


Causative Factors of Turnover
Among Public Sector Registered
Nurses.

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The crest of the University of Stellenbosch is centered behind the text. It features a shield with a book and a quill, topped with a crown and a banner. The Latin motto "Pectora valent cunctis recti" is inscribed on a ribbon at the bottom of the crest.

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DECLARATION

I, the undersigned, hereby declare that the work contained in this assignment is my original work, and I have not previously in its entirety or in part submitted it at any university for a degree.

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1 September 2000

ABSTRACT

Managing human resources is crucial to the efficient and effective delivery of quality health care. However, turnover of nurses constitutes a major factor in the shortages of staff which are being experienced by the nursing profession in the Republic of South Africa. Shortages of trained nurses with experience, particularly in public sector hospitals, have adverse effects on the provision of efficient and effective quality health care to the consumers of this service.

The aim of the study was to provide an understanding of and insight into those inherent problems in the health sector that propel nurses to leave public sector institutions. The overall objective was to investigate and identify some of the factors which exercised an influence on the turnover of registered nurses in public sector hospitals, so as to be able to provide suggestions to hospital managers on the more effective management of human resources, in order to retain nursing personnel.

The research was based on a model of nursing turnover which regarded voluntary withdrawal as a process in which feelings of satisfaction with pay, on the one hand, and the opportunity of obtaining alternative jobs in the labour market, on the other, were proposed as the primary causative factors of turnover behaviour. In addition the propositions, made in literature reviewed, that age, tenure, kinship responsibility, general training, education, professionalism, marital status, 'intent to stay', job satisfaction, routinization, job autonomy and responsibility, instrumental communication, promotional opportunity, integration, supervisory relationships, distributive justice, work-load, and local kin acted as predictors of turnover, were also investigated.

The research was conducted with a sample of 123 nurses in one hospital, Groote Schuur, situated in the Western Cape Province of the Republic of South Africa. The sample included registered nurses, senior

professional (registered) nurses, and chief professional (registered) nurses. The data was gathered from respondents by means of a self-administered questionnaire. In addition, data was gathered by means of semi-structured, open-ended discussions with nursing management. The hypothesised interactions between variables influencing nursing turnover were explored by means of basic statistics, which made it possible to assess the effects of both independent and dependent variables.

The results of data analysis provided some support for the proposition contained in the hypothesis. The determinants whose increase produced a greater degree of turnover were firstly, the many jobs available outside the hospital and secondly, professionalism. The determinants whose increase resulted in reductions in turnover were "intent to stay" (which the researcher views as a dimension of commitment), the existence of local kin (kinship responsibilities), participation in making job-related decisions (job autonomy), the receipt of sufficient work-related information (instrumental communication and good supervisory relationships), and tenure. The determinants whose decrease resulted in increased turnover were promotional opportunities, distributive justice, pay satisfaction, job satisfaction, integration, opportunity for self-development, age and tenure.

Turnover of nurses has serious ramifications for employers, patients, and the nursing profession itself. Effective management of employee turnover is of critical importance to health care providers, employees, and patients. Better control of turnover can improve the quality of patient care, reduce labour costs, and improve employee morale.

OPSOMMING

Die bestuur van menslike hulpbronne is die deurslaggewende omstandigheid ten einde die lewering van effektiewe en doeltreffende gesondheidsorg van gehalte. Nietemin, dra die omset van verpleegkundiges grotendeels by tot die personeeltekort wat tans deur die verpleegprofessie in Suid-Afrika ondervind word. Die tekort aan ervare, opgeleide verpleegkundiges, veral in die openbare sektor staatshospitale, het 'n nadelige uitwerking op die voorsiening van effektiewe en doeltreffende gesondheidsorg van gehalte aan die verbruikers van hierdie diens.

Die doelwit van die studie was om 'n begrip te ontwikkel vir, en 'n insig te probeer kry in, daardie inherente probleme binne die gesondheidssektor wat verpleegkundiges dryf om die staatsinstellings te verlaat. Die oorkoepelende doel was die ondersoek en identifikasie van sommige faktore wat die omset van geregistreerde verpleegkundiges in staatshospitale beïnvloed. Die doel hiervan was om voorstelle aan hospitaal bestuurders te kan voorsien ten opsigte van die meer doeltreffende bestuur van menslike hulpbronne, in die strewe na behoud van verpleegpersoneel .

Die navorsing is gebaseer op 'n model van verpleegomset wat vrywillige onttrekking as 'n proses beskou het waar gevoelens van salaris-tevredenheid, aan die een kant, en geleentheid tot alternatiewe betrekkinge in die arbeidsmark, aan die ander, as die primêre veroorsakende faktore van omset-gedrag voorgestel is. Daarbenewens is die stellings vanuit die literatuurstudie dat die volgende dien as voorspellers van omset ook ondersoek: ouderdom, ampstermyn of dienstyd, verantwoordelikheid teenoor familie, algemene opleiding, opvoeding, professionalisme, huwelikstatus, 'voorneme om te bly', werksbevrediging, roetine, selfbestuur en verantwoordelikheid in die werksomgewing, bevorderlike kommunikasie, bevorderingsgeleentheid,

integrasie, toesighoudende verhoudings, toedelende gereg, werkslading en plaaslike naasbestaendes.

Die navorsing is uitgevoer met gebruik van 'n monster van 123 verpleegkundiges van een hospital, die Grootte Schuur Hospital, geleë in die Wes-Kaap Provinsie van die Republiek van Suid Afrika. Die monster het geregistreeerde verpleegkundiges, senior geregistreeerde verpleegkundiges en hoof geregistreeerde verpleegkundiges ingesluit. Die data is verkry van respondente deur middel van 'n self-toegediende vraelys. Daarbenewens, is data versamel deur half-gestruktureerde, nie-geslote besprekings met van die verpleegbestuur. Die interaksie tussen veranderlikes ten opsigte van verpleegomset wat veronderstel is, is ondersoek deur middel van basiese statistiek, dus kon die uitwerking van afhanklike en onafhanklike veranderlikes bepaal word.

Die uitslae van data-ontleding het wel ondersteuning verleen aan die voorstelling soos uiteengesit in die hipotese. Die determinante wie se toename 'n toename in die omsetkoers tot gevolg gehad het was, eerstens, meer werksgeleenthede buite die hospitaal en, tweedens, professionalisme. Die determinante wie se toename tot 'n vermindering in omset bygedra het was 'voorneme om te bly' (wat die navorser as binne die omvang van toewyding beskou), deelname aan werksverwante besluitneming (werks outonomie), die ontvangs van genoegsame werksverwante inligting (bevorderlike kommunikasie en goeie toesighoudende verhoudings), en ampsduur (dienstyd). Die determinante wat tot 'n vermindering in omset lei is bevorderingsgeleenthede, toedelende gereg, salaris bevrediging, geleenthede tot self-ontwikkeling, ouderdom en ampsduur.

Die omset van verpleegkundiges het verreikende gevolge vir werkgewers, pasiënte en die verpleegberoep self. Doeltreffende bestuur van werknemer-omset is van kritiese belang vir gesondheidsorg voorsieners, werknemers en pasiënte. Die meer effektiewe beheer van omset kan die kwaliteit van pasiëntesorg verbeter, arbeidsonkoste verminder en die moraal van werknemers verbeter.

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LIST OF ACRONYMS

DENOSA	Democratic Nursing Organization of South Africa
EAP	Employee Assistance Programs
HOSPERSA	Hospital Personnel Trade Union of South Africa
ICU	Intensive Care Unit
NEHAWU	National Education, Health and Allied Workers' Union
PAS	Personnel Administration Standards
RAU	Rand Afrikaans University
SANC	South African Nursing Council
VSP	Voluntary Severance Package

CHAPTER 1

1. GENERAL OVERVIEW

1. 1. Introduction

Nursing is a human science profession primarily concerned with the care of human beings as they evolve from conception through death. Nursing is thus viewed as a service-orientated calling, the goal being to facilitate wholeness in the form of physical, mental (soul) and spiritual health (Muller, 1996:11). Muller (1996:12) points out that nursing, therefore, is regarded as a goal-directed service which is directed towards assisting the individual, family, and community to promote, maintain and restore health. Nursing care has always been a necessary function in any societal system.

The vocation of nursing, which is as old as human beings themselves, has passed through many more changes than have most other occupations. As Mellish & Lock (1992:304) point out, until comparatively recently the only nursing to which the title *profession* could justifiably have been appended was that inspired by religious, or at least charitable, motives. This led to nurses in the religious orders being called to a life devoted to the care of the sick. Those who were charitably disposed, although not necessarily members of religious orders, also cared for the sick as a philanthropic act, but the majority of sufferers were out of reach of these people and had to rely on family, friends or other persons for care. It is largely due to the endeavours of Florence Nightingale that nursing has achieved the recognition and status of a profession (Mellish & Lock, 1992:304).

Nursing as a profession is based on caring for others. Nursing values and the very spirit of nursing are embodied in various codes, pledges and oaths. These statements are important because they reflect a worldwide consensus in the profession about what constitutes the professional ethics of nursing. In addition, they inform the public as to what they can expect from nurses and nursing (Searle & Pera, 1995:133). The philosophical framework of nursing in South Africa has been published in respect of the Nurses' Pledge which

nurses and midwives take after the completion of their basic training. The Pledge or Code of Service, which is derived from the Nightingale Pledge, reflects the nursing profession's specific convictions about nursing. It is described as the light beacon of nursing (Muller, 1996:14). When taking the Pledge, the nurse enters into a verbal agreement with the community. This implies that the nurse will always put the patient first; that is, his or her own interests will always come second (Muller, 1996:14).

As White (1988:18) points out, nurses have traditionally been characterized by altruism, and continue to be so. Politicians have found this element of the nursing profession convenient in order to keep nurses out of major policy-making as well as to maintain low levels of pay and, on the whole, poor working conditions (White, 1988:18). While the doctors have been able to demand high rates of remuneration and the best equipment, nurses have had to make do with poor salaries and the minimum of equipment (White, 1988:18). White (1988:18) contends, therefore, that nurses' spirit of altruism and their willingness to put the patient first have ensured that they make do with minimum equipment in their technical work. Also, nurses take over the work of domestic, clerical, administrative and technical workers after 5:00 pm when these workers finish their work and at weekends. However, in recent years, nurses have had to put to question the principle of altruism as a sufficient foundation for establishing or maintaining a good health service.

It must also be noted that the demands being made on the nursing profession, in terms of the availability of trained nurses, are likely to increase over time. For example, the constitutional right of every person to have access to health care is increasingly becoming an accepted doctrine. This is manifested by the growing numbers of the previously disadvantaged section of the population of South Africa, particularly pregnant mothers, the unemployed and children under 6 years being allowed to benefit from free medical treatment according to government legislation. This has allowed greater numbers of people to make use of hospital and other nursing services. What this means, therefore, is that the demand for sufficient nurses to perform these duties becomes a necessity. Also, because of technological advancement that has pervaded all spheres of life, specialized training in theatre and intensive care nursing has

demanded increased knowledge and skills in these and other fields from nurses. Against this background, therefore, the quality of nursing care being provided for the consumers of this service is dependent on the adequate supply and retention of suitably qualified nurses. The question arises; however, as to whether the nursing profession at present has the ability to attract and retain trained nurses with the required skills and experience. It is against the turmoil in the nursing profession that this study investigates the causative factors of turnover among registered nurses in the South African public health sector. As Tai & Robinson (1998:21) point out, managing human resources is crucial to the efficient and effective delivery of quality health care.

1.2. The Problem Statement

Against this background withdrawal behaviours, referred to in this study as turnover and absenteeism, are a significant problem in the nursing profession. They are commonly attributed to the stressful nature of the job of nursing. This problem centres on two issues, namely, the inability of the nursing profession to attract new members and the high rates of turnover among present personnel. The South African public sector hospitals are faced with a "brain drain" in which highly skilled registered nurses are leaving for "greener pastures" either in the private sector locally or in overseas hospitals. As a consequence, there is public concern about the deteriorating standard of health care rendered in public hospitals. For example, as Moholo & Khoza (1999: 34) point out, in most public health services patients have to wait too long before they can be attended to, or are being returned home because treatments, or certain kinds of medicines, are not available. There are also complaints of the public being subjected to the negative attitudes of nurses who are themselves demotivated. The seriousness of the competition for the services of these disgruntled nurses, who are recruited to work abroad for attractive salaries and in better working conditions, has prompted the introduction of a ban on their recruitment in a country like the United Kingdom by the request of former President Nelson Mandela (Nursing Update, 2000:13). Numerous reports from hospital authorities have stated that wards have had to be closed because there were insufficient numbers of nurses to

staff them. The major question of this study is to determine the causative factors of turnover among nurses in South African public health institutions.

To this end, the Research Question is:

1.2.1. What is the impact of opportunities of obtaining alternative jobs and pay satisfaction on turnover of registered nurses in the South African Public Health Sector?

1.3. Hypothesis

The researcher, therefore, argues that the opportunity of obtaining alternative jobs in the labour market and decreased pay satisfaction produce an increase in turnover among registered nurses.

1.4. Motivation of the Study

Two main problem areas resulting in the shortage of nursing personnel have been delineated; namely, the inability of the nursing profession to attract new members and high rates of turnover among present personnel. This study will concentrate on the latter aspect of the problem; namely, turnover among hospital nurses.

The major objective of this study is to explain the turnover of hospital nurses. The topic has been selected because of practical problems currently being experienced in the public health services of South Africa. As the researcher is a nurse by profession, the choice of the topic is dictated by a deep-seated interest in nursing as a provider of this invaluable service to the citizens of this country. The purpose of this study, therefore, is to provide an understanding of those inherent problems in the health sector that propel nurses to leave public health institutions. Because the nature of the service of preserving lives, which is provided by nurses, is so valuable that a low standard rendered often leads to public concern and also endangers patients' lives, the overall objective of this study is to identify key significant variables as predictors of turnover. In other words, an important goal of this study is to indicate the

relative influence of the major determinants in terms of their impact on turnover. Hopefully, the results of the study will stimulate constructive suggestions and recommendations that will act as guidelines to management practices of health services providers which will enable them actively and creatively to manage turnover.

1.5. Limitations of the Study

It is advisable to say what is not intended with the research. This helps the researcher to apply his energies to the problem statement and not waste time on matters which are not directly associated with the problem. With this in mind, this study will confine itself within the South African context, but will adopt a comparative dimension. In this study, no attempt will be made to explain involuntary separations, such as dismissals, layoffs, retirements, and deaths. Transfers and promotions, since they take place within organizational boundaries, are also excluded. This study, then, like most research on turnover, focuses only on voluntary separation. The focus on voluntary separations does not mean that the nurses who remain in hospital employment will be ignored. Time constraints within the confines of this study will not allow for the exploration of information that does not fall within the ambit of this study, but such information will form the basis for further study.

1.6. Research Methodology

Brynard & Hanekom (1997:28) make the point that the methods of collecting data necessitates a reflection on the planning, structure and execution of the research in order to comply with the demands of truth, objectivity and validity. In compliance with the above requirements, the researcher had a preliminary discussion with his study leader, and also attended an orientation programme on research methodology at Stellenbosch University in preparation for adherence to the demands of reliability and validity for the conduct of this study. The researcher also attended a workshop on techniques of drawing up information from different electronic databases. After the researcher had analyzed the research problem, a combination of research methodologies and interdisciplinary research, that is a plurality of research methodologies, was employed in order to come up with authentic findings. The researcher took

cognizance of the biases such as leading questions, improperly selected samples of interviewees, asking direct questions, seclusion of relevant people involved in a specific administrative unit, and the posing of general, non-detailed questions without checking conflicting data, as quoted in Brynard & Hanekom (1997:37). The researcher has used the Harvard system of referencing. The researcher has submitted his assignment to the language specialists for checks on technicalities and the questionnaire to a specialist for rectification of mistakes.

The method of data collection was within a qualitative methodology. To save time and money the researcher used a convenient sample, that is, Groote Schuur Hospital in Cape Town; Western Cape Province. Groote Schuur Hospital was the focus of investigation because the researcher has access to it and previously worked there. The techniques for data collection were in the form of a literature review, a questionnaire, and semi-structured, open-ended interviews. A literature review is used to obtain perspectives of the best methods, instruments for measurement, and statistics, which can be used. Interviews were conducted to gather direct information from the nursing management. Questionnaires were issued to nurses currently working at the hospital in order to minimize the role and influence of the interviewer and to enable a more objective comparison of the results. The questionnaire is used as a control mechanism for those target groups which the researcher was not able to interview.

1.7. Ethical Considerations

Approval to conduct this study was granted by the University of Stellenbosch after presentation of the research topic in the presence of the panel of academic staff. The permission of the authorities at the targeted hospital was sought prior to the conduct of the survey. To protect the human rights and welfare of the individual, all participants were fully informed about the purpose of the study. The front page of the questionnaire made it clear that participation was voluntary and anonymous. Interviewees' permission for tape recording was sought prior to commencement of interviews. Also, the right to privacy and confidentiality was assured and adhered to. This was necessary

because researchers should have high concerns for protecting privileged information and their informants. The researcher, therefore, was careful to uphold his promises, to maintain the trust of individuals, and to safeguard sensitive information about the organization. (See attached questionnaire in Appendix A).

1.8. Clarification of Concepts

In this study, the researcher will work with the following key concepts, which are defined here in order to clear up any possible ambiguities and obscurities:

1.8.1. Turnover

Turnover means the voluntary separation of an individual from an organization. In this study, turnover will be used interchangeably with voluntary separation.

1.8.2. Job Satisfaction

Job satisfaction is the degree to which individuals like their work. It is the match between what the employee wants from the job, and the extent to which the job meets the individual's needs, expectations and requirements.

