegation is included in their leadership deployment programme.

Table 4.44: Leadership skills –

Variable: In a succession plan, it is important to me that I receive training on…	Number of responses AND Percentages		
	TOTAL n/%	**YES n/%**	**NO n/%**

Variable: In a succession plan, it is important to me that I receive training on…	Number of responses AND Percentages		
69.	delegation	**n=155/100 (100%)**	n=145/94 (94%)	n=10/6 (6%)

Variable 70: In a succession plan, it is important to me that I receive training on *team building*

The majority of the participants (n=150/96%) indicated that it was important that they receive training on team building (see Table 4.45). Team building refers to the process of mobilizing others to achieve their goal (Booyens, 2002:411). The value of this skill is imperative to the succession planning process as team building improves communication, problem-solving and collaborative decision-making, group cohesion and consequently job satisfaction with good patient outcomes (Shermont *et al.*, 2009:435).

Table 4.45: Leadership skills –

Variable: In a succession plan, it is important to me that I receive training on…	Number of responses AND Percentages		
		TOTAL n/%	YES n/%	NO n/%
70.	team building	**n=157/100 (100%)**	n=150/96 (96%)	n=7/4 (4%)

Variable 71: In a succession plan, it is important to me that I receive training on *progressive disciplinary procedure*

According to table 4.46 the majority of the participants (150/97%) indicated that it was important to them that they receive training on progressive disciplinary procedures. Progressive disciplinary procedures are key, yet one of the most challenging responsibilities of the nurse leader. Muller (2001:272) states that a progressive disciplinary procedure is a process that addresses job-related behaviour that is in conflict with the code of conduct of the organisation. It focuses on corrective rather than punitive measures and the maintenance of a healthy working environment (Muller, 2001:273). Furthermore, extensive evidence and fair disciplinary processes are required before the employment can be terminated

(Muller, 2001:273). Therefore, this leadership skill is crucial to the succession planning process.

Table 4.46: Leadership skills -

Variable: In a succession plan, it is important to me that I receive training on…		Number of responses AND Percentages		
		TOTAL n/%	YES n/%	NO n/%
71.	progressive disciplinary procedures	**n=155/100 (100%)**	n=150/97 (97%)	n=5/3 (3%)

Variable 72: In a succession plan, it is important to me that I receive training on *budgeting and financing*

In table 4.47 most of the participants (n=145/92%) indicated that it was important that they receive training on budgeting and financing. Budgeting and financing is essential for experienced PNs and those in leadership roles or positions. This skill allows PNs to manage their limited resources cost-effectively.

Table 4.47: Leadership skills –

Variable: In a succession plan, it is important to me that I receive training on…		Number of responses AND Percentages		
		TOTAL n/%	YES n/%	NO n/%
72.	budgeting and financing	**n=157/100 (100%)**	n=145/92 (92%)	n=12/8 (8%)

Question 2.5 (Variables 73-88): In-service education and training -

Variable 73: In a succession plan, it is important to me that in in-service education and training, I am *trained on the different levels of leadership*

Most of the participants (n=141/92%) indicated that it was important that in in-service education and training they are trained on the different levels of leadership (see Table 4.48). The different levels of leadership include the five levels as described in Benner's Novice to Expert Model (Benner, 1982:403). This model allows for the development of a clinical leadership programme that expands to the required tasks for five different levels of leadership (Swearingen, 2009:109). In addition, Benner's

Novice to Expert Model delineates the characteristics of each level, provides direction for career progression and can be tailored to suit both the individual and organizational needs. Knowledge of these levels provides PNs with a deeper understanding at which level they are and the knowledge and skills they require to advance to the next level. Furthermore, this model serves as a retention strategy as it provides direction for career progression which can be tailored to suit both the individual and organizational needs.

Table 4.48: In-service education and training –

Variable: It is important to me that in in-service education and training, I am…		Number of responses AND Percentages		
		TOTAL n/%	YES n/%	NO n/%
73.	trained on the different levels of leadership	n=153/100 (100%)	n=141/92 (92%)	n=12/8 (8%)

Variable 74: In a succession plan, it is important to me that in in-service education and training, I am *trained on the different leadership styles*

In table 4.49 most of the participants (n=138/90%) indicated that it was important that in in-service education and training they are trained on the different leadership styles. Leadership styles refer to approaches nurse leaders can use to guide or direct PNs to an expected or desired goal. Muller (2001:156) describes the different leadership styles, some of which are inherent to nurse leaders while others can be learnt. The value of education and training on the different leadership styles provides PNs with the opportunity to adopt the most suitable leadership style to achieve the best results for the situation at hand.

Table 4.49: In-service education and training –

Variable: It is important to me that in in-service education and training, I am…		Number of responses AND Percentages		
		TOTAL n/%	YES n/%	NO n/%
74.	trained on the different leadership styles	n=154/100 (100%)	n=138/90 (90%)	n=16/10 (10%)

<u>Variable 75: In a succession plan, it is important to me that in in-service education and training, I am *orientated on nurse leadership duties*</u>

The majority of the participants (n=148/95%) indicated that it was important that in in-service education and training they are orientated on nurse leadership duties (see Table 4.50). Nurse leadership duties vary from one level to another as reflected in PN job descriptions. In addition, Benner's Novice to Expert Model outlines the necessary skills required for each level. The value of education and training in terms of nurse leadership duties raises the awareness of what is expected from PNs and the level of authority afforded to each duty (Muller, 2001:144).

A significant association was identified between PNs with and without a critical care qualification and their responses to what is important in in-service education and training with respect to their leadership duties (Pearson chi-square test p-0.00016). In addition, the Fisher Exact two-tailed test (p=.01) confirmed that a significant association existed. Figure 4.10 showed that younger PNs indicated that orientation to nurse leadership duties should be included in a succession plan. This confirms the need for a succession plan based on Benner's Novice to Expert Model and that younger PNs appreciate exposure to learning opportunities that will improve their skills for future success (Weston, 2001:18).

Table 4.50: In-service education and training –

Variable: It is important to me that in in-service education and training, I am…		Number of responses AND Percentages		
		TOTAL n/%	**YES n/%**	**NO n/%**
75.	orientated on nurse leadership duties	**n=155/100 (100%)**	n=148/95 (95%)	n=7/5 (5%)
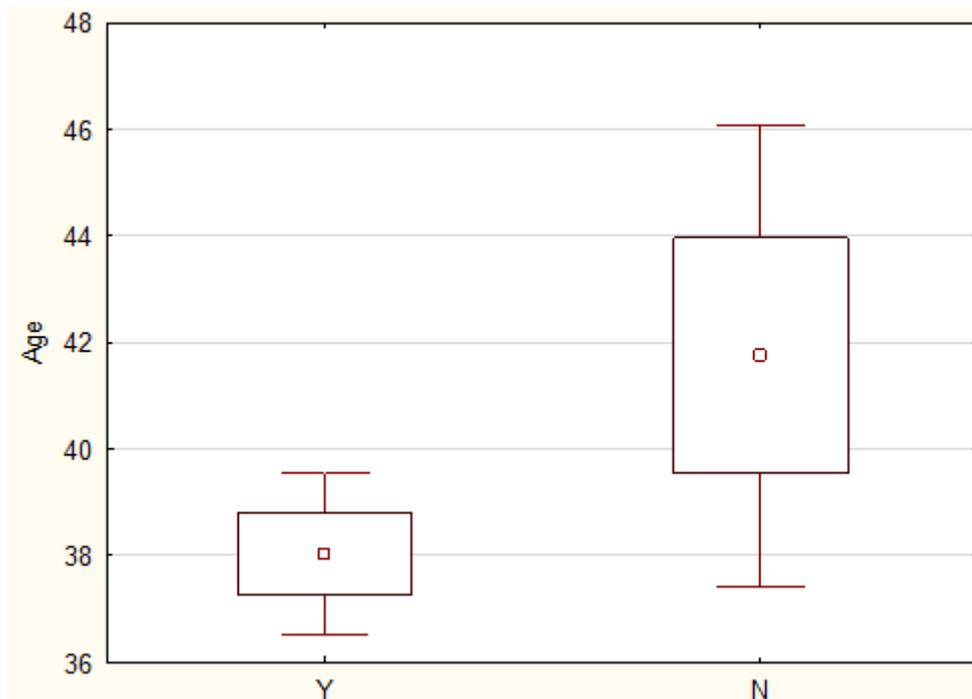
Figure 4.10: Responses to orientated on nurse leadership duties

Variable 76: In a succession plan, it is important to me that in in-service education and training, I am *asked to assist with leadership duties*

In table 4.51 the majority of the participants (n=147/95%) indicated that it was important that in in-service education and training they are asked to assist with leadership duties. The value of involving PNs with leadership duties affords PNs with the opportunity to be guided, mentored, coached and supported by nurse leaders on leadership duties. Furthermore, this opportunity allows PNs to strengthen their leadership skills for future advancement and supports the succession planning process.

Table 4.51: In-service education and training –

Variable: It is important to me that in in-service education and training, I am…		Number of responses AND Percentages		
		TOTAL n/%	**YES n/%**	**NO n/%**
76.	asked to assist with leadership duties	**n=154/100 (100%)**	n=147/95 (95%)	n=7/5 (5%)

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Variable 77: In a succession plan, it is important to me that in in-service education and training, I am *allowed to job shadow nurse leaders*

According to table 4.52 the majority of the participants (n=138/95%) indicated that it was important that in in-service education and training they are allowed to job shadow nurse leaders. According to Shermont *et al.* (2009:435) job shadowing was an opportunity provided to their PNs in leadership training who could not decide on their career pathway. Mentors and coaches played a key role in determining the interests of PNs and aligning them with a nurse leader matching the role (Shermont *et al.,* 2009:435). Consequently the insight PNs obtained from this experience allowed them to make informed decisions on their career pathways and confirming the value of job shadowing as a characteristic of succession planning.