1.8.3. Public Sector

Public Sector services are those provided by and through government structures (national or provincial departments of health or local government), for the benefit of all citizens.

1.8.4. Efficient

That which will assure the attainment of the best outcome or result at the lowest possible cost. This means expending the least amount of resources necessary to achieve the desired outcome or result.

1.8.5. Effective

That which is able to achieve the desired outcome, result, or goals.

1.8.6. "CORE" means Code of Remuneration, as defined in regulation iii 1.3 to 1.5.

1.8.7. Variable

A variable can be defined as an empirical factor or property, which is capable of employing two or more values.

1.8.8. A Dependent Variable

It is that factor which is observed and measured to determine the effect it has on an independent variable. The dependent variable varies with the introduction or removal (manipulation) of the independent variable.

1.8.9. An Independent Variable

It is that factor which is deliberately varied, manipulated or selected by the researcher in order to determine its relationship to an observed phenomenon, which constitutes the dependent variable

1.8.10. Extrinsic Motivation

Motivation through means other than pay incentives, which is provided directly by the organization through recognition, skill development and learning and career opportunities.

1.8.11. Intrinsic Motivation

Motivation from the work itself, which is achieved by satisfying individual needs for achievement, responsibility, variety, challenge, influence in decision making and membership of a supportive team.

1.8.12. Registered Nurse

In this study, a registered nurse is a person registered with the South African Nursing Council (SANC), and who practises his or her profession for gain in any capacity that prescribes registration as a nurse as a pre-employment requirement. Such a person must have proof of his or her competence, the education undergone and of the successful completion of the qualifying examination as prescribed by the SANC.

1.9. Chapter Outline

The first section is a general introductory phase discussing turnover among hospital nurses. The concept *nursing* is explained. The nature of the problem is illustrated. The researcher compares the research question with the hypothesis of the study. Furthermore, the researcher highlights the aims, limitations, and research methodology to be followed. Ethical considerations and clarification of concepts to be used are incorporated in this section.

The second chapter discusses the theories associated with turnover. Variables regarded as determinants of nursing attrition are explored.

The third chapter discusses policies, Acts, regulations and codes impacting on the nursing profession. To gather data about what is actually happening in practice, interviews are conducted with the nursing management of Groote Schuur Hospital, the focus of investigation.

The fourth chapter is an in-depth analysis of data collected through a self-administered questionnaire. Statistical analysis of this data is correlated with theory.

The fifth and final chapter is the conclusion and recommendations. In his concluding remarks, the researcher seeks to draw together the findings and examine their implications for the trend of turnover. In particular, this entails exploration of alternative ways of managing human resources to eliminate the problems identified.

CHAPTER 2

2. GENERAL THEORETICAL FRAMEWORK

2.1. Introduction

Numerous studies in the field of turnover have focused on the prediction of turnover. The interest in this field could be attributed to the negative spin-offs associated with withdrawal behaviours. Therefore, an understanding and early detection of the predictors of turnover can yield positive spin-offs for organizations. It is of interest to note the importance attached by contemporary studies to a comprehensive approach in investigating the causative factors of turnover, in order to be able to reach an authentic understanding of this phenomenon.

The purpose of this section of the study is to review the literature in order to identify those variables which have been hypothesized to be related to turnover. As the aim of this study is to identify the causative factors of turnover behaviour, these variables will be described at great length. Also, during the discussion, those variables that may be identified as intervening between determinants of turnover and actual turnover will be mentioned. The discussion of the variables associated with turnover will be explained within the context of theories of motivation as espoused by many authors who have done research in this field.

2.2. Managing Human Resources

Labour (human resources) is the only resource in an organization that reacts when acted upon. This means that, with the exception of human resources, all resources of an organization are static (Gerber et al., 1987:3). In the context of the South African public sector, for example hospitals, the efficient and effective management and utilization of human resources cannot be overemphasized.

Human resources management refers to activities, policies, beliefs and the general function that relates to employees or the personnel department (Holley & Jennings in Gerber et al., 1987:9). Griffin (1996:382) defines human resource management as a set of organizational activities directed at attracting, developing, and maintaining an effective workforce. According to Armstrong (1995:42), human resource management can be defined as a strategic and coherent approach to the management of an organization's most valued assets. The assets are the people working for the organization who individually and collectively contribute to the achievement of the objectives of the health services. As Tyson (1995:15) suggests, management of labour is a fundamental process within any society because it creates the kind of society in which people live.

As Griffins (1996:382) points out, human resources are critical for effective organizational functioning. The management of human resources was once relegated to second-class status in many organizations, but its importance has grown dramatically in the last two decades. Its new importance stems from increased legal complexities, the recognition that human resources are a valuable means of improving the rendering of service, and the awareness today of the costs associated with poor human resource management (Griffin, 1996:383). This is, therefore, the main reason why much attention is paid to what now is called human resource management. Robbins (1982:10) maintains that human resource management is concerned with the "people" dimension in management. Since every organization is made up of people, acquiring their services, developing their skills, motivating them to high levels of performance, and ensuring that they continue to maintain their commitments to the organization are essential to achieving organizational objectives (Robbins, 1982:10). As Robbins (1982:10) argues, this is true regardless of the type of organization, whether government, business, education, health, recreation or social action. Getting and keeping good people is critical to the success of every organization, whether profit or nonprofit, public or private.

According to Armstrong (1995:42), the emphasis in human resource management is on the following:

- The interests of management;
- Adopting a strategic approach that integrates human resource strategies with organizational strategies;
- Treating people as assets to be invested in, in order to further the interests of the organization;
- Obtaining added value from people by the processes of human resource development and performance management;
- Gaining the commitment of people to the objectives and values of the organization;
- The need for a strong corporate culture expressed in mission and value statements, re-inforced by communications, training and performance management processes.

Human resource management is thus essentially a service-orientated philosophy concerning the management of people in order to achieve competitive advantage (Armstrong, 1995:42). The point is made by Robbins (1982:10) that those organizations that are able to acquire, develop, stimulate, and keep outstanding workers will be both effective and efficient. Those organizations that are ineffective or inefficient risk the hazards of stagnation or death (Robbins, 1982:10). Robbins (1982:10-11) therefore states that survival of an organization requires competent managers and workers co-ordinating their efforts toward an ultimate end. Organizations that are unsuccessful in getting such co-ordination from managers and workers will ultimately fail. As Robbins (1982:11) suggests, looking at human resource management more specifically, it is a process consisting of four functions; the acquisition, development, motivation, and maintenance of human resources.

Schuler (1981:5) points out that the two major purposes of human resource management are to enhance productivity and the quality of work life. According to Schuler (1981:6), there are many criteria associated with productivity and quality of work life, but in evaluating the effectiveness of the

personnel functions and activities, the criteria most frequently used are employee performance, satisfaction, and health. Schuler (1981:6) states that symptoms of malfunction are high turnover and absenteeism. Moreover, there are other criteria used in evaluating specific functions and activities. For example, the staffing function can be evaluated by its ability to attract good job applicants and by how well the people actually hired do in terms of performance, absenteeism, turnover and satisfaction.

2.3. Importance of Personnel / Human Resources

The success of governmental organizations, for example, is almost exclusively dependent on their ability to have effective employees. However, personnel activities are also critical in capital-intensive industries such as automobile manufacturing or petroleum production (Heneman & Schwab, 1986:4). Heneman & Schwab (1986: 4) maintain that effectiveness strongly influences such things as the ability to accomplish collective environmental objectives, compete in international affairs and support those members of society who cannot provide for themselves. A reasonably stable workforce performing psychologically acceptable jobs makes a necessary contribution to a stable and cohesive society (Heneman & Schwab, 1986:4). According to Heneman & Schwab (1986:4), the type of organization one is attracted to, the type of job and the financial rewards connected with performing the job, all result from human resource activities. The tremendous impact of human resource objectives and activities affect most men and women between the ages of twenty and seventy (Heneman & Schwab, 1986:4).

Price et al. (1998:5) point out that all organizations must have competent human resources to be successful. Jobs are matched to individuals with specific skills, aptitudes, and values. Therefore, the degree to which this process is successful is reflected in job performance, employee satisfaction, and employee job absence behaviour. As Price et al. (1998:5) suggest, the processes of recruitment and orientation of employees are costly in terms of money, time and energy. To maintain productivity and minimize training costs, retention of skilled workers is preferable to recruiting new ones. Since most health care institutions are labour intensive, human resource management is

critical to organizational success (Price et al., 1998:5). Price et al. (1998:5) therefore maintain that quality of work life is important because individuals strive to satisfy personal needs and goals through work. Therefore employers need to consider concepts such as participative problem solving, flexible hours and work recruiting, innovative reward and incentive programs and opportunities to be part of improvement through empowerment to improve the quality of work life for employees. People generally agree that the only long-term resource advantage for industries today is in the area of human resources.

2.4. Causal Factors Associated with Turnover and Absenteeism

Turnover is a universal phenomenon in that it occurs in all organizations to a greater or lesser degree. In practical terms, turnover represents a major problem, particularly in terms of recruitment costs and organizational continuity. For nursing and health care organizations, additional concerns include the ability to care for patients and the quality of care given. As a result of its importance and ubiquitous nature, turnover has been the subject of an extensive number of studies in many disciplines (Lum et al., 1998:307). The resulting models of turnover hypothesize numerous causes and consequences. Only those studies that provide the basic background of these models and are relevant to nursing turnover will be presented below.

2.4. 1. Personal Factors

Job turnover is often influenced by personal factors such as age, tenure, kinship responsibility, general training, education, professionalism, marital status, and intent to stay.

2.4.1.1 Age

There has been considerable investigation into the relationship between turnover and age, indicating a consistent pattern of inverse relationship with health care facility staff turnover. Gray & Phillips in Tai et al., (1998:1915) found that turnover rates were significantly higher among nursing staff of younger age groups than older age groups. Younger employees have a

higher probability of leaving. According to Mobley (1982:96-97), the age-turnover relationship may be based on a number of influences. Younger employees may have more entry-level job opportunities and few family responsibilities, thus making job mobility easier. They may also have inaccurate expectations regarding working, which are not fulfilled in their early jobs.

George in Tai et al., (1998:1915) found that age was positively correlated with the estimated nursing home staff length of stay on the job. Also, Lowery & Jacobsen in Tai et al., (1998:1915) found an inverse relationship between age and turnover for hospital nurses. Knapp & Missiakoulis in Tai et al. (1998:1915) also reported that age was a significant predictor of turnover propensity, in which the propensity to leave decreases with age up to fifty-nine. Mobley et al. in Tai et al., (1998:1915) reported that "age-tenure", a composite of the standardized age and tenure variables, was inversely correlated to hospital employees' intention to quit, but not with actual turnover.

Parasuraman in Tai et al., (1998:1915) found that age was inversely related to job termination of hospital nurses; however, age showed a similar but not significant relationship with job termination in the multiple regression analysis. Both the studies of Robinson & Tai in Tai et al., (1998:1915) of dialysis staff turnover also showed that older employees had significantly lower likelihood of turnover than younger ones, even when controlling for tenure; the likelihood of turnover decreased by 7% with each added year of age. Price & Mueller (1981:3) reported that age was not significantly related to unit rates in their study of hospitals. Although the relationship between turnover and age has clearly been demonstrated, age usually does not account for more than 7% of the variance in turnover and, furthermore, is correlated with so many other factors that it does not contribute a great deal to the understanding of turnover (Birkenbach, 1982:21).

2.4.1.2. Tenure

As in the case of age, there has been considerable evidence of consistent inverse relationship between turnover and tenure. Longer tenured employees have more human capital invested in the organization; thus, they may be

more reluctant to leave an organization than those with less tenure (Abelson in Tai et al., (1998:1917). Gray & Phillips in Tai et al., (1998:1917) found that turnover rates were significantly higher among nursing staff of shorter length of service than those with longer years of service. Bloom et al. in Tai et al. (1998:1917) found that length of tenure was inversely related to hospital nurse turnover. The study of Ferris & Rowland in Tai et al., (1998:1917) of hospital nurses found increased tenure was a significant moderator of intention to leave; however, absenteeism may be a confounding factor. Their study indicated that low-tenured nurses who were absent more frequently tended to be less inclined to leave, whereas high tenured nurses who were absent more tended to have stronger intent to leave.

Mobley et al. in Tai et al., (1998:1917), in a study of hospital employees, indicated that age-tenure had a significant inverse relationship with intention to quit and intention to search for an alternative job, but did not show a significant relationship with actual turnover. Mueller & Price in Tai et al., (1998:1917) found that tenure and unit rates were directly correlated. Robinson & Tai in Tai et al., (1998:1917) showed a significant inverse relationship between dialysis employee tenure and the likelihood of turnover. Seybolt et al. in Tai et al., (1998:1917) found that hospital nurses who left had a significantly shorter tenure than the stayers. Although the mean of tenure was not significantly different in stayers, avoidable leavers, and unavoidable leavers in a study by Abelson of nurses in nursing homes, the pattern was similar. Using intention to leave as a turnover measure, Lane et al. in Tai et al. (1998:1917) found that tenure was not significantly related to intention to leave by hospital nurses. Thus Lane et al.'s study showed an inverse relationship between tenure and the intention to leave by hospital nurses.

2.4.1.3 Kinship Responsibility

Kinship responsibility is the degree of an individual's obligation to relatives in the community in which the employer is located. Marriage, children, and relatives are the sources of increased kinship responsibility. The greater the number of local kin, the greater the kinship responsibility (Price & Mueller, 1981:21). Along similar lines, Birkenbach (1982:22) argues that as family size

increases, women are likely to experience a greater commitment to family than to work. On the other hand, increased family size would tend to underline men's role as breadwinners and serve to increase stability. The suggestion by Price & Mueller (1981:21) is that increased kinship responsibility reduces turnover by increasing the nurse's intent to stay. Obligations of kinship are fulfilled by continued residence in the community and by continued work with the same employer. Thus increased intent to stay with the employer is brought about by virtue of the location of the employer in the same community as the kinship members.

Generally, the results relating family responsibility to turnover have been mixed. According to Birkenbach (1982:23), Porter & Steers and Muchinsky & Tuttle have concluded that increased family responsibilities give rise to increased turnover, for both men and women. This certainly appears to be the case for nurses as Saleh et al. (1965) found that approximately one third of a sample of nurses who left the profession cited "family reasons" as their primary reason for leaving (Birkenbach, 1982:23). On the other hand, a study by Federico et al. in Birkenbach (1982:23) among female employees found that female responsibility was negatively related to turnover. As they put it, "women with a fair amount of family responsibility would tend to remain on the job longer in order to meet their perceived obligations". (It is therefore stated by Birkenbach (1982:23) that the reader should note an error in the text of Muchinsky & Tuttle (1979). They give the impression that Federico et al. (1976) present support for the contention that family responsibility is positively related to turnover, whereas the study, as pointed out above, in fact presents evidence for a negative relationship).

2.4.1.4 General Training

According to Price & Mueller (1981: 20), general training is the degree to which the occupational socialization of an individual results in the ability to increase the productivity of diverse organizations. The claim by Price & Mueller (1981:20) is that general training influences turnover through intent to stay. The implication is that individuals with general training would seem to have less intention to stay with the employer than individuals with specific

training. This influence of intent to stay would primarily be the result of the location of the training. General training takes place outside the premises of the employer, whereas specific training is provided on the job. The claim by Price & Mueller (1981:20) is that baccalaureate nurses have more general training than diploma nurses because the former are trained in universities and colleges, while the latter are trained in hospitals. This claim by Price & Mueller is contentious, but the researcher does not intend to get bogged down in an argument that is not within the focus of the study. However, it is possible that the impact of general training on turnover could be mediated by job satisfaction.

2.4.1.5 Education

Price in Birkenbach (1982:24) suggests that there is “weak support” for the contention that education and turnover are negatively related. According to Birkenbach (1982:24), earlier works by Pettman, March & Simon have expressed similar views. In a comparatively recent study among women employees, Federico et al. found a negative relationship, but other recent studies have found non-significant associations.

As Tai et al., (1998:1916) suggest, the personal needs or career ambitions of most health care employees may be directly related to educational level. Therefore, one may expect that individuals with more education (nurses trained in universities and colleges) may be more likely to quit in order to seek career advancement if there are limited opportunities in their current organization. However, studies have shown that turnover and education are not related. Therefore, neither a strong nor a consistent relationship between education and turnover is evident in the literature. As Mobley (1982:98) points out, since many turnover studies are based on individuals with similar education, a relationship between turnover and education is difficult to establish. Furthermore, the meaningfulness of education as a variable is questionable given the wide disparity in the quality of education.

2.4.1.6 Professionalism

Professionalism is the degree of dedication by individuals to occupational standards of performance. The greater the dedication to occupational

standards, the greater the professionalism (Price & Mueller, 1981:19). As observed by Price & Mueller (1981:19), as a rule, professionalism appears to vary with the extent to which an occupation is based on systematized and generalized knowledge. As an example, medicine requires more knowledge of this type than nursing, and physicians generally appear to be characterized by greater professionalism than nurses. Price & Mueller (1981:19) therefore argue that nurses characterized by a high degree of professionalism exhibit, for example by their behaviour, greater adherence to the performance standards emphasized by their nursing profession than nurses characterized by a low degree of professionalism. Price & Mueller (1981:19) therefore suggest that a high degree of professionalism (commitment to professional skills) results in strong orientations to the profession rather than to the employing organization. This, in turn, leads to less intent to stay in the employing organization, which finally produces greater turnover.