Table 4.52: In-service education and training –

Variable: It is important to me that in in-service education and training, I am…		Number of responses AND Percentages		
		TOTAL n/%	YES n/%	NO n/%
77.	allowed to job shadow nurse leaders	**n=150/100 (100%)**	n=138/95 (92%)	n=12/8 (8%)

Variable 78: In a succession plan, it is important to me that in in-service education and training, I am *assigned to a coach*

Most of the participants (n=134/89) indicated that it was important that in in-service education and training they are assigned to a coach (see Table 4.53). In addition, results show that (n=17/11%) some of the participants indicated that it was not important for them to be assigned to a coach.

A trend towards a significant association was identified between PNs with and without a paediatric qualification and their responses to being assigned to a coach (Pearson-chi-square test p=0.04). A further analysis using the Fisher Exact two-tailed test p=0.05 showed that the result was insignificant. However, as depicted in the box plot of figure 4.11, slightly younger PNs indicated that it was important that in in-service education and training they are assigned to a coach. This confirms Weston (2001:19) and Hart's (2006:11) observation that younger PNs appreciate the guidance of experienced and competent coaches.

Table 4.53: In-service education and training -

Variable: It is important to me that in in-service education and training, I am…		Number of responses AND Percentages		
		TOTAL n/%	YES n/%	NO n/%
78.	assigned to a coach	**n=151/100 (100%)**	n=134/89 (89%)	n=17/11 (11%)
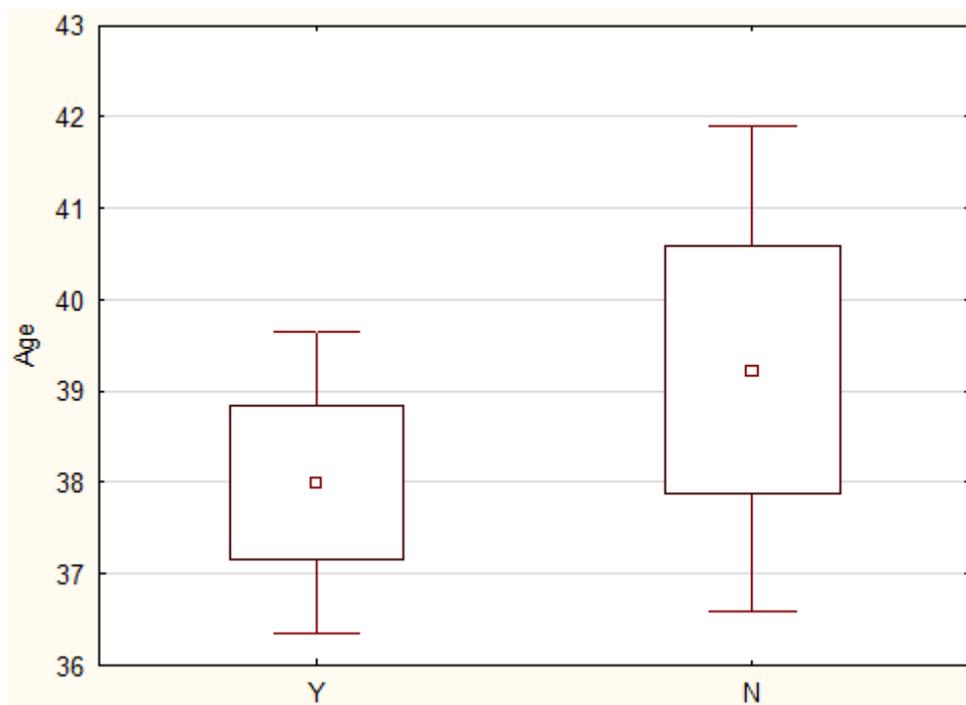
Figure 4.11: Responses to be assigned to a coach

Variable 79: In a succession plan, it is important to me that in in-service education and training, I am *provided with access to policies or procedures for leadership*

In table 4.54 the majority of the participants (n=151/97%) indicated that it was important that in in-service education and training they are provided with access to policies or procedures for leadership. Access to leadership policies and procedures serve as a quick reference to guide PNs' performance and decision-making processes.

Table 4.54: In-service education and training -

Variable: It is important to me that in in-service education and training, I am…		Number of responses AND Percentages		
		TOTAL n/%	YES n/%	NO n/%
79.	provided with access to policies or procedures for leadership	**n=155/100 (100%)**	n=151/97 (97%)	n=4/3 (3%)

Variable 80: In a succession plan, it is important to me that in in-service education and training, I am *trained as a coach*

According to table 4.55 most of the participants (n=126/84%) indicated that it was important that in in-service education and training they are trained as a coach. Donner and Wheeler (2009:8), state that coach training focuses on developing PNs' leadership abilities and strengthening their skills for future career opportunities. This mirrors the results from Shermont *et al.* (2009:435) which showed that their participants were more confident in their leadership skills and coaching abilities after coach training and subsequently availed themselves as resources to their peers. Therefore, coaching is a supportive and valuable characteristic of succession planning.

Table 4.55: In-service education and training –

Variable: It is important to me that in in-service education and training, I am…		Number of responses AND Percentages		
		TOTAL n/%	YES n/%	NO n/%
80.	trained as a coach	**n=150/100 (100%)**	n=126/84 (84%)	n=24/16 (16%)

Variable 81: In a succession plan, it is important to me that in in-service education and training, I am *trained as a preceptor*

In table 4.56 most of the participants (n=132/86%) indicated that it was important that in in-service education and training they are trained as a preceptor. According to White, Purcell, Ball & Cuellar (2009:2) the preceptor is an experienced PN who focuses on introducing or teaching preceptees knowledge and skills that are based on protocols, policies, procedures and guidelines for a specific period of time.

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Table 4.56: In-service education and training -

Variable: It is important to me that in in-service education and training, I am…		Number of responses AND Percentages		
		TOTAL n/%	YES n/%	NO n/%
81.	trained as a preceptor	**n=154/100 (100%)**	n=132/86 (86%)	n=22/14 (14%)

Variable 82: In a succession plan, it is important to me that in in-service education and training, I am *precepting new PNs*

The majority of the participants (n=145/94%) indicated that it was important that in in-service education and training they are provided with the opportunity to precept new PNs (see Table 57). White, Purcell, Ball and Cuellar (2009:2), refer to precepting as a teaching role whereby preceptors, who are experienced and competent PNs teach new or inexperienced PNs the "…art and science of practice…" toward achieving competencies for a specific period of time. Both the preceptor and preceptee can benefit from the preceptor relationship. In addition, this characteristic promotes the building of trusting relationships and team work with good patient outcomes.

Table 4.57: In-service education and training -

Variable: It is important to me that in in-service education and training, I am…		Number of responses AND Percentages		
		TOTAL n/%	YES n/%	NO n/%
82.	provided with opportunities to precept new PNs	**n=155/100 (100%)**	n=145/94 (94%)	n=10/6 (6%)

Variable 83: In a succession plan, it is important to me that in in-service education and training, I am *precepting new PNs*

According to table 4.58 most of the participants (n=147/95%) indicated that it was important that in in-service education and training they are trained in the use of computers. The need for computer training is essential for nurses as it not only supports evidence-based practices but allows for quick access to policies, procedures, protocols and guidelines (Webster *et al.*, 2003:141).

Table 4.58: In-service education and training -

Variable: It is important to me that in in-service education and training, I am…		Number of responses AND Percentages		
		TOTAL n/%	YES n/%	NO n/%
83.	Trained on computers	n=154/100 (100%)	n=147/95 (95%)	n=7/5 (5%)

Variable 84: In a succession plan, it is important to me that in in-service education and training, I am *invited to participate in shift leading*

Most of the participants (n=144/92%) indicated that it was important that in in-service education and training they are invited to participate in shift leading (see Table 4.59). This result is substantiated by Goldblatt, Granor, Admi and Drach-Zahavy (2008:45) who defined shift leaders as important liaisons between senior management, other disciplines, patients and their families and who display a high sense of responsibility coordinating nursing and patient care activities on a shift. Therefore inviting PNs to participate in shift leading and providing them with the necessary in-service education and training is a valuable characteristic to a succession planning process.

Table 4.59: In-service education and training -

Variable: It is important to me that in in-service education and training, I am…		Number of responses AND Percentages		
		TOTAL n/%	YES n/%	NO n/%
84.	invited to participate in shift leading	n=156/100 (100%)	n=144/92 (92%)	n=12/8 (8%)

Variable 85: In a succession plan, it is important to me that in in-service education and training, I am *invited to participate in intergenerational or different age groups in-service training approach*

In table 4.60 the majority of the participants (n=140/93%) indicated that it was important that in in-service education and training they are invited to participate in an intergenerational or different age groups in-service training approach. Intergenerational in-service training refers to a process whereby PNs from different generations provide training to nurses. Weston (2001:18) states that attaching

generation X-ers to the silent generation can guide this generation to valuing the knowledge, skills and contributions of others. In addition, as observed in the researcher's place of work, intergenerational in-service training improves group interaction, communication, teamwork and consequently the quality of patient care.

Table 4.60: In-service education and training -

Variable: It is important to me that in in-service education and training, I am…		Number of responses AND Percentages		
		TOTAL n/%	YES n/%	NO n/%
85.	invited to participate in intergenerational or different age group in-service training approach	**n=151/100 (100%)**	n=140/93 (93%)	n=11/7 (7%)

Variable 86: In a succession plan, it is important to me that in in-service education and training, I am a*llowed and encouraged to make my own decisions*

The majority of the participants (n=149/96%) indicated that it was important that in in-service education and training they are allowed and encouraged to make their own decisions (see Table 4.61). Allowing PNs to make their own decisions enhances nurse autonomy and develops and encourages critical thinking skills. Therefore, with decision-making central to problem-solving and as one of the core responsibilities of nurse leaders, it is imperative that nurses develop this characteristic in preparation for future roles or positions (Redman, 2006:294). This is supported by Kaye and Jordan-Evans (2001:7), who reported that "autonomy, a sense of control over one's work" is one of the motivators for nurses' intent on staying.