Higher levels of professionalism are hypothesized to lead to higher levels of turnover by decreasing commitment to a particular organization. It would appear that this factor is somewhat akin to the concepts of "locals" and "cosmopolitans". "Cosmopolitans" are considered to be persons with strong professional associations and are less bound to their organizations. "Locals", on the other hand, express greater commitment to the organization than to their profession. "Cosmopolitans" are considered to be quite mobile and generally prepared to move to other organizations in pursuance of professional ideals (Miller & Wager in Birkenbach, 1982:25).

Some evidence for the professionalism-turnover relationship exists in the case of nurses. Kramer in Birkenbach (1982:25) has argued that the professional ideals of nurses frequently conflict with the bureaucratic, organizational values. This results in higher turnover for the persons high in professionalism as one way of coping with the conflict.

2.4.1.7 Marital Status

The point is made by Tai et al., (1998:1916) that one may expect that differences in marital status may influence likelihood of turnover. Single employees may have higher turnover than married staff because they might

be more mobile, not having to consider moving family members when switching jobs.

2.4.1.8. “Intent to Stay”

“Intent” to stay is the likelihood perceived by the individual of continued participation in the organization. Since intent to stay refers to individual perceptions rather than to individual behaviour, it is a social psychological concept. It refers to the internal orientations of nurses and not to what they do (Price & Mueller, 1981:10). Thus commitment to the organization is associated with the intent to stay. As Price & Mueller (1981:12) point out, a strong belief in and acceptance of the organization’s goals and values, and a willingness to exert considerable effort on behalf of the organization, are two dimensions of commitment by the nurses. According to Price & Mueller (1981:12), there is a sizeable body of literature which supports the idea that intent to stay has a negative impact on turnover. In other words, the stronger the intent to stay, the less likelihood of turnover.

2.5. Job Content Factors

Employee perceptions and evaluations of job content are some of the more consistent correlates of turnover. Employees value tasks with meaningfulness, identity, significance, feedback and variety; designing jobs with such qualities should enhance satisfaction with job content and decrease turnover (Mobley, 1982:58). From the works of Price & Mueller (1981), Lawler (1973), Pearlman et al. (1983), Bester & Richter (1997), Mobley (1982) and Lum (1998), at least four factors associated with the content of the job have been considered as precursors of turnover. These are the following:

- Job Satisfaction ;
- Task Repetitiveness or Routinization;
- Job Autonomy and Responsibility or Participation; and
- Instrumental Communication.

Considering the impact of the above factors on turnover, Porter & Steers in Birkenbach (1982:27) maintain that it has long been thought that the duties and activities required for the successful performance of an individual's particular job can have a significant impact on his or her decision to remain and participate in the employing organization. Such job requirements are presumed to represent for the individual either a vehicle for personal fulfillment and satisfaction, or a continual source of frustration, internal conflict and dissatisfaction.

2.5.1. Job Satisfaction

Cherrington in Bester & Richter (1997:59) defines job satisfaction as the extent to which employees like their jobs. Metcalf in Bester & Richter (1997:59) sees job satisfaction as the match between what the employee wants from the job, and what he or she gets. In other words, the extent to which the job meets the individual's needs expectations and requirements. If employees are happy, this can lead to higher productivity, improved physical and psychological health, lower labour turnover and a more positive attitude towards the organization.

Job satisfaction has been repeatedly identified as the single most important reason why nurses leave their jobs. Price & Mueller (1981:12) make the point that nurses who indicate that they like their jobs are highly satisfied. Satisfaction, like commitment, therefore is a social psychological concept. Price & Mueller (1981:12) therefore emphasized that, in their view, job satisfaction is expected to increase the intent to stay, thus influencing turnover indirectly. Despite the small amount of directly relevant data on the job-satisfaction and intent to stay-turnover causal linkage, Price & Mueller (1981:13) contend that increased job satisfaction produces greater intent to stay, which in turn, results in less turnover. In short, the relationship between satisfaction and turnover has been consistently found in many turnover studies. However, it usually accounts for less than 16% of the variance in turnover. It is apparent that models of the employee turnover process must move beyond satisfaction as the primary explanatory variable (Lum et al., 1998).

According to Pearlman et al. (1983:380), for years many professionals in industrial psychology held to the belief that job satisfaction causes job performance. Now, after decades of research, it is known that generally this is not true. In fact, as Lawler (1973:82) points out, the opposite relation may hold, that is, performance may cause satisfaction. Even though job attitudes and satisfaction may not cause performance, they are important (Pearlman et al., 1983:380). First, the degree of satisfaction and fulfillment that people derive from their work life is an important consideration in itself (Pearlman et al., 1983:380). And, as Lawler (1973:82) points out, a theory of job satisfaction is necessary to the understanding of the processes involved in producing satisfaction and dissatisfaction. Second, lack of job satisfaction is apparently a cause of absenteeism and turnover, as also noted by Lawler above. An understanding of these processes, therefore, is an important prerequisite for managerial success (Pearlman et al., 1983:380).

Lawler (1973: 62) emphasizes the importance of studying the attitudes, feelings, and perceptions employees have about their jobs. According to Lawler (1973:382), the interviews with over 20 000 workers graphically made the point that employees have strong reactions to what happens to them at work. The Western Electric studies (1939) also suggested that affective reactions cause certain kinds of behaviour, such as strikes, absenteeism, and turnover (Lawler, 1973:62). As it turns out, satisfaction is related to absenteeism and turnover, both of which are costly to organizations. Thus, there is a practical economic reason for organizations to be concerned with job satisfaction, since it can influence organizational effectiveness (Lawler, 1973:62). According to Lawler (1973:82), the research on the determinants of satisfaction clearly shows that personnel factors such as higher level of education, specialized training, and perceived personal inputs impact on job satisfaction, basically because they influence perceptions of what outcomes should be. The higher a person's perceived personal inputs, that is, the greater his/ her education, skill, and performance, the more he/she feels he/she should receive. Thus, unless the high input person receives more outcomes, he/she will be dissatisfied with his/her job and the rewards the job offers.

Although relationship between satisfaction scores and turnover have not always been strong, the studies in this area have consistently shown that dissatisfied workers are more likely than satisfied workers to terminate employment, thus, satisfaction scores can predict turnover (Lawler, 1973: 85). According to Lawler (1973:85), a study by Ross and Zander (1957) measured the job satisfaction of 2 680 female workers in a large company. Four months later these researchers found that 169 of these employees had resigned; those who left were significantly more dissatisfied with the amount of recognition they received in their jobs, with the amount of achievement they experienced, and with the amount of autonomy they had. The argument by Lawler (1973:86) is that probably the major reason that turnover and satisfaction are not more strongly related is the fact that turnover is influenced by the availability of other variables, such as opportunity. What this implies is that even if a person is very dissatisfied with his / her job, he / she is not likely to leave unless more attractive alternatives are available. This observation would suggest that in times of economic prosperity turnover should be high, and a strong relationship should exist between turnover and satisfaction. But in the times of economic hardship, turnover should be low, and little relationship should exist between turnover and satisfaction (Lawler, 1973:86).

Like turnover, absenteeism has been found to be related to job satisfaction. If anything, the relationship between satisfaction and absenteeism seems to be stronger than the relationship between satisfaction and turnover (Lawler, 1973: 87). As Lawler (1973: 87) suggests, absenteeism and turnover have a direct influence on organizational effectiveness. Absenteeism is costly because it interrupts scheduling, creates a need for over-staffing, increases fringe-benefit costs, and so on. Turnover is expensive because of the many costs incurred in recruiting and training replacement employees. Lawler (1973:87) therefore maintains that, because satisfaction is manageable and influences absenteeism and turnover, organizations can control absenteeism and turnover. Generally, by keeping satisfaction high and, specifically, by seeing that the best employees are the most satisfied, organizations could retain those employees they need the most. In effect, organizations can manage turnover so that, if it occurs, it will occur among employees the

organization can most afford to lose. However, keeping the better performers most satisfied is not easy, since they must be rewarded well. Although identifying and rewarding better performers is not always easy, the effort may have significant payoffs in terms of increased organizational effectiveness. This is in relation to the accomplishment of the organization's goal of rendering quality health care to consumers of this service.

2.5.2. Task Repetitiveness (Routinization)

Routinization is the degree to which a job is repetitive, with high routinization signifying a high degree of repetitiveness (Price & Mueller, 1981:14). The argument by Price & Mueller (1981:14) indicates that increases in routinization produce increases in turnover. The literature, which supports the routinization-turnover proposition implicitly, treats job satisfaction as an intervening variable. Increases in routinization decrease job satisfaction, which, in turn, increases turnover.

From a theoretical point of view, Lawler (1973:159) considers that there are at least two factors which a job must have in order to be experienced as meaningful. First, the job should have high task identity and, at the same time, give employees the chance to use valued skills and abilities (that is, to be challenged). Secondly, the job must provide the opportunity to accomplish something by using those skills and abilities that employees value. As Birkenbach (1982:29) suggests, both these factors can be interpreted as being involved in task repetitiveness. Thus, at least at the conceptual level, the potential influence of repetitiveness on turnover is evident and has been supported by empirical studies

2.5.3. Job Autonomy and Responsibility (Participation)

Job autonomy and responsibility, sometimes called participation, refers to the degree of freedom, independence and participation individuals experience in organizations. For example, Price & Mueller (1981:15) regard participation as the degree of power an individual exercises concerning performance of the job. Numerous studies indicate that high participation results in low turnover. According to Price & Mueller (1981:15), when hospitals are highly centralized, nurses have a low degree of participation. This statement clearly implies that

lack of autonomy and responsibility is a primary determinant of turnover. It is the tension of not having any say over one's own action that often causes frustration among nurses. When nurses exercise a high degree of autonomy in terms of being afforded an opportunity in making decisions concerning their activities, their participation is high.

As Price & Mueller (1981:15) suggest, it is important to note that participation does not refer to power relating to major (and many minor) organizational decisions, but is limited to power to influence the immediate job. Lawler (1973:152-153) indicates that high participation results in low turnover, that is, the greater the individual's participation in job assignment, the lower the turnover. Participation in job assignment is one form of power concerning the job. Price & Mueller (1981:15)'s causal model, however, portrays participation as having its influence on turnover indirectly through job satisfaction, which, in turn, influences intent to stay.

2.5.4. Instrumental Communication

According to Price & Mueller (1981: 15), instrumental communication is the degree to which information about the job is transmitted by an organization to its members. When instrumental communication is high, individuals are well informed about their jobs. Material pertinent to instrumental communication is often found in discussions of "role clarity" and "feedback" (Price & Mueller, 1981:15). Thus a high amount of instrumental communication typically means that role clarity and feedback are high. The point is made by Price & Mueller (1981:15) that employees who are given "realistic job previews" are also characterized by high amounts of instrumental communication. Instrumental communication refers to a behavioural property of an individual's job, that is, how well the individual is informed about his or her role within the organization.

As with participation, the limited focus of instrumental communication should be emphasized. The concept does not refer to the transmission of gossip or strategic organizational plans, but is limited to job-related information (Price & Mueller, 1981:15). Price & Mueller's (1981) model shows increased instrumental communication resulting in higher job satisfaction, which

increases the intent to stay. This, in turn, decreases the probability of turnover. Examples of instrumental communication include organization rules and regulations, a supervisor giving job related information to a subordinate, as well as other formal ways of providing organizational members with role relevant information (Birkenbach, 1982:31).

2.6. Work Environment Factors

Factors at the workplace that impact upon employees' motivation include the following:

- Pay Satisfaction and Turnover Intent;
- Promotion Opportunity;
- Integration;
- Supervisory Relationships;
- Distributive Justice; and
- Work Load.

2.6.1. Pay Satisfaction and Turnover

Price & Mueller (1981:16) claim that pay refers to money and its equivalents, such as fringe benefits, which individuals receive for their services to the organization. The argument, therefore, is that pay influences turnover through job satisfaction and intent to stay. Price & Mueller (1981:17) maintain, therefore, that social psychologists emphasize the importance of individual variation concerning the determinants of turnover. This is with regard to the assertion that pay will be a significant determinant of turnover only if it is highly valued. When it is not highly valued, it will cease to have an important impact on turnover. In Price & Mueller (1981:17)'s research, it is assumed that all of the determinants are of sufficient importance to motivate the behaviour of the individuals studied.

Numerous causes of pay satisfaction have been proposed. These include personal and job inputs, monetary and non-monetary outcomes, the comparison process, and pay policies and administration. Current models of pay satisfaction continue to have their basis in concepts of equity theory (Lum

et al., 1998: 307). According to Lum et al. (1998:307), equity theory emphasizes that pay satisfaction is caused by feelings regarding the equity of one's pay. These feelings result from perceptual and comparative processes. The theory holds that an employee formulates a ratio of outcomes (including pay) to input. This ratio is then compared to the outcome or input ratio of some reference source. If the ratio corresponds, pay equity and satisfaction result. If an employee's pay is perceived to be less than another's, feelings of being inequitably underpaid may ensue.

Reported consequences of pay satisfaction include a variety of unwanted employee behaviours such as turnover, absenteeism, willingness to strike, and lowered job performance (Lum et al., 1998:307). According to Lum et al. (1998: 308), Newman (1974) reported that satisfaction with pay was found to be a marginally significant predictor variable for intended turnover of nursing home staff. As pointed out by Lum et al. (1998:308), in nursing, a number of studies have included pay satisfaction as a component of a multi-dimensional measure of job satisfaction. Typically, nurses have not rated pay as a high priority in their job satisfaction. However, in recent years, nurses have expressed increasing concern about their salary and benefits (Lum et al., 1998:308). According to Lum et al. (1998:308), in 1988, Murray and Smith explored the career, job, and hospital satisfaction of staff nurses in metropolitan hospitals of a large Canadian city. They found only 10% of the nurses were satisfied with their pay, and 46% were dissatisfied. Bateman & Strasser in Lum et al. (1998:308) have reported that nurses' satisfaction with work, co-workers and supervision were strong predictors of commitment, but not of pay satisfaction. As far as nurses are concerned, there are no studies which report the concurrent effects of pay supplements upon pay satisfaction and turnover intent.

According to Schuler (1981:288), incentive pay plans can serve several purposes for both the organization and the employee. Incentive pay plans can result in higher earnings for employees and more perceived equity in the compensation system, since pay is tied to performance. These, in turn, can result in increased satisfaction with pay and a higher motivation to perform (Schuler, 1981:288). According to Schuler (1981:261), the three major

organizational needs that compensation serves are to attract potential employees to the organization, to motivate employees to perform, and to retain the good employees.

The organization benefits because several of the purposes of compensation are served by incentive pay plans, namely organizations are more likely to motivate their employees to perform and more likely to retain good employees (Schuler, 1981:288). As Schuler (1981:288) points out, since satisfaction with pay can increase under incentive pay plans, employee absenteeism may decrease. As a result, organizations can realize substantial increases in productivity and greatly diminished costs while maintaining acceptable levels of quality. However, Schuler (1981:289) cautions that incentive pay plans are not cure-alls for organizational ills. They may provide several benefits to the organization, but they may also lead to increased employee earnings with no increase in performance. They may also increase costs and cause numerous employee relations problems. Presumably, the more pay people receive, the less likely they are to quit the organization. Indeed, research done in this area supports this conjuncture (Schuler, 1981:289).

2.6.2. Promotional Opportunity

Price & Mueller (1981:18) define promotional opportunity as the degree of potential vertical occupational mobility within an organization. Promotional opportunity will be high when a hospital is highly complex in terms of many units and a long chain of command, and when promotions are exclusively from within the hospital (Price & Mueller, 1981:18). The claim by Price & Mueller (1981:18) is that there are some data which indicate that promotional opportunity is negatively related to turnover, that is, the more the promotional opportunity, the less turnover. Price & Mueller (1981:18) therefore observed that low promotional opportunity produces turnover.

A clear, well-defined policy on promotion, which is known to employees, forms a vital component of the optimal use of human resources in nursing administration. This will be good for staff morale, on condition that it is applied with discernment (Mellish & Lock, 1992:160). As suggested by Mellish & Lock (1992:160), promotion has a twofold qualification for success. Firstly, that

recognition is given to employees who perform well and who grow with the organization. Secondly, that those with promotion potential are helped to realize their potential. To retain personnel, promotion must not only occur on merit, but must also be seen to occur.

2.6.3. Integration

Integration is the degree to which an individual has close friends among organizational members. Many close friends, who do not have to be members of the same kinship network, signify high integration. There is a strong support in the literature (Price & Mueller 1981, Lawler 1973, and Mobley 1982) for a negative impact of integration on turnover. Arguing along similar lines, Tai et al. (1998:1919) also maintains that research has shown that an increase in perceived personal and work-group support climate reduced the likelihood of turnover. As Tai et al. (1998:1919) suggest, health care employees who had personal support from other staff were more likely to have higher job satisfaction than others; which in turn was associated with lower turnover rates. Similarly, a favourable work-group climate that promotes job satisfaction and member cohesiveness may reduce the likelihood of turnover.

It must be noted that Price & Mueller (1981:16) state that van der Merwe & Miller maintain that a significant satisfaction is likely to be that of belonging to a cohesive and rewarding group. If this need is not satisfied, the worker will very likely fail to adjust to the work situation and will therefore more readily withdraw from it. According to Price & Mueller (1981:16), in van der Merwe & Miller's study, a cohesive and rewarding group is likely to be one which is high on integration, and workers who withdraw from a group are examples of turnover. Price & Muller (1981:16) indicate that integration influences turnover indirectly through job satisfaction and the intent to stay. Several other studies concluded that staff support reduced role ambiguity, role conflicts, workload, and improved physical and psychological wellbeing. Thus, increased staff support was a significant moderator of role ambiguity, role conflict, anxiety, depression, irritability, depersonalization and somatic and emotional exhaustion (Tai et al., 1998:1920).