Table 4.61: In-service education and training -

Variable: It is important to me that in in-service education and training, I am…		Number of responses AND Percentages		
		TOTAL n/%	YES n/%	NO n/%
86.	allowed and encouraged to make my own decisions	**n=156/100 (100%)**	n=149/96 (96%)	n=7/4 (4%)

<u>Variable 87: In a succession plan, it is important to me that in in-service education and training, I am *invited to participate in task teams*</u>

In table 4.62 the majority of the participants (n=148/95%) indicated that it was important that in in-service education and training they are invited to participate in task teams.   According to Redman (2006:294), allowing PNs to participate in task teams afford PNs the opportunity to be guided, coached and supported by senior nurse leaders, to network with experts in the field, and to observe their role models' performances in the clinical setting.   In addition, PNs can observe how their role models make decisions and motivate others to improve team work.

Table 4.62: In-service education and training -

Variable: It is important to me that in in-service education and training, I am…		**Number of responses AND Percentages**		
		TOTAL n/%	**YES n/%**	**NO n/%**
87.	invited to participate in task teams	**n=156/100 (100%)**	n=148/95 (95%)	n=8/5 (5%)

<u>Variable 88: In a succession plan, it is important to me that in in-service education and training, I am *provided with time to execute project tasks*</u>

The majority of the participants (n=150/97%) indicated that that it was important that in in-service education and training they are provided with time to execute project tasks (see Table 4.63).

A trend was identified between age and the PNs' responses to this characteristic using the Mann-Whitney U test (p=.04).   In addition, the box plot as depicted in figure 4.12 shows that the older PNs indicated that it was important that in in-service education and training they are provided with time to execute project tasks.   The value of providing PNs time to execute their project tasks is substantiated by (Weston, 2001:18) who state that older PNs are goal directed, hard working and appreciative of learning opportunities that can improve their skills for future success.

Table 4.63: In-service education and training -

Variable: It is important to me that in in-service education and training, I am…		Number of responses AND Percentages		
		TOTAL n/%	YES n/%	NO n/%
88.	provided with time to execute project tasks	**n=155/100 (100%)**	n=150/97 (97%)	n=5/3 (3%)
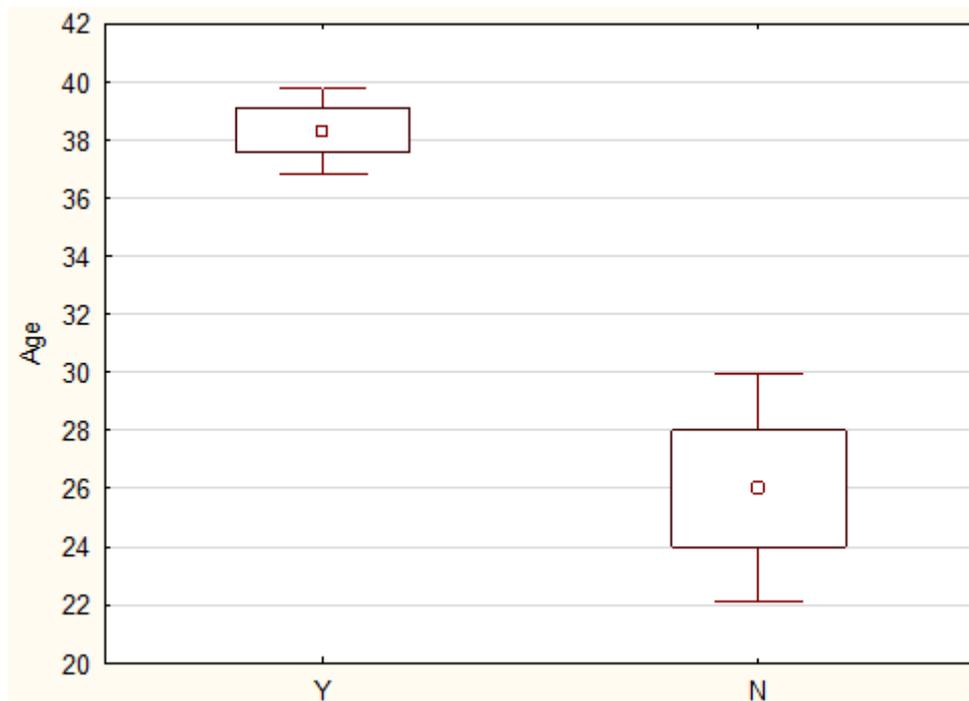
Figure 4.12 Responses to provided with time to execute project tasks

4.3.4 Section 3: Value paediatric nurses attach to a succession including a career plan for PNs

In Section 3, two open-ended questions were formulated to elicit the opinions of paediatric PNs with regard to

- the possible problems in the implementation of a succession including a career plan (variable 89)
- how a succession plan including a career plan could improve your work performance (variable 90).

Delport (2005:174) states that open-ended questions provide study participants with the freedom to express their individual views on an issue with the added benefit of

providing researchers with a deeper understanding of the concept under study. Therefore, the open questions were thematically analysed by the researcher

(Variable 89): Describe the possible problems to the implementation of a succession including a career plan

The following themes were identified: staffing, professionalism, manager / supervisor, leadership skills, resources, responsibilities and education and training (see Table 4.64).

For staffing, most of the participants (n=54/36%) identified staff shortages as a possible problem to the implementation to a succession including a career plan. This was followed by a few participants who identified de-motivation, inexperienced staff, lack of cooperation or teamwork and increased workload as possible problems to the implementation of a succession including a career plan. The following quotes were participants' responses supporting this theme.

- **"**Due to shortages of staff, it might be difficult to have people on different courses" Participant C51

- "Lack of interest to climb the ladder or to be promoted" Participant C18

- "Short staff. Skill mix - few experienced nurses" Participant C31

- " Increase work loads" Participant C27

Professionalism from both managers and staff showed that the majority of the participants n=13/9%) identified resistance to change as a possible problem to the implementation of a succession including a career plan. The minority of the participants identified attitudes, favouritism conflict and poor communication as possible problems to the implementation of a succession including a career plan. Participants' quotes supporting this theme include:

- "I think the person already in leadership positions will have a problem with changes that will benefit more the junior staff." Participant C40

- "Attitudes-different attitudes, feelings towards this will be expected" Participants A6

- "Managers (favouritism at workplace)" Participant C72

- "Favouritism and Nepotism" Participant B18

- "Jealousy and professional rivalry could lead to conflict and confrontations between those wanting to progress" Participant C43

- "No information shared to staff." Participant C77

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For the theme on the manager or supervisor, most of the participants (n=5/3%) identified failure to develop staff as a possible problem to the implementation of a succession including a career plan. This was followed by four (n=4/3%) participants who identified lack of motivation or encouraging staff, lack of knowledge, poor, nil or unfair performance assessments and appraisals as possible problems to the implementation of a succession including a career plan. The following were the quotes of the participants in response to this variable and in support of this theme.

- "Leaders that don't want staff to excel" Participant C77
- "Goals are not set, which lead to lack of motivation to improve skills and knowledge" Participant C112
- "Lack of knowledge + information" Participant C56
- "Organisation/institution with poor/no performance assessment and appraisal" Participant B39

For leadership skills two (n=2/1%) of the participants did not indicate the particular leadership skill that would be a possible problem to the implementation if a succession including a career plan. However, some participants identified lack of interpersonal skills, lack of problem-solving skills and lack of staff involvement with leadership duties as problems to the implementation of a succession including a career plan. Participants' quotes are as follow:

- "Interpersonal skills lack from managers of nurses" Participant C16
- "Also you can have problems if you were not equipped with problem-solving skills" Participant C90
- "Asked to assist with leadership duties." Participant C20

In terms of the theme on resources, fifteen participants (n=15/10%) identified lack of finance as a problem to the implementation to a succession including a career plan. However, Swearingen (2009:108), cautioned that decision on a nursing leadership in-service training programme should not be dependent on finance. Participants identified transport constraints as a possible problem to the implantation to a succession including a career plan. The following were participants' responses:

- "Financing is the biggest hurdle" Participant B34
- "Sometimes financial of staff constraints have an impact on your career plan - as there might be a lack of bursary provision or it might be impossible for the institution to release a large amount tof staff to study" Participant A3
- "Budget allocation i.e. booking of overtime people when attending in-service training" Participant C100

- "Level of grade. If you are not on the O.S.D. system, you would feel reluctant to participate due to unfairness in financial gain, yet be expect to deliver special care" Participant C111
- "Course for further training e.g. PICU are given far from hospital (transport problem)" Participant B6

For responsibilities, most (n=7/5%) of the participants identified family and work responsibilities as possible problems to the implementation of a succession including a career plan. This problem is consistent with Shermont *et al.* (2009:437) experience in their leadership programme. However, Shermont *et al.* (2009:437) reports that the benefit of adjusting the leadership programme to accommodate participants who were presented with these problems added to the overall success of the programme. Participants' responses include:

- "Staff who don't want to cooperate" Participant B33
- **"**Staff that are de-motivated to study; Staff are not interested to study further due to financial problems, age factor" Participant C13
- "Not everybody aspire to climb the ladder or want to be promoted, would feel pressured" Participant C18

With reference to education and training, the majority of the participants (10/7%) identified limited release of PNs for training as a possible problem to the implementation of a succession including a career plan. Furthermore, the participants identified that lack of training opportunities, limited knowledge on career planning, managers restricting career advancement, educators lack knowledge, lack of freedom to choose own study interest and "time consuming" as possible problems to the implementation to a succession including a career plan. Participants' responses in support of this theme include:

- "Only a limited amount of RNs can go at a time for further studies, especially RNs working in same work area" Participant B6
- "Lack of information on career plan" Participant C111
- "Management-They do the selection and might prevent you or delay your career plan" Participant C78
- "Not enough knowledge known to the educator" Participant C108
- "People are not given the opportunity to do what they want to do e.g. studies" Participant C17.

Table 4.64: Anticipated problems to the implementation of a succession including a career plan (n=151)

Variable	Theme	Problems	Number of responses AND Percentages
89.	Staffing	Staff shortage	n=54 (36%)
		Absenteeism	n=3 (2%)
		Ageing workforce	n=1 (1%)
		Increased workload	n=9 (6%)
		De-motivation	n=14 (9%)
		Inexperienced staff	n=11 (7%)
		Job stress	n=8 (5%)
		Lack of cooperation / teamwork	n=10 (7%)
	Professionalism: Managers and staff	Favouritism	n=10 (7%)
		Equity in the work place	n=2 (1%)
		Equality and fairness	n=2 (1%)
		Attitudes	n=11 (7%)
		Professional jealousy	n=4 (3%)
		Resistance to change	n=13 (9%)
		Conflict	n=8 (5%)
		Exclude staffing input	n=1 (1%)
		Poor communication	n=7 (5%)
		Poor dissemination of higher posts	n=4 (3%)
		Lack of feedback from staff meetings	n=1 (1%)
		Lack participative decision-making	n=1 (1%)
	Manager / Supervisor	Outdated	n=1 (1%)
		Disempowering	n=1 (1%)
		Fail to develop staff	n=5 (3%)
		Lack knowledge	n=3 (2%)
		Lack motivating / encouraging staff	n=4 (3%)
		Fail to guide	n=1 (1%)
89.	Manager / Supervisor	Fail to delegate	n=1 (1%)
		Fail to let go	n=1 (1%)
		Focusing on administrative duties only	n=1 (1%)
		Fail to recognize / acknowledge good work performance	n=3 (2%)
		Lack timeous feedback on staff performance	n=1 (1%)
		Poor, no or unfair performance assessments and appraisals	n=3 (2%)

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Variable	Theme	Problems	Number of responses AND Percentages
	Leadership skills	Lack of leadership skills	n=2 (1%)
		Lack of interpersonal skills	n=1 (1%)
		Lack problem-solving skills	n=1 (1%)
		Lack of staff involvement with leadership duties	n=1 (1%)
	Resources	Lack of resources	n=1 (1%)
		Lack of finance	n=15 (10%)
		Transport constraints	n=2 (1%)
		Unfair allocation of Occupational Specific Dispensation (OSD)	n=1 (1%)
	Responsibilities	other	n=3 (2%)
		Family and work	n=7 (5%)
	Education and training	Managers restricting career advancement	n=2 (1%)
		Limited knowledge on career planning	n=4 (3%)
		Educators lack knowledge	n=2 (1%)
		Lack of freedom to choose own study interest	n=2 (1%)
		Working and studying' challenging	n=1 (1%)
		Limited release of PNs for training	n=10 (7%)
		Distant training opportunities	n=1 (1%)
		Lack of training opportunities	n=8 (5%)
		Time consuming	n=2 (1%)
		Career plan may be a lot of paper work adding to work load	n=1 (1%)
		Failure to provide basic nursing care	n=1 (1%)
		Implementation started and not followed through	n=1 (1%)

(Variables 90): How can a succession plan including a career plan improve work performance?

The themes identified for this variable include: succession including career planning, professionalism, education and training, patient care, staffing, personnel management and leadership (see Table 4.65).

For succession including career planning, the majority of the participants (n=30/25%) indicated that a succession including a career plan will improve their work performance in that it will be goal orientated and focused. The following quotes were participants' responses supporting this theme.

- "Doelgerigtheid sal jou motiveer" Participant B21
- "A career plan will have a positive impact on work performance as officer will be more goal directed and will know exactly what is expected of him/her in her category" Participant A6
- "It will keep you focused as to have set goals" Participant B24

In terms of professionalism, the majority of the participants (n=10/7%) indicated that a succession including a career plan could improve their work performance through raising the awareness of the benefits of constant development and improvement. This was followed by (n=8/6%) of the participants who indicated that professional and personal growth with others (n=5/4%) indicating a participative decision-making approach will be evident of the presence of a succession including a career plan. Participants' responses supporting this theme include:

- "Encourage me to work even harder towards my future as a professional nurse and to grow as a person" Participant C2
- "Personal growth, flexibility and decision-making" Participant B39
- "It would motivate me, as I will be working towards a goal. I will have set goals and est. dates of achieving them, therefore know that I'm working towards improving myself (Professionally and personally)" Participant C41
- "It would bring balance to both personal and organizational goals and hence improve my performance" Participant C91

In the education and training theme, most of the participants (n=39/30%) indicated that a succession including a career plan could improve their work performance through improved knowledge and skills. This was followed by (n=18/14%) of the participants who indicated that it will improve their confidence while others (n=11/8%)

indicated that it will improve their experience and (n=9/7%) it will allow them to manage challenges. Participants' responses include:

- "Career path planning leads to skills development which means that people with the acquired skills performs better in their environment because they have the knowledge and understanding to apply their skill to their practice." Participant C4

- "Will make the work experience much better" Participant B34

- "It can help you to improve your overall performance over your organisation by equip you with skills, ability or confidence. It can also equip you on how to deal with challenges that you can encounter at your work place." Participant C90

For patient care, the majority of the participants (n=23/18%) indicated that a succession including a career plan could improve their work performance with the additional benefit of improving the quality of patient care. This was followed by two of the participants (n=2/2%) who indicated that it could improve client satisfaction while others (n=2/2%) indicated a reduction in incidences could be evident. Participants' responses supporting this theme include:

- "Better quality of nursing care to patients" Participant C104

- "Can render an excellent nursing care. Decrease rates of unexpected deaths" Participant C37

In staffing, most of the participants (n=11/8%) indicated that a succession including a career plan could improve their work performance and allow them to experience job satisfaction. This was followed by some (n=10/8%) of the participants who indicated that they will experience improved team work. Two participants (n=3/2%) indicated that reduced stress levels might result. Participants' responses supporting this theme include:

- "My personal job satisfaction is enhanced when my abilities have been develop and placed in a position that suits my ambition and abilities." Participant B29

- "Able to be more effective on teamwork and members of multidisciplinary team" Participant C99

- "Will make the work experience much better; will decrease the stress levels and be a pleasure to come to work" Participant B34

For personnel management, most of the participants (n=20/15%) indicated that a succession including a career plan could improve their work performance as they will be more motivated. A few of the participants (n=5/4%) indicated that it could improve their staff morale and others (n=3/2%) that they will feel appreciated. Participants' responses supporting this theme include:

- "It would be motivational to the official; more objectives orientated; best morale" Participant B4
- "It will make me feel appreciated if my employer has interest in my career planning that will motivate me." Participant C52
- "People would feel that their skills and experience are recognized and valued." Participant C12

In leadership, the majority of the participants (n=9/7%) indicated that a succession including a career plan could improve their work performance as their leadership skill would be improved. Two participants (n=2/2%) indicated that their communication and delegation skills could improve. Participants' responses supporting this theme include:

- "It will definitely better my work performance. Help with in-service training and education to new staff to assist with operational manager duties to recognize and assist with staff problems and issues" Participant C6
- "To communicate better with my working team / staff members. " Participant C67
- "You could better manage the ward.   Better organize the ward, delegate better." Participant C21

Table 4.65: How can a succession including a career plan improve work performance (n=131)

Variable	Theme	Improve work performance	Number of responses AND Percentages
90	Succession including career planning	Proactive planning	(n=2/2%)
		More structured and organized	(n=1/1%)
		Goal orientated	(n=30/23%)
		Role clarification	(n=1/1%)
		More focused	(n=6/5%)
		No benefit	(n=2/2%)
	Professionalism	Improve staff involvement	(n=2/2%)

Variable	Theme	Improve work performance	Number of responses AND Percentages
		Improve active participation	(n=1/1%)
		Participative decision-making	(n=5/4%)
		Professional and personal growth	(n=8/6%)
		Awareness of development and improvement	(n=10/7%)
		Prevent stagnation	(n=1/1)
	Education and training	Current	(n=5/4%)
		Precepting	(n=6/5%)
		Coaching	(n=1/1%)
		Improve clinical and practical skills	(n=4/3%)
		Improve confidence	(n=18/14%)
		Improve competence	(n=2/2%)
		Better insight	(n=1/1%)
		Improve learning	(n=4/3%)
		Improve knowledge and skills	(n=39/30%)
		Improve experience	(n=11/8%)
		Handle challenges	(n=9/7%)
		Prepare for higher posts	(n=4/3%)
	Patient care	Client satisfaction	(n=2/2%)
		Maintain standards	(n=1/1%)
		Improve quality of patient care	(n=23/18%)
		Reduce incidences	(n=2/2%)
		Holistic view	(n=1/1%)
90	Staffing	Happier staff	(n=1/1%)
		Positive attitude	(n=4/3%)
		Job satisfaction	(n=11/8%)
		Reduce stress levels	(n=3/2%)
		Flexibility	(n=1/1%)
		Excitement to be on duty	(n=2/2%)
		Reduce absenteeism	(n=2/2%)
		Improved team work	(n=10/8%)
		Share knowledge	(n=1/1%)
		Healthy working environments	(n=1/1%)

90	Personnel Management	Improve appraisals and acknowledgement	(n=1/1%)
		Feel appreciated	(n=3/2%)
		Improve staff morale	(n=5/4%)
		Improve motivation	(n=20/15%)
		More enthusiastic	(n=2/2%)
		Improve staff retention	(n=2/2%)
	Leadership	Improve communication	(n=2/2%)
		Improve leadership skills	(n=9/7%)
		Delegation	(n=2/2%)
		Change management	(n=1/1%)
		Conflict management	(n=1/1%)
		Improve organizational skills	(n=1/1%)

4.4   SUMMARY

This chapter presented the statistical analyses and interpretation of the data collected from the questionnaire obtaining the opinions of paediatric professional nurses on succession planning.   In addition, the research objectives were met which aimed to

- determine the opinions of paediatric PNs regarding succession planning for PNs
- identify the characteristics of a succession plan for paediatric PNs and to
- determine the value a succession plan, which consequently includes a career plan for paediatric PNs by identifying the factors that would hinder or enhance the implementation of such a succession plan.