2.6.4. Supervisory Relationships

As far as this variable is concerned, a number of studies have investigated turnover in terms of the leadership dimensions of task orientation and employee orientation. From the results of these studies it can be concluded that the higher the employee orientation of the supervisor, the lower the turnover. In a study of nursing turnover, Saleh et al. found that lack of consideration was the second most important reason for resignations (Birkenbach, 1982:35).

A further dimension of supervision which has been explored with regard to turnover pertains to the degree of feedback and recognition received by employees. According to Birkenbach (1982:35), Ross & Zander found that leavers generally saw themselves as having received less feedback and recognition compared to what they had expected, than stayers. Brief & Aldag in Birkenbach (1982:35), expectedly, found that the less feedback received, the higher the role conflict. As pointed out by Tai et al. (1998:1919), health care employees who had personal support from supervisors were more likely to have job satisfaction than others; which in turn was associated with lower turnover rates.

2.6.5. Distributive Justice

Distributive justice is the degree to which rewards and punishments are related to performance inputs into the organization (Price & Mueller, 1981:17). According to Price & Mueller (1981:17), when distributive justice is high in the nursing department of a hospital, nurses who work hard receive more rewards (pay, recognition and power), whereas nurses who only “put in their time” receive fewer rewards. This is but one type of performance input into the organization. Increased education and experience are examples of other inputs. When rewards and punishments of nurses are related to their performance inputs, it is likely that nurses will perceive their situation to be equitable or fair. Thus distributive justice refers not to the amounts of the rewards and punishments distributed, but to the relationship between rewards-punishments and performance inputs (Price & Mueller, 1981:17). As Price & Mueller (1981:17) point out, it is this relationship rather than the

amount, which is critical in defining distributive justice. Thus increased distributive justice produces greater job satisfaction which, in turn, reduces turnover by increasing the intent to stay.

This variable is closely related to the concept of equity. In terms of the equity theory of motivation, the focus is based on the simple premise that people in organizations want to be treated fairly. The theory defines equity as the belief that employees are being treated fairly in relation to others, while inequity is the belief that employees may have that they are being treated unfairly in relation to others (Moorhead & Griffin, 1995:104).

According to Moorhead & Griffin (1995:105), a perception of equity generally motivates the person to maintain the status quo. She or he will continue to provide the same level of input to the organization, at least as long as her or his outcomes do not change, and the inputs and outcomes of the comparison-other also do not change.

As Moorhead & Griffin (1995:105) argue, a person who perceives inequity, however, is motivated to reduce it; that is, the greater the inequity, the stronger the level of motivation. As responses to perceptions of inequity, Moorhead & Griffin (1995:105-106) state that people use six common methods to reduce inequity as follows:

- First, people may change their inputs. Thus, a person may put more or less effort into the job, depending on which way the inequity lies, as a way of altering his or her own ratio. If he or she believes that he or she is being under-rewarded, he or she may decrease his or her effort, and vice versa.
- Second, people may change their outcomes. This might include demanding a pay rise, seeking additional avenues for growth and development, or even stealing. Or it might involve people altering their perception of the value of their current outcomes.
- A third, more complex response is for people to alter their perception of themselves. After perceiving an inequity, for example, a person may change the original self-assessment and thus decide that he or she is really contributing less but receiving more than he or she originally believed.

- Fourth, people may alter their perception of other's inputs, outcomes, or both. For example, a person who feels under-rewarded may conclude that his or her comparison-other must actually be working more hours than it originally appeared.
- Fifth, people may change the object of comparison. A person may conclude, for instance, that the current comparison-other is the boss's personal favourite, is unusually lucky, or has special skills and abilities. Another person thus would provide a more valid basis for comparison.
- As a last resort, employees may simply leave the situation. Transferring to another department or quitting altogether may seem to be the only way to reduce inequity.

2.6.6. Work Load

Patient-staff workload may affect turnover. A heavy workload may increase job tension and decrease job satisfaction, which in turn may increase likelihood of turnover (Tai et al., 1998:1918). Bloom et al. in Tai et al. (1998:1918), using registered nurses per number of beds set up and staffed for use as a staffing ratio, found that higher ratios were significantly related to increased hospital employee turnover. According to Tai et al. (1998:1918), Mobley (1982) summarized a number of studies that suggested the importance of scale of operations of work units as a determinant of turnover. Parasuraman et al. in Tai et al. (1998:1918) found that hospital nurses who had "thoughts about quitting the present job" reported significantly higher "work overload". Also, the study of Jolma (1990) on hospital nurses found that the relationship between nurses' perceived role and overload was significantly related to his or her intent to leave the position (Tai et al., 1998:1918).

2.7. External Factors

This category of factors refers to those variables outside the organizational boundary which could be perceived by organizational members and, in turn, have an impact on decisions to participate in, or withdraw from, the employing organization. At least three such factors are identified; namely local kin, community participation and opportunity of obtaining other employment.

2.7.1. Local Kin

Local kin refers to relatives such as siblings, parents or children of nurses, and the extended families that live in the community where the employing organization is located. Higher levels of local kin are likely to give rise to lower levels of turnover by increasing organizational commitment (Birkenbach, 1982:41). In an empirical study of nursing turnover, Price & Mueller (1981:21) found evidence of the negative impact of local kin on turnover.

As Birkenbach (1982:41-42) suggests, although it could be argued that this variable is somewhat related to the factor of kinship responsibility discussed previously, it is evident that local kin has a wider meaning associated with it in that other relatives are also considered. Moreover, and perhaps more important in interpreting the nature of this variable, is that local kin has a physical dimension associated with it, that is, the relatives concerned should be part of the same community as the employee.

2.7.2. Opportunity for Obtaining other Employment

Opportunity is the availability of alternative jobs in the organization's environment (Price & Mueller, 1981:13). Whereas commitment and job satisfaction refer to internal orientations of individuals, opportunity refers to a property of the organization's environment. The number of job vacancies and the rate of unemployment commonly measure it. The greater the number of job vacancies outside the organization, the greater the opportunities, while the greater the rate of unemployment, the less the opportunity for obtaining a job outside the organization (Price & Mueller, 1981:13). The theory of "supply and demand" espoused by economics becomes pertinent. In other words, when jobs are plentiful, voluntary movement is high, when jobs are scarce, voluntary turnover is small (Price & Mueller, 1981:13). What this implies is that increases in opportunity produce increases in turnover. As Price & Mueller (1981:14) point out, the literature supporting the positive impact of opportunity on turnover makes two assumptions. First, it is assumed that the members of the organization have knowledge about the alternate jobs in the environment. Second, it is assumed that members of the organization have freedom to enter and leave the organization.

2.8. Turnover Consequences

The higher the turnover rate, the fewer nurses are available to tend patients. When a hospital has a high turnover rate, the quality of care rendered to its patients will suffer (Booyens, 1998:372). The point is made (Booyens 1998:372), that although employees who have left are usually replaced by new nurses, it is generally assumed that newly appointed employees will take a period of at least six to eight months to become fully efficient in their new workplace roles.

Turnover may be stressful for the remaining staff who must constantly adjust to newcomers (Tai et al., 1998:1914). Tai et al. (1998:1914) contends that turnover reduces consensus, increases conflicts, and reduces satisfaction among stayers. The loss of valued individuals disrupts communication patterns and the social order of an organization. As turnover increases, communication is likely to become less accurate. This can affect group cohesiveness, performance and morale (Tai et al., 1998:1914). The argument by Tai et al. (1998:1914) is that the effects of lower morale can be particularly pervasive among the stayers. Arguing along similar lines, Booyens (1998:372) contends that it is easy to see that an institution which suffers from a high turnover rate will suffer from lower staff morale and less group cohesiveness. This will eventually lead to a decrease in the standard of performance and lower levels of care, which leads to medical and legal risks.

Tai et al. (1998:1914) claim that turnover may stimulate further turnover. Employees who had no previous intent to find new work may consider leaving due to the increased stress of work and decreased work morale as a result of a colleague's departure. Turnover may adversely impact interaction and integration among stayers. As turnover increases, close and continuing social relationships or integration at work become more difficult (Tai et al., 1998:1914).

The hospital has to pay for the recruitment of new employees, together with their selection and orientation into their new work environment. Furthermore, new employees are generally relatively overpaid for the period in which they are not fully functional because of their orientation phase. The remaining

employees usually have to work harder, and often have to work overtime as well. This also costs the hospital additional money during the period between resignations and the achievement of full capacity functioning by the replacements (Brief in Booyens, 1998:372).

Despite the focus on the negative consequences of turnover, some researchers have recognized and explored the positive aspects of turnover on individuals and organization. Tai et al. (1998:1914) summarized potential positive benefits of turnover as better person-job matches, staffing flexibility, salary and fringe-benefit savings, and infusion of new ideas into the organization. Arguing along similar lines, Price & Mueller (1981:3) contend that all nursing turnover is not detrimental to hospital effectiveness. According to Price & Mueller (1981: 3), high nursing turnover probably makes it easier for hospitals to introduce change, because traditional operating procedures are weakened by the movement of employees into and out of hospitals, and in an environment of rapidly changing health care technology, such as exists in contemporary South African society, the quality of patient care is likely to be improved by many of these changes. Hospitals which employ and promote staff from the outside, encourage the introduction of new practices and a better standard of care (Tai et al., 1998:1914).

2.9. Conclusion

This section began with a discussion of human resources management, in which its importance to organizations is emphasized. However, the major part of the content of the review of the turnover literature has been devoted to a discussion of the factors associated with prediction of turnover. The classification scheme employed was as follows:

- Personal Factors;
- Job Content Factors;
- Work Environment Factors; and
- External Environmental Factors.

The literature review in this section on the traditional factors associated with turnover, such as personal, job content, and organizational factors have generally shown consistent significant associations with turnover. However, it should be noted that results of some comparative studies have shown non-significant relationships for pay satisfaction, promotion, and co-worker group relations. It has been emphasized in the discussion that intervening variables may be operating in some instances, and that the values which individuals attach to these outcomes in specific situations could moderate these relationships.

Contemporary theories have highlighted the importance of the role played by external factors in studying turnover. The rationale is that studying turnover should go beyond the simplicity of regarding internal organizational factors as the sole determinants. Finally, this section has shown that in order to get a realistic understanding of turnover, no single variable could be said to be a solely determinant of this phenomenon. The next section, therefore, goes further by looking at what is actually happening in the workplace. This is to correlate theory and practice.

CHAPTER 3

3. REGULATION OF NURSING AND MIDWIFERY PROFESSIONS IN SOUTH AFRICA.

3.1. Introduction

Whereas the previous section endeavoured to demonstrate core variables associated with turnover, it would appear that personnel positions in many public hospitals are not only unsatisfactory, in some cases they are critical. As Birkenbach (1982:3) suggests, the problem centres on two issues; namely, the inability of the nursing profession to attract new members and high rates of turnover among present personnel.

Numerous reports from hospital authorities have stated that wards have had to be closed because there were not sufficient numbers of nurses to staff them. It is worth stating, however, that that nursing has historically had a high turnover rate. The turnover rate of hospital nurses is well known. The problem of turnover and shortages of nursing staff is not new, as concern about recruiting, and especially retaining, competent nurses had been expressed at least as far back as Florence Nightingale's era. Nor is the problem confined solely to South Africa (Birkenbach, 1982:3). The aim of this section is to conduct interviews, in the gathering of data from nursing management perspective, in order to learn more about why registered nurses decide to stay in or leave Groote Schuur Hospital. In other words, this section specifically looks at what is actually happening in practice at Groote Schuur Hospital concerning the trend of turnover. Also, statutory Acts, regulations and policies governing health services are explored.

3.2. Regulation of Nursing and Midwifery Professions in South Africa

A profession has a social agreement with the community. This social agreement is fulfilled by responsive and responsible self-regulation. Professional regulation refers to the ability of a profession to act in the interests of the public by controlling its own professional-ethical matters (the way in which the profession exercises order, consistency and control over the practice of its members) (Muller, 1996:58). Along similar lines, the International Council of Nurses defines professional regulation as the means by which order, consistency and control are brought to a profession and its practice. These professional-ethical matters include, among others, the approval of training schools according to the standards laid down by the profession, the establishment and maintenance of a training system which is recognized by the community, the determination of the nature and extent of practice, and control over the profession-ethical conduct of nurse practitioners. The South African nursing profession achieved this milestone in 1944 with the promulgation of the first Nursing Act (Muller, 1996:58).

The modern nurse practitioner needs a thorough understanding of the principles of professional practice. He or she must know why statutory control of the nursing profession (which includes midwifery) is necessary. Moreover, although professional practice concepts constantly evolve as medicine and nursing progress, the modern nurse practitioner needs to know that certain fundamental principles remain constant (Searle & Pera, 1995:3).

As Searle & Pera (1995:3) point out, the principles of professional practice arise from several sources, namely:

- The laws entrenching the rights of citizens;
- The cultural heritage and ethics of the society of which the nurse forms a part;
- The philosophy of nursing as viewed by the majority of the members of the profession;
- The parameters of practice of other health professionals; and

- The central concepts of the discipline of nursing, that is, the person, environment, health and nursing and the nursing profession's perception of nursing (including midwifery) and its sub-disciplines.

The nursing profession in Southern Africa comprises registered nurses and midwives (professional persons), enrolled nurses and enrolled nursing auxiliaries or nursing assistants. The latter two categories are "nursing extenders", that is, they provide certain levels of nursing care under the direct or indirect supervision of a registered nurse or midwife. Since these categories function under the delegated authority of registered nurses, and the focus of this study is solely on registered nurses, the discussion in this section will concern the practice of the professional (registered) nurse.

3.2.1. The Professional Practitioner of Nursing

In Southern Africa the professional nurse or midwife is a person registered with one of the various Nursing Councils/Boards in the region, and who practises his or her profession for gain in any capacity that prescribes registration as a nurse (or midwife) as a pre-employment requirement (Searle & Pera, 1995:4). From the point of view of the individual who wishes to register as a professional nurse, Searle & Pera (1995:4-5) identify the following aspects of professional practice as crucial:

- The nursing profession provides society with a service that is concerned with human beings in a vulnerable state, the threat or presence of ill health. Such service must take the wellbeing of the individual or society into consideration at all times.
- The aspirant to professional nursing status must prove his or her competence by submitting proof of the education he or she has undergone, and of the successful completion of the qualifying examination.
- The professional integrity of the nurse practitioner is regulated by enforcing the observation of an ethical code and norms of his or her peer group and society. The protection of society is paramount in the evolution of these norms and ethics. Sanctions are applied for non-observance of ethical and legal requirements.

- A professional (registered) nurse is held accountable for his or her actions to both the law and her controlling peer group; that is, the profession at large as embodied by the Council/Board in the regulating body.
- The designation of registered (professional) nurse is a temporary one, which can be removed from the holder under certain circumstances. A nurse whose name is removed from the register, for any reason whatsoever, may not use the title of registered nurse, nor may he or she practise nursing for gain. This would be a criminal offence.

3.2.2. The Dimensions of Professional Regulation

There are various dimensions of professional regulation. The objectives thereof are the target group, the mechanism of regulation, the authorities involved, as well as the standards, methods and instruments (work methods) by means of which regulation take place (Muller, 1996:58). Affara & Styles in Muller (1996:58) identify various stakeholders in professional regulation as follows:

- The public, who requires acceptable and adequate services by the profession;
- The government, who accepts responsibility for the provision of services, such as health care services;
- The profession, which has a responsibility to develop its social mandate and to provide a service of an acceptable quality to the community;
- The nurse practitioner, who demands high quality training/education within the professional framework, and who depends upon the profession for social status as a professional practitioner, as well as credibility;
- Other professions with practitioners who provide similar or auxiliary services;
- The employer, who is liable for quality health care services to the patient and who, as a partner, is part of the training system.

3.2.2.1. The Objectives of Professional Regulation

The primary object of professional regulation is to act in the interests of the public. This objective is briefly set out by Muller (1996:58-59) as follows:

- To protect the public from unsafe practices;
- To set professional-ethical standards to ensure quality services;
- To confer accountability, identity and professional status upon the nurse practitioner.

The public is entitled to acceptable and accessible services by the profession, in accordance with the policy statements of the particular country.

3.2.2.2. The Target Group

Who is being regulated? The target group in professional regulation comprises the following:

- The nurse practitioner who provides the service;
- The educational system; that is, the educational programmes, the system and the persons who are responsible for the educational (theoretical and clinical/practical) preparation of the nurse practitioner;
- The system of health-care services which provides the service to the consumer, and by which the practitioner is trained/educated (Muller, 1996:59).

3.2.2.3. The Mechanisms

The mechanism of professional regulation refers to the way in which such regulation takes place. It is the way in which the practitioner is authorized to practise the profession. It implies a form of approval and assessing of credentials, that is, a motion of faith in the nurse practitioner that he or she meets the set standards (Muller, 1996:59). According to Muller (1996:59), in nursing, these mechanisms could be:

- Setting standards which training schools should meet;

- The approval or assessment of the credentials of training schools for nursing and for certain courses according to these standards;
- Setting guidelines or standards which training/educational programmes should meet;
- Examining student nurses;
- Certifying that a nurse practitioner has achieved the objectives of the training programme by means of licensing, registration or enrolment;
- Setting professional-ethical guidelines or standards in respect of conduct or practice by the nursing practitioner;
- Formal authorization given to a nurse practitioner to be able to nurse, to use a specific title, and to wear specific distinguishing devices.

The implementation of a formal system whereby such regulation can take place is therefore required. A reliable system of record keeping is necessary for each member of the profession, as are persons to monitor standards. The mechanism of regulation should be credible and such credibility is evaluated by all the role players, which include the public, the government, the educationist and the service rendering systems, as well as the nurse practitioner (Muller, 1996:59).