These results are evidence of the need for the development of a succession plan based on Benner's Novice to Expert Model for paediatric PNs in academic, tertiary hospitals in the Western Cape. In addition, participants' opinions on the value of a succession plan including a career plan showed multiple benefits that will outweigh its challenges once developed and implemented.

4.5   CONCLUSION

The next chapter, conclusions will be drawn and recommendations will be made in support of the development of a succession plan for paediatric PNs.

CHAPTER 5: CONCLUSIONS AND RECOMMENDATIONS

5.1 INTRODUCTION

In the preceding chapters the researcher explained the reasons for this study followed by the literature review from scholarly contributions in support of succession planning. Furthermore, the research methodology, statistical analyses and interpretation were described and presented. In this chapter the conclusions on the findings are summarized, recommendations are presented followed by the summary and the conclusion of the study.

5.2 CONCLUSIONS FROM THE SURVEY OUTCOMES

The objectives set for this study were to

- determine the opinions of paediatric PNs regarding succession planning for PNs
- identify the characteristics of a succession plan for paediatric PNs
- determine the value a succession plan, which consequently includes a career plan for paediatric PNs by identifying the factors that would hinder or enhance the implementation of such a succession plan.

These objectives were met through an in-depth research study that aimed at determining the opinions of paediatric PNs regarding a succession plan which will include a career plan in academic, tertiary hospitals.

5.2.1 The opinions of paediatric PNs regarding succession planning for PNs

Section 2 of the questionnaire, questions 2.1 to 2.3 answered this objective. The themes included performance assessment and appraisals, advancement or promotion and communication.

During performance assessments and appraisals (n=142/90%) PNs indicated that they should be asked about their learning needs and setting of goals. Inviting PNs to participate in goal setting improves their commitment and motivation to the leadership development process and realize the organizational goals and objectives. One participant's comment to problems with a succession plan is that "*goals are not*

set, which lead to lack of motivation to improve skills and knowledge." However, the value of setting goals is observed in the participant's positive comments that a succession plan including a career plan "*will motivate me as I will be working towards a goal...towards improving myself, professionally and personally*" and "*it will bring balance to both personal and organizational goals and hence improve my performance."* These results were consistent with the study of Shermont *et al.* (2009:435) who found that a participative approach in goal setting motivated PNs to progress rapidly through their leadership development programmes.

Furthermore, (n=138/88%) of the participants indicated that they wished to be provided with specific learning opportunities that match their level of experience. According to Shermont *et al.* (2009:433), a succession plan that includes a career plan provides an individualized approach that focuses on both PNs' professional and personal development. This approach is based on the premise that the nurse's personal and professional experience, as well as age influence their readiness and interest for development (Shermont *et al.* 2009:433). Therefore, Benner's Novice to Expert Model was used as the conceptual framework to support the study and a guide to the development of a succession including a career plan. Chapter two provides an in-depth description of the five levels of leadership and the clinical skills required for each level prior to advancing to the next level. The need for in-service training on the different levels of leadership was confirmed when (n =141/92%) of the participants indicated that it is an important characteristic of a succession including a career plan (see table 4.48).

Eighty nine percent (n=141/89%) of the participants indicated that they require regular feedback on their work performance. One participant identified that the "*Time management of nursing leaders is insufficient in communicating progress to officer*" as a possible problem to the implementation of a succession including a career plan. However, Shermont *et al.* (2009:435), reported that value of feedback on work performance provides evaluators with the opportunity to monitor participants' progress, their goal achievements and highlighted areas for improvement or programme adjustments (Shermont *et al.*, 2009:435).

Table 4.23 showed that (n=143/91%) of the participants agreed that they were acknowledged for good work performance. Acknowledging good work performance as a characteristic to the development of a succession including a career plan serves to motivate PNs for further advancement. This is validated when one participant commented that "*it will [make] me feel appreciated if my employer has interest in my*

career planning that will motivate me." The literature review in chapter two describes various methods of acknowledging good work performance with a response of a paediatric PN to this characteristic.   In addition, acknowledging good work performance is evidence of fostering nursing excellence and serves as a recruitment and retention strategy (Bolton, 2004:589; PGWC DoH, 2010:23).

Furthermore, a significant difference was identified between age and PNs who indicated that they wish to be provided with evidence of good work performance (Kruskal-Wallis test p=0.02).   It showed that the PNs who disagreed with the provision of evidence for good work performance were older than those PNs who agreed.   In addition, it is interesting to note that those who indicated that they were neutral, were among the youngest participants. This result could be in agreement with Hart (2006:11) who states that the generation Y perceive themselves as confident, independent individuals who focus mostly on instant authority, autonomy and active participation in decision-making processes.

With reference to advancement or promotion (n=123/79%) participants indicated that they wished to be asked annually about their learning needs towards a succession plan including a career plan. According to Shermont *et al.* (2009:437), the value of knowing the learning needs of PNs allow nurse executives and experienced PNs to individualize the PNs' leadership programme and to align their development programme with the goals and objectives of the organization.   One participant commented that "*it will keep you focused …to have set goals."* Another commented that *"…it will have a positive impact on work performance as the officer will be more goal-directed and will know exactly what is expected of him/her in her category."* For Shermont *et al.* (2009:437), this approach ensured a "pipe-line" of leaders who were prepared when key positions became available.   In addition, including this characteristic in a succession plan will ensure that suitable individuals are available for the "right job" at the "right time" (PGWC DoH, 2010:5).

Furthermore, (n=138/87%) of the participants agreed that they be informed of higher posts when they become available. The value of this characteristic is that it provides all PNs equal opportunity to apply for higher posts when it becomes available thereby ensuring equality in the work place.   Furthermore, participants identified and commented that possible problems to the implementation of a succession plan can include "e*mployees [who] are not adequately informed about careers…and job openings…selection for promotions"* that are available.

Seventy nine percent (n=122/79%) of the participants agreed that they were appraised annually. In addition, participants identified and commented that "…*no or poor…performance appraisals…*" are possible problems to the implementation of a succession plan. The value of this characteristic in a succession plan provides evaluators with the opportunity to reflect on the PNs' performance over a period of time. This allows for good work performance which can be recognized and motivated for by means of tangible or intangible reward systems (see chapter two).

Moreover, although (n=122/78%) of the participants agreed that they should be acknowledged for their professional achievements and be financially recognized for their experience, only (n=13/12%) identified that financial reasons are the cause of their intent to stay (see figure 4.3). This disparity in responses was evident in a study by Pierson *et al.* (2010:38) stating that additional remuneration motivated some PNs to advance to leadership, while others were motivated by achieving their goals. However, the objective of PGWC, DoH (2010:19,23) to align job descriptions with the Occupational Specific Dispensation (OSD) guidelines and improving financial matters for nurses is evident of health authorities' commitment to the succession planning process.

In terms of communication the following is deemed essential by the PNs: receiving feedback from nurse leaders, being updated on the outcomes of meetings and receiving information on organizational activities. Participants also identified and commented that "*Bad communication and no information shared to staff*" as possible problems to the implementation of a succession plan. The importance of keeping PNs informed and updating them on the outcomes of meetings ensure that all nurses are knowledgeable about activities within the organization. Furthermore, participants indicated that the value of a good communication system ensures the following: "*Keep me up to date in the work place, communicate better with my working team / staff members.*" A statistically significant association showed that PNs with a critical care qualification agreed that it is important for them to receive feedback from nurse leaders compared to the PNs without a critical care qualification (Pearson chi-square test p=0.02).

Furthermore, (n=142/92%) of the participants indicated that they valued opportunities to participate in decision-making, give input at meetings and have an email address in their work of place. However, it was a concern that thirty six percent of the PNs were neutral to attending stakeholder meetings. This result could be related to meetings being classified as constructive or time wasting. Therefore, Swearingen

(2009:109) reports that as part of their leadership programme, their novices or new PNs are informed of which meetings are essential to attend. A significant association was identified (Pearson chi-square test p=0.03), of which the results showed that PNs without a paediatric qualification agreed that attending stakeholder meetings is an important characteristic in a succession plan.

Furthermore, access to a work email address was not considered important by the younger participants. This could be due to the younger generation being technologically skilled and using their own email addresses as a method of communication within the organizations (Hart, 2006:11).

5.2.2 The identification of the characteristics of a succession plan for paediatric PNs

Section 2 of questions 2.4 to 2.5 in the questionnaire answered this objective. The themes included leadership skills and in-service education and training.

5.2.2.1 Leadership Skills

With reference to leadership skills, results showed that conflict management was rated the highest (n=149/98%) and identified as the most important leadership skill in a succession plan. The need for conflict management could relate to the constant changes PNs experience in both their professional and personal lives. As stated in chapter one, PNs caring for children must be highly skilled, knowledgeable and experienced for the provision of child and family-centered care (Barnsteiner, 2002:166). In addition, they are clinical leaders who are expected to manage the ever-changing environments and be successful liaisons between senior management, other disciplines, patients and their families (DeCampli *et al.,* 2010:133; Goldblatt Ganor, Ami and Drach-Zahavy*,* 2008:45). Furthermore, Swearingen (2009:110) reports that this skill is included in the level III leadership in-service training programme. In turn, Benner (1982:405) states that level III PNs can handle and effectively manage unforeseen situations within the clinical setting but fall short on the overall picture of events. Therefore, the value of this leadership skill in a succession plan will provide PNs with the necessary knowledge and skills to manage their daily tasks efficiently and effectively and strengthen PNs in paediatric contexts.

Secondly, a progressive disciplinary procedure was rated as the second highest leadership skill, followed by interpersonal skills, supervision and team building and thirdly, staff assignments or allocation, delegation and diversity management as essential to be included by PNs. According to Swearingen (2009:110) and Goldblatt

et al. (2008:52), these leadership skills match those of the shift leader or PNs who are two to three years in the same clinical setting. Also, Swearingen (2009:110) and Benner (1982:405) reported that these leadership skills are consistent with their leadership programme for competent or level III PNs that are based on Benner's Novice to Expert Model and skills. The value of these skills ensures that PNs are knowledgeable and skilled to effectively and efficiently manage their changing environments.

A significant association was identified (Pearson chi-square test p-0.02), the results showed that PNs without a paediatric qualification indicated that diversity management is an important leadership skill to a succession plan. In addition, the Fisher Exact two-tailed test p=.03 confirmed that a significant association existed. Moreover, Migiro (2011:1) is of the opinion that with the absence of knowledge and skills in a diverse group, the risk of conflict is increased with "…poor group cohesion and social integration, low job satisfaction…" lack of trust, poor communication, high staff turnover and poor patient outcomes. Furthermore, Swearingen (2009:110) reports that this skill will improve experienced PNs' understanding of this concept and enhance their ability to manage diversity in the workplace.

5.2.2.2 In-service education and training

With regard to in-service education and training, PNs rated access to leadership policies and procedures as an essential approach to support and strengthening leadership in-service education and training. Access to policies and procedures serves as a quick reference to guide decision-making processes of the PNs, improve their work performance and confidence.

Furthermore, (n=149/96%) of the participants wished to be allowed to make their own decisions, be asked to assist with nurse leadership duties, (n=138/92%) wished to be allowed to job shadowing, (n=141/92%) wished to be orientated on leadership duties and (n=134/89%) indicated that they wished to be assigned to a coach. This method of in-service education and training mirror a participative management approach. According to Muller (2001:109) this approach yields multiple benefits in that it improves PNs' confidence, "decision-making and problem-solving skills, ownership and accountability."   In addition, a participative management style enhances teamwork, improves nurses' work performance and group cohesion through good interpersonal relations and participative decision-making processes (Booyens, 2002:423).   Subsequently, this facilitates change transformation within an organisation. Therefore, the inclusion of acquiring or transferring leadership skills is

essential to a succession plan as it *"will make the work experience better; will decrease the stress levels and be a pleasure to come to work."*

A significant association was identified between PNs without a critical care qualification and their expectations and requirements for orientation of leadership duties (Pearson chi-square test p-0.016). In addition, the Fisher Exact two-tailed test (p=.01) confirmed this significant association. Furthermore, the box plot in figure 4.10 showed that younger PNs indicated that orientation to nurse leadership duties should be included in a succession plan. This confirms the need for a succession including a career plan based on Benner's Novice to Expert Model and that younger PNs appreciate the exposure to learning opportunities that will improve their skills for future success (Weston, 2001:18).

Moreover, (n=145/94%) of the participants indicated that they wished to be provided with the opportunity to precept new PNs, (n=140/93%) indicated that they wished to be invited to participate in an intergenerational or different age group in-service training approach with (n=148/95%) indicating that they wished to participate in task teams. Participants' availability to participate in a succession plan allows experienced PNs to share and transfer critical values, such as their knowledge, skills and experiences with inexperienced PNs.   These values are essential for securing the future of nursing, retaining the "talent" and ensuring the sustainability of safe and quality child care practices (Cadmus, 2006:299; Simons, 2007:268).

Time management is an essential skill required by the supervisors (Booyens, 2002:289). Ninety seven percent (n=150/97%) of the participants indicated that they wished to be provided with adequate time to execute project tasks. Participation in project tasks were training opportunities and skills awarded to level III PNs (Shermont *et al.,* 2009:435; Benner, 1982:405). Redman (2006:294) explains that this opportunity allow PNs to observe their role models or senior nurse leaders while working with them on quality improvement initiatives or projects.   Participants commented to the benefit of a succession including a career plan to improved patient care and stated that it will allow them to provide "*better quality nursing care to patients*" and "*render an excellent nursing care.   Decrease rates of unexpected deaths.*"

5.2.3 The factors that would hinder or enhance the implementation of a succession including a career plan

5.2.3.1 Possible problems to the implementation

The following issues were identified as possible hindrances to the implementation of a succession plan:

i. Staffing:

The critical shortage of paediatric staff, de-motivated and inexperienced staff, poor team co-operation and the effect of an increased workload on stress levels were identified.

ii. Professionalism – for managers and staff:

Participants identified that both groups' resistance to change could impede the implementation process. Favouritism, marginalization of individuals and nepotism were expressed as further problems. The reluctant attitude of managers towards the advancement of certain staff, interpersonal conflict and rivalry for promotion between paediatric nurses is exacerbated by poor and non-transparent communication of career opportunities.

iii. Manager or supervisor:

The participants perceived that the managers and supervisors fail to develop staff and restrict certain staff member's career opportunities resulting in de-motivation and work place apathy. In addition, the participants indicated that the managers' apparent lack of knowledge of succession could hinder the success of a succession plan.

iv. Leadership skills:

The participants indicated that managers who lack leadership skills could impede the implementation of succession planning. These skills could include interpersonal and problem-solving skills.

v. Resources:

Participants reported that lack of finance to fund the succession plan or to replace PNs in training could be the main hindrance to implementing the succession plan.

vi.   Responsibilities:

Family and work responsibilities were identified as problems that prevent the successful implementation of a succession plan.

vii.   Education and training:

The major hindrance to the implementation of a succession plan was identified as the inability to release PNs for training. This includes a lack of training opportunities for all and PNs and educators who are not up-to-date with the topic.

Swearingen (2009:108), Pierson *et al.* (2010:33) and Shermont *et al.* (2009:436) identified that lack of finance, nurses' interest to advance or the assumption that most nurses lack interest to develop leadership skills as problems to the implementation of a succession including a career plan. In this study, participants identified staff shortages as the highest possible hindrance or problem to the implementation of a succession plan. This is followed by a lack of finance to sustain the programme, demotivated staff to participate in the leadership development plan, managers resisting to change, negative attitudes and favouritism. Knowledge of possible hindrances or problems enables nurse executives, health authorities to be proactive and explore different strategies to eliminate or minimize its occurrences. This supports the definition of Carriere, Muise, Cummings and Newburn-Cook (2009:548-549) that succession planning includes a proactive, structured or well thought through strategic process, involving a series of events that focuses on staff development and retention.

5.2.3.2   *How a succession, including a career plan, could improve work performance*

Participants provided the following information to how a succession including a career plan could improve their work performance:

i.   Succession including career planning:

Participants indicated that a succession, including a career plan, could provide work performances that are goal-orientated and focused.

ii.   Professionalism:

This refers to an awareness of development and improvement which will result in professional and personal growth, thus preventing stagnation.

iii. Education and training:

Participants indicated that with an improvement in their knowledge and skills, their ability to manage patient care effectively would improve their confidence as PNs.

iv. Patient Care:

The consequence of improved knowledge and skills results in an improvement in the quality of patient care, client satisfaction and reduced critical incidences.

v. Staffing:

Participants indicated that job satisfaction improved work performance and secured a positive attitude with improved team work.

vi. Personnel Management:

The PNs will be more motivated with improved staff morale present and feel appreciated.

vii. Leadership:

Participants identified that there would be an improvement in the following leadership skills: communication, delegation and how they mange conflict and change.

Shermont *et al.* (2009:436), Swearingen (2009:111) and Pierson *et al.* (2010:38) reported that their career ladders or plans became useful to their succession planning process. Furthermore, it yielded multiple benefits that affected their nursing staff, managers, patients, multi-disciplinary teams and their professional image (Shermont *et al.,* 2009:436; Swearingen, 2009:111 & Pierson *et al.,* 2010:38). These benefits included improvement in their staff retention rates, improved communication or interpersonal relationships, team work, multi-disciplinary collaboration, quality patient care, managerial attitudes and performance and leadership skills. However, it is interesting to note the similarity of the information participants provided on how a succession including a career plan could improve their performance. Thus, it can be

deduced that the benefits of a succession including a career plan far outweigh the possible anticipated problems.

5.3   RECOMMENDATIONS

According to Burns and Grove (2009:718) recommendations are defined as scholarly views that transpire from current and previous studies on similar topics which give guidance for future studies.

The research recommendations will be discussed; addressing paediatric nursing practice and education of paediatric nurses with suggestions for further research.

5.3.1   Recommendations for paediatric nursing practice and education of paediatric nurses

This study shows that PNs in paediatric environments want a succession including a career plan that includes a structured in-service training on leadership skills. Therefore, the recommendations are based on the evidence that emerged from the study.

- Researchers, educators and nurse executives should be provided with opportunities to present succession planning including a career plan based on the five levels of clinical training in Benner's Novice to Expert Model at various meetings, including academic meetings to continue to raise the awareness of this topic and guide the development of departmental succession plans. Furthermore, this platform should allow the sharing of the benefits and explore strategies to eliminate or reduce the identified problems that can occur with the implementation of such a plan in paediatrics.

- In addition, alliances between nurse executives, clinical, academic and human resources should be strengthened to ensure that limited available resources are utilized cost effectively. This collaborative approach could facilitate the alignment of job descriptions to Benner's Novice to Expert Model and possible incentives for advancement through the succession planning programme.

- Furthermore, task teams that include clinical leaders should be appointed to attend workshops and develop a formal succession including a career programme for PNs working in paediatrics. Also, in preparation for

workshops, members of the task team should be tasked to benchmark available programmes to share their knowledge, experiences and lessons learnt from succession planning programmes of other institutions.