3.3. Nursing Service Policy and Procedure Manuals

Bezuidenhout in Booyens (1997:48) points out that manuals are basically guides to action. Together with memoranda and circulars, they serve as a means of written communication to convey messages across the entire organization. Swansburg (1996:263) contends that policies, procedures, rules and regulations are the standing plans of the nursing organization. Standing plans are fixed in both nature and content, and are used repeatedly. They apply until reviewed and modified or abandoned. While hospitals and other nurse employers seldom use the terms rules or regulations, they frequently develop and maintain policies and procedures that incorporate the rules and regulations imposed by the government agencies such as the Health Care Financing Administration, which administers Medicare and Medicaid (Swansburg, 1996:263). As pointed out by Bezuidenhout in Booyens

(1997:48), policies and procedures are means of accomplishing goals and objectives. Policies explain how goals will be achieved and serve as guides that define the general course and scope of activities permissible for goal accomplishment.

According to Swansburg (1996:263), generally policies fall into four categories: those that apply to patients, those that apply to personnel, and those that apply to the environment in which patients are cared for and in which personnel work. The fourth category is that of relationships with other disciplines or departments. Nursing management also gives input into institutional policies and policies of other departments sharing in the care of patients. The chief nurse executive, in consultation with representatives of all the groups concerned in their implementation, including clinical nurses, best develops major administrative policies of the division of nursing. Such a process of participatory management assumes that employees will follow and support policies which they have helped to develop (Swansburg, 1996:263).

3.3.1 The Purpose of Policy

Nursing service policies exist to ensure standardization and to provide a source of guidance for the nursing staff. As a guideline they give the nurse manager input into the nursing activities of each unit, ward and clinic in which nursing personnel practice (Swansburg, 1996: 263). Reasons for having a written policy of the health service's views and attitudes vary from providing legal protection to the service and its employees, to fostering a more productive work environment. Policies serve as a means by which authority can be delegated and serve as basis for future decisions and actions. They help to co-ordinate plans, to control performance, and to ensure consistency of action by increasing the probability that different managers will make similar decisions when independently facing similar situations (Marriner-Tomey in Booyens, 1997:48).

This uniformity should make all personnel aware that an equitable set of standards governs major aspects of their working lives. Consequently, morale is increased when personnel perceive that they are being treated equally (Marriner-Tomey in Booyens, 1997:48). Reaves in Booyens (1997:48)

reiterates that if policies are well laid out, customers will sense this through their interaction with the health service. The fostering of good feelings, derived from awareness that treatment is fair and from the respect of peers, is the best way to promote the quality of work life and the aims of a health service. According to Bezuidenhout in Booyens (1997: 48-49), a written policy provides for a uniform response from all personnel. As with many other areas in our daily lives, organizational policy is affected by local, regional and State laws designed to curb abuses. It is essential for every nurse manager and nurse to be familiar with State guidelines so that they can ensure that health service policy complies with these standards.

A policy is a plan of action. It is a statement of intention committing management to a general course of action. According to Reaves (1992:1-2), Beach (1991:35-36) and Swansburg (1993:169), a policy must serve the following aims:

- The primary purpose of policies is to further the objectives of the health service. When a policy statement is formulated, it usually determines how to accomplish a specific objective in a manner consistent with the philosophy of the health service and conducive to active participation and acceptance by employees.
- Policies also prevent temporary problems from becoming permanent.
- Some policies serve to protect the health service by stating a desire to comply with laws, while others provide protection for the service by gaining the endorsement of the employees to act in the best interests of the organization as a component of their employment.
- The work involved in formulating policies requires management to give deep thought to the basic needs of both the organization and the employees. Management must examine its basic convictions, as well as giving full consideration to prevailing practice in other similar organizations.
- Established policies ensure consistent treatment of all personnel throughout the organization. Favouritism and discrimination are thereby minimized. Uniformity of policies prevents conflict and promotes fairness.

- Continuity of action is assured, even though top management may change. The tenure of office of any manager is finite, but the organization continues. Policies therefore promote continuity and stability.
- Policies serve as a standard of performance. Actual results can be compared with the policy to determine how well the members of the organization are living up to professed intentions.
- Sound policies help to build employee enthusiasm and loyalty. This is especially true where the policies reflect established principles of fair play and justice, and where they help people to grow within the organization.
- Policies promote consistency of action and stability, discipline being an example. In the absence of a stated policy, one manager could terminate a person's employment for the same act for which another manager might give counsel or a written warning.
- Policy ensures that similar problems do not have to be addressed repeatedly, without a management position being established.
- Policies conserve time by setting standards. They provide guidance from top management to lower levels and, in so doing, they transfer and thus speed up some decision-making processes.

The primary value of a written policy manual is thus that it ensures uniformity of response to a particular situation by different employees.

For the nurse manager in the employment of the government, it is therefore essential to have a policy manual containing all the appropriate national and provincial service regulations, as well as the rules of the organization where he or she is working (Bezuidenhout in Booyens, 1997:51). The South African Nursing Council (SANC), as the controlling body which serves to safeguard the position of the patient in all health services in the country, has a function in setting standards for performance (Bezuidenhout in Booyens, 1997:51). Utilizing the Nursing Act, 1978 (No. 50 of 1978), the SANC promulgates certain regulations that are specific and regulatory to the practice of nursing and the specific professional responsibilities of the nurse. Two regulations that control the activities of the nurse and that need to be considered in the

development of policies and procedures are Regulation 2598 on the Scope of Practice, and Regulation 387 on the Acts of Omissions of the practising nurse (Bezuidenhout in Booyens, 1997:51-52).

As Marriner-Tomey in Booyens, (1997:52) suggests, the policies of the organization must conform to local, regional and national laws. Labour law, collective bargaining and union contracts (recognition agreements) would, for instance, direct labour policy, while professional and social groups, such as nurses' associations, ethical codes, church, school and charitable organizations have an influence in moulding policy (Marriner-Tomey in Booyens, 1997:52). In the public sector, policy can be categorized according to three main components, namely, the Public Service Staff Code, the Administrative Ward Policy Manual and, the Patient Care Ward Policy Manual (Bezuidenhout in Booyens, 1997: 54).

3.4. Personnel Policy

As the public service has such a large number of employees, it is of the utmost importance to have a comprehensive and explicit policy that is well organized in order to facilitate the effective handling of personnel management issues. Personnel policy has a direct influence on employee functioning (Bezuidenhout in Booyens, 1997:54). According to Beach (1991:35), this includes aspects such as the service's policy on compensation, promotion, transfer, retrenchment, pension rights, insurance benefits, training opportunities and discipline. Gerber, Nel and van Dyk (1992:138) add grievance handling and labour relations policy as important components of personnel policy.

According to Swansburg (1996:267), the human resources department will usually develop personnel policies. They should be developed with input from the division of nursing. The purpose of personnel policies will be to attract and retain nursing personnel who will make an effective contribution to achieving the objectives of the nursing services. Swansburg (1996:267) therefore suggests that personnel policies should be consistent with overall organizational policies. They should provide for an employee health programme and a grievance procedure; cover the benefits and conditions of

work, including salary; and promote job satisfaction and stability of staff. They should be in written form and should be given to and discussed with each applicant for a position

With regard to personnel policy, people are free to resign from their jobs and take employment elsewhere. As Bezuidenhout in Booyens, (1997:54) points out, management therefore needs to make its employment opportunities attractive enough to recruit new people into the health service by designing its personnel policies in such a way that they reflect current good practice. For instance, continuing education has become a condition of employment written into some personnel policies (Swansburg, 1996:269). According to Swansburg (1996:269), it is required by the employer for clinical advancement and may or may not be a fringe benefit. Policies also cover the organization of committees, including purposes, membership, and operating procedures. According to Swansburg (1996:269) and Bezuidenhout in Booyens, 1997:54-55), other areas frequently covered by policies include the following:

- Personnel policies reflecting goals of an affirmative action programme to maintain equal employment practices while maintaining an efficient, productive workforce
- Moving and travel costs
- Sabbaticals
- Remuneration
- Programmes to recognize outstanding performances and achievements
- Suggestion programmes
- Orientation programmes that foster creativity
- Provisions that make jobs meaningful
- Scheduling of duty hours
- Flexible hours in the work week
- Drug and alcohol abuse
- Handicapped employees

- Performance appraisal
- Management by objectives
- Industrial relations policy
- Grievance handling
- Disciplinary code and action
- Retrenchment

As Crane (1979:465) points out, benefits and services are forms of supplementary compensation because they represent payments (both financial and non-financial) over and above wage and salary rates. Benefits programmes can yield a return to employers and provide advantages to employees if they are part of a plan that supports the objectives of personnel policies. Crane (1979:465) suggests therefore that, ideally, organizations should determine their preferences for fringe items and the amount of money available, and then select a mix of benefits most conducive to furthering personnel objectives. Benefits and services programmes should provide mutual advantages to employees and employers. While offering employees more job and income security, programmes can also save organizations money through reduced employee turnover and higher productivity (Crane, 1979:465).

Candidates considering employment offers in nursing evaluate not only the salary, but also the services, facilities, and benefits offered. When starting salaries are approximately equal to what other organizations pay, the benefits package can make the difference in influencing applicants to accept job offers in nursing. By the same token, they can build employee loyalty, which results in reduced turnover. Employees feel they have made an investment in the benefit programme, which they would lose if they left their employer. Retirement benefits accumulate with service time and, after a certain number of years, employees become fully eligible to receive their pensions at a specified age. Terminating employment would eliminate these accumulated benefits. In the same way, the increasing length of vacation as tenure increases also acts as a deterrent to turnover.

Theoretically benefits provide income and job security, which means that employees can concentrate their attention on their jobs. As suggested by Crane (1979:466), experience has shown that programmes of benefits and services help influence and maintain positive attitudes in the work force, and this effect translates into more harmonious employee/employer relations and lower turnover and absenteeism. Though difficult to pinpoint, the ultimate result of such plans is a reduction in operating costs.

In summary, benefits and services programmes have a number of purposes. Organizations generally regard the costs associated with these programmes as an investment. In exchange for the tangible benefits provided for employees, organizations expect a return, either in the form of improved quality services or a more stable workforce. Therefore, the success of benefits and services programmes is contingent upon personnel policies being well-formulated by management, as well as an understanding by employees of the value of the programme.

3.5. The South African System of Acts Governing the Health Services

The progress of management in the health services is constrained by a number of factors and issues, because human life and human suffering are at stake. The limitations imposed by the legal or statutory system of the country in which the health services operate must be contended with (Booyens & Minnaar in Booyens, 1997:30). For instance, the **National Policy for Health Act** 1990 (No.116 of 1990) provides, according to Strauss (1993:3), for the establishment of a national health policy by the Minister of National Health. The Minister, in consultation with the National Health Policy Council, establishes the broad health policy for the country. **The Health Act 1977** (No. 63 of 1977) is the overall policy statement on health services in the Republic of South Africa, and co-ordinates the health services rendered by provincial and local governments (Booyens & Minnaar in Booyens, 1997:30). According to Booyens & Minnaar in Booyens (1997:30), the **Health Act, 1977** (No. 63 of 1977) defines the activities of the different regional governments relating to the rendering of health services. Aspects of health care delivery, for example

the establishment of hospital facilities and services, services such as ambulance, out-patient, maternity and comprehensive health-related clinic services, as well as a number of other health-related services, are delegated to the provincial or regional authorities.

Regional Head Office decides the policy, on a regional basis, on a variety of matters, for example:

- Total numbers of hours to be worked per month by the different categories of health personnel;
- The standard methods to be used for ordering and requisitioning supplies;
- The type of record keeping required;
- The type of monthly and yearly statistics to be kept and reported to the provincial authority.

These directives or policy regulations are circulated monthly to the different health services in the form of circulars from Head Office (Mellish & Lock, 1992:12).

3.5.1 Acts which have a Bearing on the Provision of Health Services

A number of Acts have a direct, and some an indirect, bearing on the rendering of health services. Health personnel should be aware of these Acts and should possess the necessary knowledge about aspects which could influence them directly in their daily practice. There are a number of Acts which have a bearing on the provision of health services, although in this study the researcher is only going to name these Acts. For the sake of this study, only **the Nursing Act, 1978** (No. 50 of 1978) will be discussed because of its direct bearing on the rendering of health services.

Acts which have a bearing on the provision of health services are as follows:

The Medicine and Related Substances Control Act 1965 (Act 101 of 1965)

The Human Tissue Act 1983 (Act 65 of 1983)

Choice on Termination of Pregnancy Act 1996 (Act 92 of 1996)

The Medical Schemes Act 1967 (Act 72 of 1967)

The Births, Marriages and Deaths Registration Act 1963 (Act 81 of 1963)

The Child Care Act 1983 (Act 74 of 1983)

The National Policy for Health Act 1990 (Act 116 of 1990)

The Health Act 1977 (Act 63 of 1977)

The Mental Health Act 1973 (Act 18 of 1973)

3.5.1.1. The Nursing Act, 1978 (No. 50 of 1978)

Nursing Act, 1978 (No. 50 of 1978), the Act governing the nursing profession, covers a variety of aspects or regulations which are relevant to the nursing practitioner. The Act is a comprehensive measure, governing the profession of nurse and midwife in particular, as well as the training and education of nurses and midwives, nursing agencies, and incidental matters (Strauss, 1992:38). For the nursing manager the following aspects are of considerable importance:

- The scope of practice of the registered midwife, which is based on scientific acts and procedures relating to the mother and child in the course of pregnancy, labour and the puerperium;
- The scope of practice of the enrolled midwife;
- The scope of practice of the enrolled nurse;
- The scope of practice of the enrolled nursing auxiliary;
- The regulation specifying what should be considered disgraceful, improper or unethical conduct, liable to discipline, for different categories of nurse;
- The establishment of the South African Nursing Council (SANC) and its regulatory, disciplinary and controlling powers;
- The regulations regarding training, education and the relevant colleges and institutions providing such instruction;
- The regulations relating to registered midwives and enrolled midwives, as embodied in Regulation 2488 of 26/10/1990. The regulations describe in detail the procedures to be followed during the antenatal period, the labour

and the puerperium stages and define when medical assistance should be called in, as well as outlining the type of records to be kept of maternity cases attended, and

- Regulations relating to the keeping, supply, administering or prescribing of medicines by registered nurses (Nursing Act 50 of 1978, as amended).

Empirical evidence suggests that role clarity and turnover will be negatively related when there are higher levels of perceived role clarity among registered nurses. For instance, Lyons in Birkenbach (1982:30), in a study of nurses found that higher levels of perceived role clarity gave rise to lower levels of voluntary turnover, propensity to leave and job tension. Moreover, role clarity was positively related to work satisfaction.

On the basis of these findings, it becomes crucial that registered nurses become familiar with the above-mentioned aspects of **the Nursing Act, 1978** (No. 50 of 1978). This is important because the demands being made on the nursing profession, in terms of the availability of trained nurses, have increased. For example, the constitutional right of every person to have access to medical and nursing care has allowed greater numbers of people to make use of hospital and other nursing services. Therefore the demand for more specialized and trained nurses, as a result of technological advancements, which are exacerbated by staff shortages due to turnover, should not be compromised by the use of lower categories of staff. Regulations and the scope of practice of all categories of nursing personnel should be adhered to. If nurses are tasked with duties beyond their scope of practice, this could lead to role ambiguity, tensions, and dissatisfaction with the job. Consequently, turnover rate might increase.

3.5.1.2. The Purpose of the Nursing Act, 1978 (No. 50 of 1978)

According to Searle & Pera (1995:72-73), the fundamental purpose of the Nursing Act 1978 (No. 50 of 1978) is to:

- Ensure societal approval of the nursing (and midwifery) profession by providing for the regulation of the profession by statute, with the aim of ensuring a competent and ethically controlled nursing and midwifery service to all citizens.

- Exclude all those who have not yet become, or are not, members of the profession in terms of the provisions of the Act from practising for gain.
- Provide for the aspirations of the profession by providing for peer group control in the form of a prescribed statutory body.
- Ensure that the nursing profession has a statutory relationship with other health professions so that orderly co-operation is possible.
- Provide for the nursing profession to contribute to the development of health services by ensuring that the production of the necessary well-qualified nursing and midwifery force can take place in an orderly manner that will not only safeguard the public well-being, but will also enable the nurse practitioner to acquire recognized qualifications which have value as marketable commodities, so enhancing the socio-economic status of the profession.

3.6. The South African Nursing Council (SANC)

The Nursing Council acts in the interests of the public by regulating nursing education and nursing practice. The principles according to which such regulation takes place are set out in legislation pertaining to the profession, which grants formal authorization in this respect (Muller, 1996:65). The South African Nursing Council (SANC), which was established under the **Nursing Act, 1944** (Act of 1944), is now governed by Chapter 1 of the **Nursing Act, 1978** (No. 50 of 1978). The Nursing Council is a controlling and disciplinary body which in its organization, powers and functioning may be compared to the controlling body for doctors, the South African Medical and Dental Council. The Nursing Council also operates as an advisory body to the Minister of National Health on any matter affecting the nursing profession (Strauss, 1992:43-44).

3.6.1. The Objectives of the Nursing Council

The objectives of the Nursing Council are specifically defined in Strauss (1992:44) as follows:

- To assist in the promotion of health standards of the inhabitants of the Republic.

- To control, and to exercise authority in respect of, all matters affecting the education and training of, and the manner of the exercise of the practice pursued by, registered nurses, midwives, enrolled nurses and nursing assistants.
- To promote liaison of education and training, and the manner of the exercise of the practices, referred to above, both in the Republic and elsewhere, and to promote the standards of such education and training and the manner of the exercise of such practices in the Republic of South Africa.
- To advise the Minister on any matter falling within the scope of the Act.
- To communicate to the Minister information on matters of public importance acquired by the Council in the course of the performance of its functions.

3.7. Ethical Aspects of Nursing Practice

One of the most important features of a profession is that it has a professional code of ethics based on personal morality, which is the foundation of trust for the patient and the community. Individual moral integrity is regarded as the key to a safe standard of practice (Searle & Pera, 1995:148). As Searle & Pera (1995:148) point out, the nurse/midwife who abuses the ethical trust placed in him or her by his or her profession, employer, patients and fellow professionals does not commit a criminal offence unless the act committed also has criminal intent or implications, but betrays a professional trust and brings the profession into disrepute. An ethical misdeed may result in disciplinary action by the employer and the Nursing Council/Board, and may even lead to civil action. Once a nurse enters the profession and registers as a student or a practitioner, he or she has an unwritten social contract with his or her profession and society to behave in an ethical manner for the well-being of everybody (Searle & Pera, 1995:149).

In certain instances, because the South African Nursing Council (SANC) acts in the interests of the public by imposing disciplinary measures in cases of acts of commission of misconduct by nurses, some nurses might perceive this

as unbearable. The demands made of members of the nursing profession, that is, care for the patients, loyalty to the organization, loyalty to the profession, and avoidance of mishaps might seem overwhelming to some nurses. In turn, this might result in turnover, and even to change of career by some nurses who cannot cope with the demands and expectations of the profession.

3.8. A Survey of the Nursing Division at Groote Schuur Hospital

Information about the nature of nurses' working conditions, benefits and services is critical for understanding antecedents of turnover at Groote Schuur Hospital. Information on workforce demographics is important for several reasons. For example, experienced employees tend to have lower turnover rates than those of younger, less experienced workers. Similarly, a younger workforce values pensions and deferred compensation differently than does an older workforce. Also, differences in expectations and values may exist. So the diagnostic process assesses nurses' working conditions, as well as organization and external conditions.

3.8.1. Appointment of a Registered Nurse

The Deputy Director and Head of the Nursing Division at Groote Schuur Hospital, Ms. C.J. Thorpe, furnished the researcher with an appointment document stipulating the appointment of registered nurses, subject to the provisions of the **Public Service Act**, 1994 (No.103 of 1994). The content of the appointment document is derived from Public Service Regulation No.679 of 1 July 1999 as follows:

- All personnel who are appointed in a permanent capacity are required to serve a probation period of at least 12 months.
- The South African Nursing Council deducts annual fee from nurses' salaries during the month of September of each year. The SANC also controls the registration and enrolment system entry to the nursing profession. Being able to register or enroll with the SANC sets the nurse/midwife aside as a member of a profession, that is, it gives him or her a special status and a special identity. Only nurses and midwives who

have met the required criteria may practise for gain. The SANC therefore protects the nurse or midwife from unfair competition by persons who are not part of the profession. Personnel on leave without pay during this month, and staff members appointed during September or after this date are responsible for paying the fees themselves.

- Uniforms issued on appointment remain the property of the nurse. Should the nurse leave before completion of 12 months service, the cost of these uniforms will be recovered on a pro-rata basis.
- On resignations, nurses are required to give one month's notice of their intention to resign. No vacation leave may be granted during the last 30 days of service.

Allocation of personnel is done as per need of the institution. Personnel preference will be taken into consideration where possible.

- Full-time staff members working day duty are expected to work 40 hours per week, excluding meal times.
- Nursing staff members are expected to be available for a period of night duty of three months each year, depending on the need. There is flexibility, that is, a nurse can be asked to work more months on night duty, according to Thorpe (2000). A night duty allowance is paid, together with an overtime allowance for hours worked in addition to the required 40 hours per week.
- Remuneration for a newly appointed registered nurse: Gross salary commences at R4222.00 per month, with a notch of R5061.00. Personnel Administration Standards (PAS)(1997) sets out the following salary ranges for nurses:

Table 3.1 Salary Ranges for Registered Nurses with effect from 1 July 1997.

Level	Salary Ranges with effect from 1 July 1997 (RPA)		
6.Reg. (Prof) Nurse	43899	46596	49293
7.Sen. Prof. Nurse	54684	57501	60315
8.Chief. Prof. Nurse	68763	72573	76386
9.Assist Director	84003	87126 93369	90246 96489
10.Assist Director	105849	110406	114963
11.Dep. Director	124071	132729	141390
12.Dep. Director	150048	158535	167025

3.8.2. Service Benefits

(a) Vacational Leave - is accumulative and accrues on a monthly basis

1-10 years service = 46 days per annum including weekends.

10 years service and over = 52 days per annum. Leave must be arranged timeously.

(b) Sick Leave - is 120 days on full pay; and 120 days on half pay may be granted in any one 3 year cycle.

(c) Lodging - is available on application. If required the fees will be deducted at a prescribed rate. One month's notice in writing is required prior to leaving the residence.

(d) Bonus - An annual service bonus is paid to all employees

(e) Medical Aid Schemes - Staff are encouraged to join the schemes available.

- (f) Housing Subsidies and Loans** - These are available to full-time staff. An employee is entitled to one subsidy after a service of twelve months, assessed to be of no risk to the Provincial Government (that is, pending charge cases of misconduct such as theft, render. an employee ineligible to qualify for subsidy. This measure is enforced in order to safeguard against any financial loss to the Provincial Government, which stands as surety to its employees (Thorpe 2000).
- (g) Pension Schemes** - These are also available and membership is compulsory for both temporary and full-time staff.
- (h) Study Leave** - This varies in accordance with the Public Service Regulations.
- (i) Financial Assistance** - This is made available for attending congresses, seminars or symposia. Members who belong to the Groote Schuur Nurses' Club may request assistance. Membership of the club is voluntary and a minimum monthly fee is payable by debit order

3.9. Disciplinary Code and Procedure for Nurses

This new Disciplinary Code and Procedure for the Public Service, which was negotiated and agreed upon in the Public Service Co-ordinating Bargaining Council, was issued by the Chief Medical Superintendent of Groote Schuur Hospital as Hospital Notice Number 6/99. The Code of Good Practice contained in Schedule 8 of the **Labour Relations Act**, 1995 (No. 66 of 1995), insofar as it relates to discipline, constitutes part of the new Disciplinary Code and Procedure. The implementation date for the Code and Procedure was 1 July 1999, and the delegated executive authority, as far as the Disciplinary Procedure is concerned, is the Institutional Management. This document replaces the Groote Schuur Hospital Region Disciplinary Procedure and Code (Hospital Notice 9/96 dated 20 February 1996).

3.9.1. Purpose and Scope of the Disciplinary Code and Procedures

The purpose of a disciplinary procedure is to maintain orderly functioning in the health service according to the rights of the manager to apply corrective

measures to his or her employees. The purpose of this Code and Procedures is as follows:

- To support constructive labour relations in the public service;
- To promote mutual respect between employees and between employees and employer;
- To ensure that managers and employees share a common understanding of misconduct and discipline;
- To promote acceptable conduct;
- To provide employees and the employer with a quick and easy reference for the application of discipline;
- To avert and correct unacceptable conduct; and
- To prevent arbitrary or discriminatory actions by managers toward employees.

Job satisfaction and staff retention in the nursing wards/units revolves around the proper application of the principles of adequate labour relations in order to accomplish the attainment of peace and harmony. Failure by management to facilitate quality of work-life in the eyes of employees, in terms of unfair management of complaints and grievances, as well as the disciplining of personnel, could result in turnover of nursing personnel. Hence, the researcher looks at the grievance and disciplinary procedures as measures which warrant studying.

3.10. Turnover of Nurses at Groote Schuur Hospital

Table 3.2 Appointments and Attrition of Registered Nurses

YEAR	MONTH	APPOINTMENTS	ATTRITION
1999	January	Nil	12
1999	February	18	8
1999	March	7	26
1999	April	11	12

1999	May	7	15
1999	June	8	10
1999	July	7	12
1999	August	11	12
1999	September	6	12
1999	October	1	7
1999	November	Nil	14
1999	December	Nil	20
TOTAL		76	160

2000	January	18	11
2000	February	38	5
2000	March	10	9
2000	April	10	12
2000	May	12	8
2000	June	1	10
2000	July	11	6
TOTAL		100	61

The turnover rate of hospital nurses is well known. It must be borne in mind that nursing has historically had a high turnover rate. As Birkenbach (1982:3) points out, this problem of turnover and shortages of nursing staff is not new, as concern about recruiting and, especially, retaining nurses had been expressed at least as far back as Florence Nightingale's era. Nor is the problem confined solely to South Africa. However, in order for the researcher to learn more about why registered nurses decide to stay at or leave Groote

Schuur Hospital, so as to provide an explanation of this phenomenon, numerous interviews with nursing management were conducted.

Emanating from the interviews held with nursing management of different nursing departments at Groote Schuur Hospital, was unanimous agreement that they are experiencing significant turnover of nurses, particularly registered personnel. In an interview held on 21 July 2000 with the Deputy Director and Head of Nursing Division at Groote Schuur Hospital, Ms. Thorpe, she said that there is a fairly high turnover of nurses. Ms. Thorpe said turnover of nurses at Groote Schuur Hospital is not new, it is a constant phenomenon. As Thorpe (2000) pointed out, as management they certainly have had to close wards because there was lack of finance to hire nurses to replace those who have left. According to her, it is a combination of the lack of nurses and the lack of finance that have caused wards to be closed. Management, because of the lack of finance, were not in a position to hire new nurses. If management were in a position to hire new nurses, hospital wards would not have had to be closed (Thorpe, 2000). In an interview held on 26 July 2000 with Mrs. M. Patton, Assistant Director of Nursing in Trauma and Emergency units, she had the following to say, "Yes, we were also affected. We had to close some beds in trauma because of staff shortage". Patton (2000) pointed out that she told Ms. Thorpe that closure of beds in the wards creates a burden on her department in trauma and emergency units, because there is a constant request for beds. If beds are closed in the wards, her department, comprising the units that cater for emergency cases, has the burden of looking after critically ill patients who should actually be looked after in the wards if there were beds available.

In terms of statistics reflecting significance of turnover at Groote Schuur Hospital, Ms. Thorpe furnished the researcher with a copy of statistics dating back from January 1999 to July 2000 (see table 3.11.1 above). As suggested by Thorpe (2000), at Groote Schuur Hospital they lose approximately ten nurses per month, that is an average of 120 nurses over the year. This varies from area to area. According to Thorpe (2000), at Groote Schuur Hospital they tend to lose large numbers from the intensive care units and theatre, especially experienced and trained nurses. Thorpe (2000) contends therefore

that this creates a problem because as management they are not in a position to replace those trained nurses. As she pointed out, the nurses they are appointing are inexperienced, young, and do not have the additional qualifications of those who have left. In addition to the turnover, there is a skills problem because of this effect of turnover.

An interview the researcher had on 24 July 2000 with Mrs. L. Mtwisha, Assistant Director of Nursing and Head of Theatre Department, she said that although a voluntary severance package was offered to staff between 1994 and 1997, in her department the exodus of nurses became significant between 1996 and 1997. According to Mtwisha (2000), the exodus of nurses during 1996 and 1997 was mainly because of voluntary severance packages. Mtwisha had this to say, "A lot of people got attracted to this suddenly - so much money which they had never had before. This was coupled with the intention of investing the money or whatever they wanted to do. They would then apply to work in the private sector. I think it was more the money than anything else. And also, at about the same time, there was the lucrative offers from Saudi Arabia that "hit me quite below the belt". Mtwisha (2000) maintains that because of the voluntary severance package, in 1997 she had a huge staff shortage because the "upper crust", that is, the experienced, theatre trained, registered nurses, left the service.

Arguing along similar lines, Thorpe (2000) maintains that over the last 3 to 4 years they have experienced this problem, while there was the encouragement for nurses to go overseas, to countries like Saudi Arabia and England. From a financial point of view, there was a huge attraction from these countries. The emphasis by Thorpe (2000) is on the fact that they lost a lot of skilled nurses. In addition, she concurs with Mrs. Mtwisha that the voluntary severance package that was offered to staff between 1994 and 1997 made them lose their experienced nurses, with length of service ranging from 15 to 20 years. According to Thorpe (2000), nurses left because the money they would get would have allowed them to spend sufficient time with their families while doing jobs they had always wanted to do. As Thorpe (2000) suggests, It was not necessarily that nurses wanted to leave nursing,

but to do part-time nursing, which gave them both the pleasure of spending time with their families, and a secure income for their families.

During the interview the researcher had on 26 July 2000 with Ms. W.L.Thomas, Assistant Director of Nursing and Head of Maternity Division, some of the reasons given for turnover of nurses are as follows:

- They are young people and want to “spread their wings”;
- Financial implications;
- Nurses experience the shortage of staff as a stressful environment, and they, in the long run, cannot cope with this, so they leave;
- Nursing is a female dominated profession, and people get married and have children. A husband gets transferred; one has to start a family and care for the children for a couple of years, raising them until they are of school going age. This necessitates nurses having to leave nursing; and
- Nurses also left to look after aged parents, but that was not a major factor.

During an interview the researcher had on 25 July 2000 with a Focus Group of Nursing Management, consisting of 9 participants from various divisions of nursing, the following reasons for nurses leaving Groote Schuur Hospital were raised:

- The newly qualified young nurses usually stay at the hospital for only a year or two, then leave for “greener pastures”. In the words of participants, the younger sister comes to nursing having some demands. The phenomenon is rife at the moment that the young sister just wants to work for few years in order to get experience, and then leave. They come in with an already made plan;
- Today the opportunities for the young registered nurse are vast;
- The changes brought about by the closure of some wards due to staff shortages necessitated that nurses be relocated to where the need was. Because some nurses requested to work straight shifts in particular departments for certain reasons, relocation of work, and awkward shifts

made them leave and seek jobs where their requests could be accommodated;

- Poor salaries in South Africa and attractive, lucrative packages abroad also caused nurses to leave;
- The political uncertainty of 1989 to 1994 made people leave, in fear of the alleged loss of pension monies in the future;
- People are still leaving because agency staff is now being hired by the hospital. Nurses now can resign, leave, and then work freelance for 5 to 6 months back in the hospital through the agency;
- People feel that more and more things have been taken away from them, and more and more demands are being put upon them. For example, nurses have now been introduced to signing a register, which they are not happy about;
- Dissatisfaction with the way merit awards and notch increases are awarded. This is because not everybody will get merit awards or notch increases. Nurses feel this process is unfair and unjust, as certain individuals do not deserve these awards, favouritism becoming the dominant factor. In other words, nurses blame management for the alleged unjust allocation of these rewards.

Lack of autonomy in exercising initiatives in rewarding staff members as a Head Nurse in surgical wards, was raised as one other reason nurses leave. The participant in the Focus Group pointed out that two years ago she asked top management if she could give a half-day off to two nurses. The participant's reasoning behind her request was to give a half-day off as an incentive to two distinguished nurses who had never absented themselves from duty, despite the trend of high absenteeism in the wards. The rationale behind the participant's thinking was to motivate other staff members to strive for the incentive by coming on duty regularly. The participant claims that management told her that she was not allowed to offer that kind of a reward. The reason given by management was that she could not give those nurses such incentive because it is expected of them to work 40 hours per week. According to another participant in the Focus Group (2000), workload and

working under stressful conditions due to staff shortages is making nurses leave Groote Schuur Hospital to work in the private sector, where the nurse-to-patient ratio is one to one. In the intensive care unit, for example, the participant reported that a nurse has to look after more than one patient, whilst in the private sector the ratio is one nurse to one patient.

According to the Focus Group (2000), the entire transport system in the Western Cape is also causing a problem. Staff has to travel long distances to get to work on time. Due to the high cost of traveling, nurses have high costs to pay. If there should be a health centre near where staff live, they tend to leave the hospital in order to save costs and the inconvenience of traveling. In an interview the researcher had with Mrs. J. April, Chief Professional Nurse and Head of the Nursing Education Department, she said that nurses leave because they become frustrated by the changes which have taken place at the hospital, for example, restructuring of the institution. According to April (2000), restructuring of the colleges has impacted negatively, because there are no longer post-basic courses available to nurses for self development. Because there is no training of nurses in post-basic courses, they leave for the private sector, where training is offered at the company's expense.

Arguing along similar lines, Gillespie (2000:4), in an article (*The Southern African Journal of Critical Care*), entitled "Crisis in Training Critical Care Nurses", reported that critical care services in South Africa have always been in a state of crisis due to the shortage of appropriately trained nursing personnel. The causes are multi-factorial, but are at present primarily a significant loss of experienced nurses trained in critical care specialties, and the reduction in new staff being trained. As Gillespie (2000:4) points out, in the Western Cape, training in critical care nursing was drastically curtailed in 1999. Previously, the provincial nursing colleges in the Western Cape (which trained an average of 50 students per year), and the University of Stellenbosch (training an average of 15 students per year) offered critical care courses. The University of Stellenbosch and the colleges trained students for both private and public sector hospitals, for both the Western Cape area as well as neighbouring provinces (and even neighbouring countries).

Gillespie (2000:4) however, contends that severe financial constraints and rationalization of services and training have led to the suspension by the provincial colleges of post-basic training in the specialties of critical care, trauma, and operating theatre technique. The training provided was of an excellent standard and potentially contributed to the loss of many trained nurses from the public sector to both the private sector and the lucrative overseas career opportunities offered to well-trained Intensive Care Unit (ICU) nurses. The only critical care courses currently offered are one by the University of Stellenbosch, certificate courses and a year course offered by the Medi-Clinic group for their staff (in collaboration with Rand Afrikaans University (RAU)) (Gillespie, 2000:4).