- In addition, the formal succession including career planning programme should be piloted on PNs at paediatric institutions. Follow-up sessions can be scheduled to provide feedback on the succession planning programme implementation process, the progress of PNs participating in the programme, the impact of programme implementation on PNs, the quality of patient care and the image of the nursing profession.

- Participants, who completed their leadership programme, should be rewarded appropriately and provided with the opportunity to participate in future succession planning including career planning programmes as a preceptor or coach. Furthermore, opportunity for future promotions should be based on evidence of active participation in a succession planning or leadership programmes. This approach will ensure that the right person is appointed for the "right job" at the "right time", and thereby ensuring good staffing and patient outcomes cost effectively (PGWC DoH, 2010:5).

The development and implementation of a formal succession plan will strengthen and enhance the retention of the various levels of competent, proficient and expert paediatric PNs. In addition, a formal succession plan will attract and motivate the novice and advance beginners to progress to competent, proficient and expert levels.

5.3.2   Suggestions for further research

Following the implementation of the recommendations, further research should be conducted to

- formally evaluate the impact of a succession including a career plan for paediatric PNs
- determine the academic or formal qualification required for each level of paediatric clinical nurses or PNs.

5.4   LIMITATIONS

The major limitation to conducting this research was related to the delay in obtaining permission from the Ethics Committees and the Deputy Directors in Nursing of the participation hospitals. Other limitations included the availability of participants due

to the increased workload, high patient acuity levels and paediatric PNs who were either on annual, maternity or study leave. In addition, the operational procedure of one participating hospital that excluded researchers from the clinical areas negatively affected the response rate from that hospital.

5.5   SUMMARY

In this chapter the researcher described the recommendations based on the findings of the research objectives defined for this study, including the relevant literature.

5.6   CONCLUSION

The opinions of the participants in this study on succession including career planning for PNs highlighted the urgent need to develop retention and career advancement strategies. An integrated, innovative and collaborative approach is expected. This strategy will contribute towards the strategic plan of the Department of Health of the Provincial Government of the Western Cape to develop and retain nurses (DoH, 2010:21).

"Therefore, an integrated approach that builds skills through education, 360-degree feedback, mentoring coaching, and action learning is fundamental to the professional development of… [paediatric PN's]…the role of senior leadership in this process is paramount. Merely participating is not enough; as organizational stewards, they need to champion the entire process. Leader developing leaders promotes organizational stability for years to come, and that is most beneficial for the patients and the communities that healthcare organisations serve (Gallo, 2007:32).

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ANNEXURES

Annexure A: Participant information leaflet and consent form

TITLE OF THE RESEARCH STUDY:

Opinions of paediatric registered professional nurses on succession planning.

PRINCIPAL INVESTIGATOR: Marleen Patricia Petersen (Mrs.)

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You are being invited to take part in a research project. Please take some time to read the information presented here, which will explain the details of this project. Please ask the research assistant/s any questions about any part of this project that you do not fully understand. It is very important that you are fully satisfied that you clearly understand what this research entails and how you could be involved. Your participation is **voluntary** and you are free to decline to participate. If you say no, this will not affect you negatively in any way whatsoever. You are also free to withdraw from the study at any point, even if you do agree to take part.

This study has been approved by the **Committee for Human Research at Stellenbosch University** and will be conducted according to the ethical guidelines and principles of the international Declaration of Helsinki, the South African

Guidelines for Good Clinical Practice and the Medical Research Council (MRC) Ethical Guidelines for Research. In addition, approval from the participating hospitals' ethics committees has been obtained.

1. DESCRIPTION AND PURPOSE OF THE STUDY

The aim of the study is to survey your opinions on the characteristics or criteria of a succession including a career plan for paediatric PNs. Your participation in the survey will be appreciated. This will allow us to make recommendations for future structured succession including a career plans to develop and retain paediatric PNs.

2. EXPLANATION OF THE PROCEDURE TO BE FOLLOWED

This study involves answering questions regarding:

- Your opinions on the characteristics or criteria of a succession including a career plan.
- The value of a succession or career plan to you.

3. POSSIBLE RISKS

No risks are anticipated for the completion of this questionnaire. Your privacy, confidentiality and anonymity are assured, as the questionnaire contains no identifying information.

4. ANTICIPATED BENEFITS FROM THE STUDY

It is envisaged that your participation in this study will identify and amend or guide, if necessary, the development of future succession including career plans as a strategy to attract, develop and retain paediatric PNs.

5. CONDITIONS FOR THIS STUDY

Your participation in this study is voluntary, hence you may withdraw at any time or should you decide not to participate in this study you will not face any discrimination.

6. INFORMATION

Should you require any additional information regarding this study you may contact the supervisor of this study Mrs. M A Cohen at 021 7130397 / 0836508685 or the research student, Mrs. Marleen Petersen at 021 9518633 / 0832709607.

You may contact the Committee for Human Research at 021-938 9207 if you have any concerns or complaints that have not been adequately addressed by research assistant/s. You will receive a copy of this information and consent form for your own records.

7. CONFIDENTIALITY

All questionnaires obtained in this study will be considered as confidential. The results will be published or presented in such a way that you, as the respondent and employer, will remain anonymous.

8. DECLARATION BY PARTICIPANT

By signing below, I …………………………………..…………. agree to take part in a research study entitled:

Opinions of paediatric registered professional nurses on succession planning

I declare that:
- I have read or had read to me this information and consent form and it is written in a language with which I am comfortable.
- I have had a chance to ask questions and all my questions have been adequately answered.
- I understand that taking part in this study is **voluntary** and I have not been pressurised to take part.
- I may choose to leave the study at any time and will not be penalised or prejudiced in any way.

Signed at (*place*) ....…........……………. On (*date*) …………...………..
2011.

....
Signature of participant   **Signature of witness**

9. DECLARATION BY INVESTIGATOR

I *(name)* …………………………………………..……… declare that:

- I explained the information in this document to ……………………………………..
- I encouraged him/her to ask questions and took adequate time to answer them.
- I am satisfied that he/she adequately understands all aspects of the research, as discussed above.

Signed at *(place)* ....…........…………….. On *(date)* …………...………..
2011.

....
Signature of investigator   **Signature of witness**

Thank you.

Annexure B: Research questionnaire

The aim of this research study is to determine your opinion regarding the characteristics or criteria for a succession including a career plan in your paediatric ward or PICU. This will provide us with information that could be included in a career plan while establishing the value that a succession including a career plan could have for a paediatric PN.

There are three (3) sections to this questionnaire. You will require about 20 minutes to complete this questionnaire.

Please tick (✓) the appropriate box

SECTION 1: Demographic Data

1. What is your gender?

1.	Male	
2.	Female	

2. How old are you?

3.		years

3. Where are you working today? (Select the appropriate block)

4.	Ward	
5.	Trauma	
6.	Emergency	
7.	Intensive care unit	

4. Are a full time or an agency employee?

8.	Full time	
9.	Agency	

5. On which shift are you now?

10.	Day duty	
11.	Night duty	

6. How many years of paediatric or PICU experience do you have after obtaining your basic nursing qualification?

12.		years

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7.1 Do you have a post basic qualification in paediatric nursing?

13.	Yes	
14.	No	

7.2 If "Yes", how many years of experience do you have in paediatric nursing after obtaining your paediatric nursing qualification?

15.	years	
16	Not applicable	

8.1 Do you have a post basic qualification in paediatric critical care nursing?

17.	Yes	
18.	No	

8.2 If "Yes", how many years of experience do you have in paediatric critical care nursing after obtaining your paediatric critical care nursing qualification?

19.	years	
20.	Not applicable	

9.1 Do you have a post basic qualification in critical care nursing?

21.	Yes	
22.	No	

9.2 If "Yes", how many years of experience do you have in critical care nursing after obtaining your critical care nursing qualification?

23.	years	
24.	Not applicable	

10. What is your current functional position? (Select more than one option if appropriate)

25.	Clinical nurse	
26.	Shift leader	
27.	Preceptor	
28.	Mentor or Clinical Facilitator	
29.	Coach	
30.	Operational / Unit Manager	

11. Have you received any in-service training on leadership?

31.	Yes	
32.	No	

12.1 Are you permanently assigned to the unit?

33.	Yes	
34.	No	

12.2 If "Yes", how long do you intend staying in the unit where you are working today?

35.	years	
36.	Unsure	

12.3 If unsure, why? (Select the appropriate block/s)

37.	Family responsibilities	
38.	Flexible hours	
39.	Job stress	
40.	Financial reasons	
41.	Other reasons ……………………… …………………………………………..	

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SECTION 2:

THIS SECTION AIMS TO DETERMINE YOUR OPINION AS A PAEDIATRIC NURSE, REGARDING THE CHARACTERISTICS OF AN IDEAL SUCCESSION INCLUDING A CAREER PLAN FOR PNs.

Please indicate whether you agree or disagree with the given statement. Please rate **all the statements** according to how you feel at present by placing and (X) in the appropriate box. Note that your personal view is important and there are no right or wrong answers.