The argument by Gillespie (2000:4) is that factors contributing to the deficit are shortages of nursing posts and the problem of granting study leave in academic hospitals. This view was also articulated during an interview held with Ms. Thorpe, Deputy Director and Head of Nursing Division at Groote Schuur Hospital. According to Gillespie (2000:4), financial constraints in the teaching hospitals have reduced nursing posts, making it difficult to grant study leave. The number of registered nurses trained in the specialties of critical care nursing and trauma and emergency nursing has reached low levels in public sector hospitals.

Also, nurses in certain areas are not sufficiently empowered to manage the staff under their supervision in their sections. Although theoretically a lot has been done to flatten the organization structure, practically April (2000) does not believe there is sufficient empowerment of the ward manager to manage his or her unit staff. Therefore, nurses have left because they are not happy with the conditions they work under, that is, their lack of capacity (April, 2000). In an interview held on 27 July 2000 with Mrs. Reynolds, Chief Professional Nurse and Acting Head of the Human Resources Department, she said that there are a lot of reasons that make nurses leave Groote Schuur Hospital. She mentioned the negative impact of the voluntary severance package, as did other interviewees previously quoted. According to Reynolds (2000), the feelings of lack of appreciation and worth which nurses receive from nursing management also affects them. As Reynolds (2000) pointed out, the topical

issue is the notch increase that has caused a lot of dissatisfaction among nurses. She said nurses felt their services were unappreciated, considering the unfairness with which the notch system is managed.

According to Thorpe (2000), in her perception, the opening up of the primary health care centres and the secondary hospitals has definitely caused the hospital to lose nurses because these newer health institutions are nearer the homes of the staff. This relates to transport problems and financial savings as was previously indicated by some interviewees. In trauma and emergency units, Patton (2000) reported that nurses leave because the stress level is high, due to the enormous amount of work put upon the few nurses and, often, rude behaviour from patients' escorts. According to Nursing Update (1999:70), the lucrative salary offered to a registered nurse in Saudi Arabia or United Arab Emirates is R12, 000 to R15, 000 per month. It is tax free, with free, fully furnished accommodation. In the United Kingdom, salaries for registered nurses range from R140, 000 per annum upward (Nursing Update, 1999:69). According to Nursing Update (1999:32), Saudi Arabia offers R200 000 per annum tax free, with free medical assistance. These salaries vary - for instance, Saudi Arabia offers R16, 000 per month, tax free (Nursing Update, 1999:44).

3.10.1 Motivation Measures for Retention of Nurses at Groote Schuur Hospital

According to Thorpe (2000), as nursing management they are offering orientation or induction for nurses newly employed at Groote Schuur Hospital. The Education Department that runs the orientation/induction course or training for the first 32 days tries to make new appointees familiar with the institution and helps them in getting to know people. Thorpe (2000) said, "We try and twin them with somebody in that area, like a mentor. In the intensive care unit and theatre we have a clinical tutor, who is supposed to be the closest in the area, who goes around and guides new nurses in practical procedures, helping them to know what is the right way of doing things". According to Thorpe (2000), (in the wards) they have induction programmes, but unfortunately that does not always work, because of workload.

Thorpe (2000) maintains that they have some short courses intended for upgrading nurses' skills, particularly an anaesthetic course, also dermatology, infection control and haematology. Staff are encouraged to attend these courses. Furthermore, nurses are encouraged to take study leave, but that is limited because of staff shortages. Thorpe (2000) also points out that they send nurses to seminars and congresses to try and build their interest in their particular areas. The Nurses' Club helps to fund nurses to a certain extent. According to Thorpe (2000), they also have a staff clinic for emergency illnesses where a doctor gives immediate care for acute illnesses. Moreover, they have a crèche, which is available for the children.

According to Thorpe (2000), if nurses are having particular problems, they try and assist them. They quite often accommodate such a person by allowing the special privilege of working flexible off-duties for a 3-month period so that the domestic or work problem can be sorted out within that time frame. Also, nurses coming back from maternity leave are not allocated to work night duty for at least 4 to 5 months. They are allocated to day shift in areas they want to work in, if circumstances permit. On appointment, appointees are given three choices, the first preference area requested being granted, depending on the needs of certain departments.

According to Reynolds (2000), in the human resources department they motivate nurses by training them in assertiveness and on counseling programmes. They assist them with coping mechanisms and with solving financial problems. In trauma and emergency units for instance, to motivate and retain staff members, Patton (2000) reported that they have installed cameras, high security doors that are mechanically operated, and increased security personnel to give privacy and security to the nursing personnel. Patton (2000) has also introduced human resource development personnel to run "quality circles" for nurses. She has also introduced psychiatrists; and social workers to run support groups.

In addition, Patton (2000) reported that in trauma, they have effected renovation of the building by painting the walls in a bright colour. In the nurses' tearoom, Patton (2000) said, they have supplied nurses with new microwaves, kettles, cups and saucers, curtains and new furniture. According

to Patton (2000), they have also introduced a short course in intensive care so that nurses can improve their knowledge and expertise. Moreover, Patton (2000) claims that she has introduced ward climate meetings, through Head Nurses, where nurses can ventilate their problems. Patton (2000) also mentioned that they have a minister of religion who is giving spiritual guidance and support by conducting prayer meetings for nurses and patients.

3.11. Conclusion

This section began by discussing regulation of the nursing and midwifery professions in South Africa. The researcher argues that the nurses of today need a thorough understanding of the principles of professional practice. They must know why statutory control of the nursing profession (which includes midwifery) is necessary. This will help the nurse to avoid the sad scene of coming into conflict with the rule of law.

The principles of professional practice arise from several sources, such as:

- The laws entrenching the rights of citizens;
- The cultural heritage ethics of the society of which the nurse forms a part;
- The philosophy of nursing as viewed by the majority of the members of the profession;
- The parameters of practice of other health professionals; and
- The central concepts of the discipline of nursing.

In the South African system of Acts governing the health services, especially Acts which have a bearing on the provision of health services have been highlighted in the discussion. However, **the Nursing Act, 1978** (No. 50 of 1978) as amended, has been discussed as that most pertinent to the practising nurse. The South African Nursing Council, as a governing body of the nursing profession, is seen as one of the fundamental institutions governing the control of nursing and protection of the interests of the public. Also, the ethical aspect of nursing practice, as reflected in the Code of Ethics, is identified as one of the most important features of a profession. The Code of Ethics is based on personal morality, which is the foundation of trust for the

patient and the community. Individual moral integrity is regarded as the key to a safe standard of practice.

It was also argued in this section that nursing service policy and procedure manuals are basically guidelines to action. The purpose of the policy in nursing management has been discussed at length. It was argued that personnel policy is usually developed by the human resources department with the purpose of attracting and retaining nursing personnel who will make an effective contribution to achieving the objectives of the nursing services.

The South African media publications on turnover of nurses have raised major concerns about one of the main reasons nurses leave public sector institutions being the pursuit of lucrative offers abroad. This view was confirmed during numerous interviews the researcher had with various heads of nursing divisions at Groote Schuur Hospital. It emerged from these interviews that nursing management is concerned by this trend in turnover of registered nurses in particular. This phenomenon definitely has negative spin-offs for the rendering of quality care by health professionals. The reasons given by nursing management concur with the theory of turnover put forward by many authors, that dissatisfaction with pay received culminates in a variety of unwanted employee behaviours, such as absenteeism, willingness to strike, lowered job performance and turnover. However, this view of management will be compared with that of clinical nurses who are at the bedside with "first hand" experience. This will comprise part of the following section, in which such information will be gathered through self-administered questionnaires presented to clinical nurses.

CHAPTER 4

4. DATA ANALYSIS OF VARIABLES ASSOCIATED WITH TURNOVER OF REGISTERED NURSES

4.1. Introduction

The method of data collection used by researchers is fundamental in ensuring that the results produced are authentic. The instruments of measurement should be reliable so that they can stand the test of ensuring validity and empirical evaluations. This can be achieved if the researcher adheres to the principles of objectivity. To achieve relative objectivity, researchers are required to use instruments that measure what they purport to do.

This section therefore focuses on analysis of data collected through questionnaires. To do this, statistical data will be used to provide the basis for explanation of the phenomenon of turnover. The method used to collect data conveys to the reader the following:

- Research sites;
- Size of the institution investigated;
- Subjects of the study;
- Content area of the first page of the questionnaire;
- Pilot study;
- Questionnaire administration; and
- Rate of questionnaire return.

The final aspect covered in this section is an analysis of data collected, in explanation of the influence of variables associated with turnover. In order to effect this, an integrative approach is taken, that is correlation of theory gained from literature review with data gathered through interviews, media expressions, direct observations and questionnaire data.

4.2 Gathering of Data

The process of finding valid answers to questions which have not yet been satisfactorily answered, is called scientific research (Vlok, 1982:1). As Vlok (1982:1) & Bless & Higson-Smith (1995:12) suggest, scientific research aims at discovering new facts about nature and human beings or new relationships

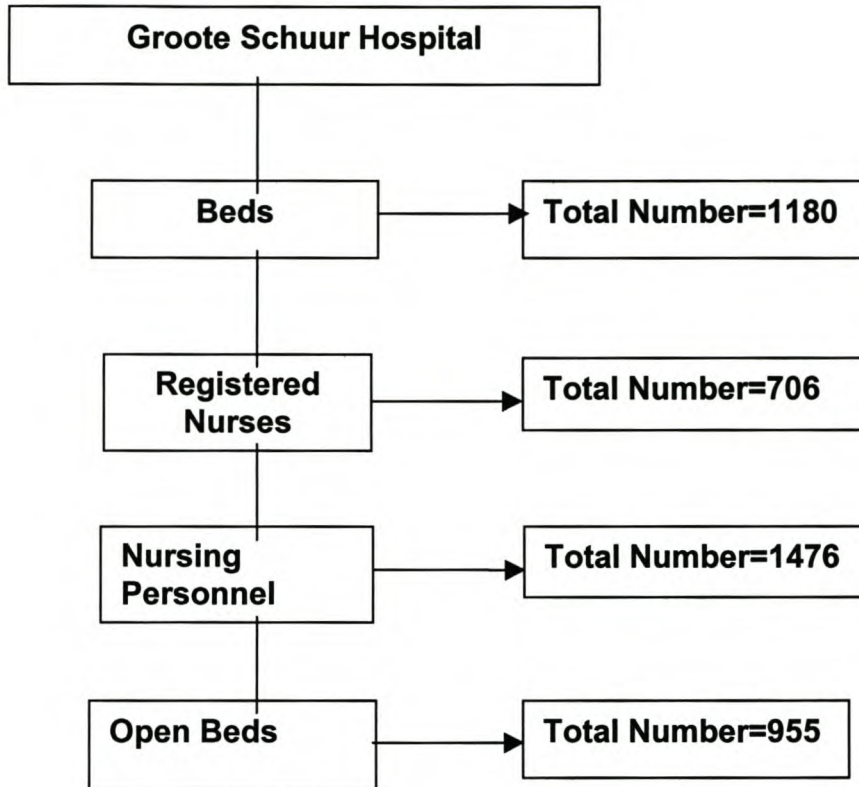
among known facts by means of empirical methods. The aim of scientific method is to make unbiased observations, the researcher being enabled to come to valid conclusions about the meaning of his or her observation. However, even though researchers may strive to minimize the impact of bias when conducting their research, it is difficult, if not impossible to achieve total objectivity (Johnson & Joslyn, 1986:22). Within the context of objectivity, it is the aim of this study to strive to minimize the impact of biases when conducting this survey so as to come up with justifiable empirical conclusions.

4.2.1. Research Sites

The field research involved in the gathering of data for this study was carried out at Groote Schuur Hospital, situated in the Western Cape Province of the Republic of South Africa. The choice of this institution as a suitable focus of investigation was based on two main criteria. Firstly, to save time and money the researcher used a convenient sample; that is, the survey was restricted to Groote Schuur Hospital in Cape Town. Secondly, because the researcher has access to this institution and previously worked there, it was convenient and support and co-operation for the field- work were readily forthcoming from both management and nurses.

Table 4.1 below shows the size of Groote Schuur hospital in terms of three criteria, namely, the number of beds, the number of nursing personnel at the time the research was conducted (July 2000), and the number of registered nurses in July 2000.

Table 4.1: Size of Groote Schuur Hospital in terms of Numbers of Beds, Registered Nurses, and Nursing Personnel Employed, July 2000.



4.2.2. Subjects

The sample consisted of registered nurses who were employed in both full-time and part-time capacity. (Very few part-time nurses were employed in the hospital concerned at the time of the study). Only Professional (registered) nurses, Senior Professional (registered) Nurses and Chief Professional Nurses were included in the part of the study in which self-administered questionnaires were completed. Thus, student nurses, nursing assistants, staff nurses and management were excluded from the questionnaires.

4.2.3. The Research Questionnaire

Apart from turnover data, which was gathered from literature review and hospital records; some data for the study was obtained through the use of a self-administered questionnaire. In broad terms, the areas which were investigated in the questionnaire were based on the variables regarded as determinants of turnover as discussed in the literature review. However, in

order to develop an item content which would be relevant to the study of turnover in a South African hospital, as documented in the preceding section, interviews were conducted with nursing management of Groote Schuur Hospital to gather data about their perspective on the trend of turnover. These interviews consisted of structured and semi-structured open-ended questions, and were conducted by the researcher personally. The theme of the discussion centered on areas of satisfaction and dissatisfaction experienced in the hospital environment. Responses of interviewees were tape-recorded and subsequently transcribed for writing of the report. Prior to recording, permission was sought of all interviewees. Responses of these interviewees were analyzed in order to develop a sample of items for inclusion in the questionnaire.

4.2.3.1. Content Areas of the Questionnaire

The cover page of the questionnaire served briefly to introduce respondents to the nature of the study. Among other things, it was pointed out that all questions should be answered in terms of the respondents' own personal views. Confidentiality of all responses was assured. The researcher's name and the name of the university was written in the front page of the questionnaire in order to indicate to respondents that the study was being carried out independently from the hospital or professional bodies (See attached copy of questionnaire in Appendix A).

To protect the human rights and welfare of the individual, the cover page of the questionnaire informed all participants about the purpose of the study. It was made clear to participants that participation was voluntary and anonymous. Also, the right to privacy and confidentiality was assured and adhered to by the researcher. This was necessary in order to reassure respondents, and so that any perceived suspicions could be cleared. In turn, support and co-operation would be achieved. For the rest of the content areas of the questionnaire, see attached copy of questionnaire in Appendix A.

4.2.3.2. Refinement of the Study

The refinement of the study was carried out in two distinct phases. First, the initial version of the questionnaire was referred to Dr. De Wet Schutte, who is an expert and has substantial experience in questionnaire construction and

design. Thereafter, a copy of the draft questionnaire was submitted to Ms. C.J. Thorpe, the Deputy Director and Head of the Nursing Division at Groote Schuur Hospital for the critical comments of the Ethics Committee, in terms of suggested alternations, exclusions or additions to the content areas. Apart from the primary instrumental reason of improving the overall quality of the instrument, it was also felt that involving senior nursing staff in this exercise would enhance their support for the study.

4.2.3.3. Administration of the Questionnaire

The questionnaires were delivered personally by the researcher to Head Nurses of different sections of the nursing division, where they were distributed to all the nurses. Respondents completed the questionnaires in their own time within a period of four weeks. After completion, nurses were requested to return the completed questionnaires to the Head Nurses, from whom the researcher then collected those completed questionnaires.

4.2.3.4. Rate of Return of Questionnaires

In total, 230 questionnaires were dispatched to nurses at Groote Schuur Hospital. 123 questionnaires in all were returned. The overall rate of return of questionnaires was therefore 53.5%, which was considered to be acceptable. It must be noted that the return of questionnaires was well below the rate expected by the researcher. It is probable that copies of these questionnaires could have been misplaced or lost by the respondents. Another assumption by the researcher is that not all the nurses in a big institution like Groote Schuur Hospital may have been adequately informed about this project, which likely gave rise to non-return of questionnaires. Furthermore, without facts at hand, the researcher is of the opinion that, because English is a second language to many of the proposed respondents, and the questionnaire was presented in English, the language barrier caused it to be perceived as not as “user-friendly” as it might have been presented in the respondent’s home language, thus resulting in non-returns. The period of four weeks could prove to have been too short for maximum return.

4.3. Analysis of Results and Discussion

Before the formal presentation of the results of this study, it is worth stating that the layout and presentation of the data will be reported in terms of basic statistics and tables. In cross tabulation of variables, the Pearson Chi-square method of analysis will be applied. The Pearson Chi-square is the most common test for significance of the relationship between categorical variables. This measure is based on the fact that the expected frequencies can be computed in a two-way table (i.e. frequencies that would be expected if there were no relationship between the variables).

The value of the Chi-square and its significance level depends on the overall number of observations, and the number of cells in the table. The only assumption underlying the use of the Chi-square (other than random selection of the sample) is that the expected frequencies are not very small. The reason for this is that, actually the Chi-square inherently tests the underlying probabilities in each cell; and when the expected cell frequencies fall, for example, below 5, those probabilities cannot be estimated with sufficient precision. For further discussion of this issue please refer to Everitt (1977), Hays (1988), or Kendall & Stuart (1979).

4.3.1. Age and Tenure

There has been considerable investigation into the relationship between turnover and age, indicating a consistent pattern of inverse relationship of age with health care facility staff turnover. Amongst the findings by some researchers that link the influence of age on turnover, in Tai et al. (1998:1915), Gray & Phillips found that turnover rates were significantly higher among nursing staff of younger age groups than older age groups. The following table 4.2 summarizes the result of the age distribution at Groote Schuur Hospital.