- Agree
- Neutral
- Disagree

Variable		AGREE	NEUTRAL	DISAGREE
2.1	**PERFORMANCE ASSESSMENT AND APPRAISALS -** **It is important to me that during performance assessments and appraisals I am…**			
42.	Asked about my learning needs			
43.	Invited to participate in setting goals			
44.	Provided with a formal learning contract			
45.	Provided with specific learning opportunities			
46.	Provided with regular feedback on my work performance			
47.	Provided with evidence of good work performance			
48.	Acknowledged for good work performance			
2.2	**ADVANCEMENT / PROMOTION –** **For advancement and promotion opportunities, it is important to me that I am…**			
49.	Asked about my succession or career plan once a year			
50.	Asked about my learning needs towards the succession or career plan once a year			

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Variable	137	AGREE	NEUTRAL	DISAGREE
51.	Appraised annually			
52.	Appraised against a set of performance guidelines or criteria			
53.	Acknowledged for my professional achievements			
54.	Financially recognized for my experience			
55.	Informed of higher posts when they become available			
2.3 COMMUNICATION – **In a succession including a career plan, it is important to me that I…**				
56.	Attend stakeholders' meetings			
57.	Give input at meetings			
58.	Participate in decision-making process			
59.	Receive feedback from nurse leaders			
60.	Am updated on the outcomes of meetings			
61.	Receive information on organizational activities			
62.	Have an email address in my work place to facilitate the communication process within the hospital			

You are requested to respond to all the statements. Rate each statement according to the following scale and mark the appropriate box with an (X). Choose

- Yes, if you agree that the statement is an important characteristic.
- No, if you do not think that the statement is an important characteristic.

Variable		YES	NO
2.4	**LEADERSHIP SKILLS –** **In a succession including a career plan, it is important to me that I receive training on…**		
63.	Interpersonal skills		
64.	Supervision		
65.	Diversity management		
66.	Conflict management		
67.	Change management		
68.	Staff assignments or allocation		
69.	Delegation		
70.	Team building		
71.	Progressive disciplinary procedure		
72.	Budget and financing		
2.5	**IN-SERVICE EDUCATION AND TRAINING –** **It is important to me that in in-service education and training opportunities, I am…**		
73.	Trained on the different levels of leadership		
74.	Trained on the different leadership styles		
75.	Orientated on nurse leadership duties		
76.	Asked to assist with leadership duties		
77.	Allowed to job shadow nurse leaders		
78.	Assigned to a Coach		
79.	Provided with access to policies or procedures for leadership		

Variable		YES	NO
80.	Trained as a Coach		
81.	Trained as a Preceptor		
82.	Provided with an opportunity to precept new PNs		
83.	Trained on computers		
84.	Invited to participate in shift leading		
85.	Invited to participate in intergenerational or different age group in-service training approach		
86.	Allowed and encouraged to make my own decisions		
87.	Invited to participate in task teams		
88.	Provided with time to execute project tasks		

SECTION 3:

THIS SECTION AIMS TO DETERMINE THE VALUE THAT PAEDIATRIC NURSES
ATTACH TO A SUCCESSION INCLUDING A CAREER PLAN FOR PNs.

In your opinion, which factors would hinder or enhance the implementation of a
succession including a career plan.

89.	Describe the possible problems to the implementation of a succession including a career plan.
90.	Describe how a succession including a career plan could improve your work performance.

Kindly place your completed questionnaire in an envelope, seal it and post it
in the return box located in your central work or nurses' station.

Thank you for your participation in this study.

Annexure C: Ethics approval

UNIVERSITEIT·STELLENBOSCH·UNIVERSITY
jou kennisvennoot • your knowledge partner

11 February 2011   MAILED

Mrs M Petersen
Division of Nursing
2nd Floor
Teaching Block

Dear Mrs Petersen

Opinions of paediatric registered nurses on succession planning.

ETHICS REFERENCE NO: N10/11/396

RE : APPROVAL

A panel of the Health Research Ethics Committee reviewed this project on 20 January 2011; the above project was approved on condition that further information is submitted.

This information was supplied and the project was finally approved on 08 February 2011 for a period of one year from this date. This project is therefore now registered and you can proceed with the work.

Please quote the above-mentioned project number in ALL future correspondence.

Please note that a progress report (obtainable on the website of our Division: www.sun.ac.za/rds should be submitted to the Committee before the year has expired. The Committee will then consider the continuation of the project for a further year (if necessary). Annually a number of projects may be selected randomly and subjected to an external audit.
Translations of the consent document in the languages applicable to the study participants should be submitted.

Federal Wide Assurance Number: 00001372
Institutional Review Board (IRB) Number: IRB0005239
The Health Research Ethics Committee complies with the SA National Health Act No.61 2003 as it pertains to health research and the United States Code of Federal Regulations Title 45 Part 46. This committee abides by the ethical norms and principles for research, established by the Declaration of Helsinki, the South African Medical Research Council Guidelines as well as the Guidelines for Ethical Research: Principles Structures and Processes 2004 (Department of Health).

Please note that for research at a primary or secondary healthcare facility permission must still be obtained from the relevant authorities (Western Cape Department of Health and/or City Health) to conduct the research as stated in the protocol. Contact persons are Ms Claudette Abrahams at Western Cape Department of Health (healthres@pgwc.gov.za Tel: +27 21 483 9907) and Dr Hélène Visser at City Health (Helene.Visser@capetown.gov.za Tel: +27 21 400 3981). Research that will be conducted at any tertiary academic institution requires approval from the relevant hospital manager. Ethics approval is required BEFORE approval can be obtained from these health authorities.

Approval Date: 08 February 2011   Expiry Date: 08 February 2012

11 February 2011 10:56   Page 1 of 2

Fakulteit Gesondheidswetenskappe · Faculty of Health Sciences

Verbind tot Optimale Gesondheid · Committed to Optimal Health
Afdeling Navorsingsontwikkeling en -steun · Division of Research Development and Support
Posbus/PO Box 19063 · Tygerberg 7505 · Suid-Afrika/South Africa
Tel.: +27 21 938 9075 · Faks/Fax: +27 21 931 3352

Annexure D: Approval to conduct research: Groote Schuur Hospital

DEPARTMENT
of HEALTH
Provincial Government of the Western Cape

GROOTE SCHUUR HOSPITAL

REFERENCE: Research: Mrs. M. Petersen
ENQUIRIES: Dr B. Patel

Mrs. M. Petersen
25 Maximillian Street
Glenhaven
BELLVILLE
7530

Dear Mrs. Petersen

RESEARCH: NURSING RESEARCH "THE OPINIONS OF PAEDIATRIC REGISTERED PROFESSIONAL NURSES ON SUCCESSION PLANNING

Your recent letter to the hospital refers.

You are hereby granted permission to proceed with your research.

Please note the following:

   a) Your research may not interfere with normal patient care
   b) Hospital staff may not be asked to assist with the research.
   c) No hospital consumables and stationary may be used
   d) Please introduce yourself to the person in charge of an area before commencing.

I would like to wish you every success with the project.

Yours sincerely

Dr. Bhavna Patel
SENIOR MANAGER: MEDICAL SERVICES

Date: 7ᵗʰ March 2011

Groote Schuur Hospital
Private Bag,
Observatory, 7935
Telephone: 021 404-9111

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Annexure E: Approval to conduct research:

Red Cross War Memorial Children's Hospital

DEPARTMENT
of HEALTH
Provincial Government of the Western Cape

Red Cross War Memorial Children's Hospital

Tblake@pgwc.gov.za
Tel: +27 21 658 5788; fax: +27 21 658 5166
Klipfontein Rd, Rondebosch, 7700
Private Bag X5, Rondebosch, 7701

REFERENCE: Research - Approval
ENQUIRIES: Dr. TA Blake

Ms. M Petersen
Nursing
RCWMCH

Dear Ms. Petersen

RESEARCH: OPINIONS OF PAEDIATRIC REGISTERED PROFESSIONAL NURSES ON SUCCESSION PLANNING

I am pleased to inform you that your request to do research at the Red Cross War Memorial Children's Hospital has been approved.

Yours faithfully,

DR TA BLAKE
SENIOR MEDICAL SUPERINTENDENT
12 May 2011

Annexure F: Approval to conduct research: Tygerberg Hospital

DEPARTMENT
of HEALTH
Provincial Government of the Western Cape

Tygerberg Academic Hospital and
Mitchells Plain & Tygerberg Oral Health Centres

binde@pgwc.gov.za
tel: +27 21 938-5752 / fax: +27 21 938-6698
Private Bag X3, Tygerberg, 7505
www.capegateway.gov.za

REFERENCE : Research Projects
ENQUIRIES : Dr M A Mukosi

Date: 06 APR 2011

ETHICS NO: N11/11/395
Opinions of paediatric registered nurses on succession planning.

Mrs M Petersen
Division of Nursing
2nd Floor
Teaching Block

Dear Ms Petersen

In accordance with the Provincial Research Policy and Tygerberg Hospital Notice No 40/2009, permission is hereby granted for you to conduct the above-mentioned research here at Tygerberg Hospital.

DR D ERASMUS
CHIEF DIRECTOR: TYGERBERG HOSPITAL
06/04/2011

Certified a true copy of the original which bears no noticeable evidence of alteration by an unauthorised person.
NAME: N. Jacobs
RANK: N.A.C
DATE: 4.5.11
Red Cross War Memorial
Children's Hospital, RONDEBOSCH W.C.

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Annexure G: Declaration by technical formatter

To whom it may concern

This letter serves as confirmation that I, Lize Vorster, have performed the technical formatting of Marleen Patricia Petersen's thesis which entails ensuring its compliance with the Stellenbosch University's technical requirements.

Yours sincerely

Lize Vorster

Vygie street 9, Welgevonden Estate, Stellenbosch, 7600 * e-mail: lizevorster@gmail.com * cell: 082 856 8221

Annexure H: Declaration by language editor

LONA'S **L**ANGUAGE **S**ERVICES

English-Afrikaans
* Translations
* Editing
* Proof-Reading
* Academic Manuscript Preparation
* Archival Research
* Transcriptions from Archived Documents

Member South African Translators Institute (SATI)

3 Beroma Crescent
Beroma
Bellville 7530

13 December 2011

TO WHOM IT MAY CONCERN

This letter serves to confirm that the undersigned

ILLONA ALTHAEA MEYER

has proof-read and edited the document contained herein for language correctness.

(Ms IA Meyer)

SIGNED

Email: ilona@lsphotong.co.za   Tel: 27 21 9514257   Cell: 27 76 264 8454   Fax: 0865148540
3 Beroma Crescent Beroma Bellville 7530

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