Table 4.2. Age Distribution at Groote Schuur Hospital

Age	Percent	Number
Non-responses	1.6260	2
Less than 25	8.9	11
25-29	16.3	20
30-34	18.7	23
35-39	22.7	28
40-49	21.9	27
50-59	9.7	12
TOTAL	99.826%	123

***The cases where the total surmises to 100%, it is because of the rounding off of the decimal point.**

Table 4.2 reflects twenty two point seven percent (22.7%) distribution of registered nurses between ages 35-39, twenty one point nine (21.9%) between ages 40-49, eighteen point seven (18.7%) between ages 30-34, sixteen point three (16.3%) between ages 25-29, nine point seven (9.7%) between ages 50-59, and eight point nine percent (8.9%) less than 25 years of age.

It seems from the statistical data that young registered nurses less than 25 years old, and the older nurses, who should possess experience and skills, between the ages 50-59 years account for small percentages of 8.9 and 9.7 respectively. The probability of the availability of few nurses in the age group less than 25 years could be attributed to the theory espoused by, among others, Gray & Phillips in Tai et al. (1998:1915), that turnover rates were significantly higher among nursing staff of younger age groups than among older groups. This view was supported during interviews held (July 2000) with Groote Schuur Hospital Nursing Management. Thorpe (2000), Thomas (2000) and the Focus Group (2000) pointed out that job opportunities and attractive lucrative salaries abroad have significant impact on the turnover of registered nurses, particularly the younger ones. As Thomas (2000) pointed out, the

young people want to “spread their wings”. According to the Focus Group (2000), the newly qualified young nurses usually stay at the hospital for only a year or two, just to gain experience needed for job attainment abroad, then leave for “greener pastures”.

Although it seems from the statistical data that a reasonable number of registered nurses working at Groote Schuur hospital tend to be in the age groups between 25 and 49, only six point five percent (6.5%) indicated that they will definitely not leave their jobs at Groote Schuur hospital, as shown in table 4.3. The significance of this statistical data shows an inverse relationship to the theory espoused among others by Knapp & Missiakoulis in Tai et al. (1998:1915) that propensity to leave decreases with age up to fifty-nine. For instance, from cross tabulation of age and “intent to leave” variables, it emerged from Chi-square analysis that there is statistical significance ($p=.00395$). It seems from the data that twelve percent (12%) between the ages 35-39 indicated an intention to leave, whilst eleven percent (11%) between the ages 25-29, eleven percent (11%) between the ages 35-39, and twelve percent (12%) between the ages 40-49 indicated uncertainty (see Appendix B highlighted percentages marked in stars).

Furthermore, table 4.2 shows the presence of nine point seven percent (9.7%) of registered nurses between the ages of 50-59 at Groote Schuur Hospital at the time the study was conducted. One reason to which the researcher attributes the low number of registered nurses between the ages 50-59 is the probability that older nurses with long tenure are likely to be in management positions. Therefore, because management was excluded from completion of self-administered questionnaires, it seems that this fact has impacted on the reflection of their distribution in the statistical data. Contrary to the theory that propensity to leave decreases with age up to fifty-nine, another reason for low statistical reflection of ages between 50 and 59 could be the probability that the voluntary severance packages which were offered to staff between 1994 and 1997 were largely taken up by this age group. This view was prominent during interviews the researcher had with nursing management of Groote Schuur hospital.

Table 4.3. "Intent to Leave"

Attitude	Number	Percent
Definitely will not leave my job	8	6.5
Probably will not leave my job	15	12.2
Uncertain	50	40.6
Probably will leave my job	32	26.1
Will definitely leave my job	18	14.6
TOTAL	123	100

Table 4.4. The Length of Time Nurses Worked in the Hospital

What is the length of time you have worked in the Hospital in any capacity?	Number	Percent
Non-response	2	1.62602
2 years or less	20	16.26016
Between 3-4 years	9	7.31707
Between 5-6 years	10	8.13008
Between 7-8 years	3	2.43902
Between 8-9 years	7	5.69106
10 years and above	72	58.53659
TOTAL	123	100

With regard to tenure, it has been hypothesized from the literature review by Abelson in Tai et al. (1998:1917), among others, that longer tenured employees have more human capital invested in the organization; thus they may be more reluctant to leave an organization than those less tenured. Despite many long tenured registered nurses with experience that left due to

the offering of voluntary severance packages, it emerged from the interview the researcher had with nine participants of nursing management from the Focus Group (2000) that the average number of years of service within the group was 27 years. This pattern of long tenured registered nurses who tend to stay longer in organizations is supported by the statistical results of the survey done at Groote Schuur Hospital. As shown in table 4.4, fifty eight point five percent (58.5%) indicated a total length of service of ten years and over at Groote Schuur hospital. There is statistical significance from Pearson Chi-square ($p = .00000$) between age and tenure variables. This means that the probability value is less than .05. Therefore, there is more than a 95% chance that this trend is going to repeat itself. From cross tabulation of age and tenure variables, Pearson Chi-square revealed that fourteen percent (14%) between the ages 30-34, twenty percent (20%) between the ages 35-39, twenty three percent (23%) between the ages 40-49, and twelve percent (12%) between the ages 50-59 of registered nurses have worked at Groote Schuur hospital for a period of ten years and above (See Appendix C percentages marked in stars).

4.3.2. Kinship Responsibility and Marital Status

Price & Mueller (1981:21) state that kinship responsibility is the degree of an individual's obligation to relatives in the community in which the employer is located. Marriage, children, and relatives are the sources of increased kinship responsibility. Price & Mueller (1981:21) hypothesized that the greater the number of local kin, the greater the kinship responsibility. Therefore, increased kinship responsibility reduces turnover by increasing the nurse's intent to stay.

As revealed by statistical data in table 4.5, forty seven point nine percent (47.9%) of registered nurses at Groote Schuur Hospital are married, forty three percent (43%) are single (See question number 34 in Appendix A). Sixty three point four percent (63.4%) of registered nurses indicated that they have children under their care (See question number 35 in Appendix A). From cross tabulation of age and marital status variables, twelve percent (12%) between the ages 30-34, twenty one percent (21%) between the ages 35-39, and twelve percent (12%) between the ages 40-49 indicated that they were

married (See percentages marked in stars in Appendix D). It seems that there is a statistical significance ($p = .00000$).

An interesting finding from cross tabulation of marital status and the responsibility of having children revealed that thirty three percent (33%) of unmarried nurses have children under their care, as compared to eleven percent (11%) of married nurses. From cross tabulation of marital status and the intention to leave Groote Schuur hospital in the future, it seems that there is a statistical significance ($p = .00000$). Both married and single registered nurses revealed a relatively even percentage, around twenty percent (22%), of uncertainty and intention to leave the hospital (See Appendix E). It seems therefore, that despite the fact that sixty three point four percent (63.4%) of registered nurses have kinship responsibility, only fourteen point six (14.6%) indicated the intention to leave the hospital (See Table 4.3). Therefore, based on the theory that kinship responsibility reduces turnover by increasing the nurse's intent to stay, in this instance it could be said that this theory received support. Moreover, the importance in interpreting the nature of this variable is the obligation felt by employees to relatives, such as siblings, parents, spouses or children who live in the community where the employing organization is located.

Table 4.5. Marital Status Picture

Marital Status	Number	Percent
Non-responses	1	.8130
Married	59	47.96748
Single	53	43.08943
Widowed	2	1.62602
Divorced or separated	8	6.50407
TOTAL	123	100

4.3.3. Education and General Training

The claim by Price & Mueller (1981:20) is that general training influences turnover through intent to stay. The implication is that individuals with general training would seem to have less intention to stay with the employer than individuals with specific training. The claim by Price & Mueller (1981:20) is that nurses trained in universities have general knowledge and more education. Therefore, the expectation is that they are more likely to quit in order to seek career advancement if there are limited opportunities in their current organization. Regarding nurses with diplomas who are trained in colleges, because their training is specific, they are hypothesized to have the tendency to be inclined to stay longer with the same employer.

However, from the researcher's survey of Groote Schuur Hospital, statistical data in table 4.6 revealed that ninety one point eight percent (91.8%) of registered nurses had diplomas in nursing, whilst those with nursing degrees made up only one point six percent (1.6%). In view of the fact that the nurses trained in universities, thus with nursing degrees, are in the minority at Groote Schuur Hospital, it would seem that the impact of general training in universities on turnover would be non-significant. On the other hand, it is possible that the hypothesis that diplomate nurses with specific training tend to stay longer with the same employer could be influenced by a number of other factors within and outside the hospital.

Table 4.6 Qualifications of Nurses

Qualification	Number	Percent
Non-response	1	.81301
Associate Degree(non-Nursing with nursing courses)	3	2.4
Diploma	113	91.86992
Baccalaureate(Post-basic Nursing Degree)	2	1.62602
Graduate Degree(s)(Obtained on completion of nurse training)	4	3.25203
TOTAL	123	99.96098

* In cases where the total surmises to 100%, it is because of the rounding off of the decimal point.

4.3.4. Professionalism

According to Price & Mueller (1981:19), professionalism is the degree of dedication by individuals to occupational standards of performance. A high degree of professionalism (commitment to professional skills) results in strong orientation to the profession rather than to the employing organization. This, in turn, leads to less intent to stay in a particular employing organization, which finally produces greater turnover.

According to Gerber, Nel & Van Dyk (1987:298), the reasons for career development in organizations are the following:

- The quality of the employee's work life is improved when he or she has an opportunity to progress in his or her career.
- Employees are able to learn new skills with the result that there is always a demand for them.
- Career development of employees decreases an organization's turnover rate.
- The personal job satisfaction of the employees is enhanced when their abilities have been developed, and when they are placed in positions that suit their ambitions and abilities.

It is shown in table 4.7 that that there is a statistical significance of one hundred percent (100%) of 123 surveyed registered nurses at Groote Schuur hospital who attach importance to being able to grow professionally. Moreover, statistical data reveal that fifty eight point five percent (58.5%) of registered nurses had never attended nursing conferences outside the hospital since finishing their basic training in nursing, (See Appendix F). There is a statistically significant eighty four point five percent (84.5%) of registered nurses at Groote Schuur hospital who held membership of the Democratic Nursing Organization of South Africa (DENOSA), while others had membership of other professional associations. Also, statistical reflection

shows that forty nine point six percent (49.6%) never attend meetings (See Appendices G and H).

However, despite lower attendance of DENOSA meetings and conferences, it would seem that the hypothesis that higher levels of professionalism leads to higher levels of turnover by decreasing commitment to a particular organization is significant. This is in relation to the attachment of importance to professional development by nurses. Also, it emanated from the interviews the researcher had with Groote Schuur Hospital nursing management that nurses were leaving to work in the private sector, where post basic training was offered at the company's expense. It emerged that due to severe financial constraints on staff, rationalization of services and training have led to the suspension by the provincial colleges of post-basic training in the specialties of critical care, trauma and operating theatre technique. Moreover, in-service training at Groote Schuur Hospital has been suspended due to the above-mentioned reasons. It could be argued, therefore, that as a consequence of the 88.6% of registered nurses who attach importance to being able to grow professionally, dissatisfaction with lack of career development could have impacted on high turnover rate. This view was also articulated during interviews with nursing management. Therefore, the hypothesis that development of employees decreases an organization's turnover rate received support.

Table 4.7. Attitudes towards Professional Development

How much importance do you personally attach to growing professionally?	Number	Percent
Non-response	1	.81301
Very Important	109	88.61789
Quite Important	10	8.13008
Fairly Important	3	2.43902
TOTAL	123	100

4.3.5. Pay Satisfaction and Turnover

As suggested by Price & Mueller (1981:16), pay refers to money and its equivalents, such as fringe benefits, which individuals receive for their services to the organization. Pay therefore influences turnover through job satisfaction and intent to stay. Social psychologists emphasize the importance of individual variation concerning the determinants of turnover. This is with regard to the assertion that pay will be a significant determinant of turnover only if it is highly valued. When it is not highly valued, it will cease to have an important impact on turnover (Price & Mueller, 1981:17). Against this background, the following tables show the attitudes of registered nurses at Groote Schuur Hospital towards their pay and fringe benefits.

Table 4.8. Attitude towards Pay

To Receive Good Pay is:	Number	Percent
Non-response	2	1.62602
Very Important	98	79.67480
Quite Important	19	15.44715
Fairly Important	2	1.62602
Somewhat Important	1	.81301
Not Important	1	.81301
TOTAL	123	100

Table 4.9. Attitudes towards Fringe Benefits

To Receive Good Fringe Benefits is:	Number	Percent
Non-response	1	.81301
Very Important	94	76.42276
Quite Important	24	19.51220
Fairly Important	3	2.43902
Somewhat Important	1	.81301
TOTAL	123	100

Table 4.10. Attitudes towards Payment for the Work Done

To be fairly Paid for Work Done	Number	Percent
Non-responses	2	1.62602
Very Important	107	86.99187
Quite Important	13	10.56911
Not Important	1	.81301
TOTAL	123	100

Table 4.11. Attitudes towards Pay as Compared to Input

Compared to the effort that you put into your job, do you feel that the pay you receive in the hospital is:	Number	Percent
Poor	101	82.11382
About Right	19	15.44715
Good	3	2.43902
TOTAL	123	99.99999

As can be seen from table 4.8, it seems from the statistical data that seventy nine point seven percent (79.7%) of registered nurses attached much importance to good pay. Seventy six point four percent (76.4%) of registered nurses in table 4.9 attached great importance of receiving good fringe benefits from their employer. As is shown in table 4.10, eighty six point nine percent (86.9%) of registered nurses revealed that to be fairly paid for the work they do was of great importance to them. Moreover, in table 4.11, it is statistically reflected that 82.1% of registered nurses felt that compared to the effort they put into their job, they received poor pay.

During the interviews the researcher conducted at Groote Schuur hospital with nursing management in July 2000, it emerged that there is dissatisfaction with the amount of pay received as compared to the effort put into the job. For instance, on 24 July 2000, during an interview the researcher had with Mrs. Mtwisha, Assistant Director and Head of Theatre Section at Groote Schuur hospital, she said that they are not paid a decent salary. She said that as nurses they are just paid an allowance. According to Mtwisha (2000), to somebody at her level in other professions, with the experience and the level of education that she had, the salary she was getting is "pocket money". Mtwisha (2000) maintained that she was not paid well enough to stay in nursing, but because of her commitment and the fact that she regards nursing as a "calling", she would stay in the nursing profession.

The significance of pay as a determinant of turnover was also expressed in the South African media publications. For example, an article from the *Citizen* (6 March 2000) alleged that more than 14 000 nurses had left South Africa during 1999 for "greener pastures" where they have the opportunity to earn more money in countries like Saudi Arabia and the United Kingdom. Expressing similar views, an article in *Die Burger* dated 19 July 2000, stated that nurses leave South Africa because of poor salaries and working conditions. From a telephone interview the researcher had with the *Die Burger* reporter Jannie Ferreira on 11 August 2000, it emanated that this article had been based on a telephone interview the reporter had with Ms. Ethelynn Stellenberg. Ethelynn Stellenberg is a Senior Lecturer in the Department of Nursing, University of Stellenbosch. According to Jannie Ferreira, Ethelynn Stellenberg (who is doing research for her Doctorate on nurses working

conditions) is based in Tygerberg hospital, and is also chairperson of DENOSA. According to *Die Burger* (2000:8), Ethelynn Stellenberg contends that poor salaries and “appalling” conditions under which public sector nurses work are the main reasons why thousands seek their “salvation” overseas. In view of the statistical revelation of the high value attached to pay, the expression that has emerged from interviews, the literature review, and from the media, the hypothesis that pay influences turnover through job satisfaction and intent to stay when it is highly valued would seem to have support. Therefore, the researcher’s hypothesis that decreased pay satisfaction produces increase in turnover among registered nurses was supported.

4.3.6. Job Satisfaction

Job satisfaction is the extent to which employees like their jobs. It is the match between what the employee wants from the job, and what he or she gets. In other words, the extent to which the job meets the individual’s needs, expectations and requirements (Bester & Richter, 1997:59). Price & Mueller (1981:13) hypothesized that increased job satisfaction produces greater intent to stay, which in turn, results in less turnover.

Despite the fact that 82.1% of registered nurses at Groote Schuur hospital felt that, compared to the effort they put into their job, they receive poor pay (See question No.11 in Appendix A), a statistical survey indicated that 82.9% like their job. As Lawler (1973:82) points out, the research on the determinants of satisfaction clearly shows that personal factors such as higher level of education, specialized training, and perceived personal inputs impact on job satisfaction, basically because they influence perceptions of what outcomes should be. The higher a person’s perceived personal inputs, that is the greater his or her education, skill, and performance, the more he or she feels he or she should receive. Thus, unless the high input person receives more outcomes, he or she will be dissatisfied with his or her job, and whatever rewards the job offers. This view by Lawler therefore explains the reasons for dissatisfaction by nurses when compared to the effort they put to their work.

One would thus expect that because nurses indicated enjoyment of their jobs, turnover rate would not increase. However, probably because the majority of

registered nurses at Groote Schuur hospital indicated their intention to leave the hospital, the fact that an average of ten nurses per month have left the hospital between January 1999 and July 2000, could have been influenced more by the availability of other variables, such as pay and opportunity of alternative jobs.

4.3.7. Opportunity for Obtaining other Employment

Opportunity is the availability of alternative jobs in the organization's environment. When jobs are plentiful, voluntary movement is high, when jobs are scarce, voluntary turnover is small (Price & Mueller, 1981:13). What this implies is that increases in opportunity produce increases in turnover. This view was confirmed during the interviews the researcher conducted in July 2000 with nursing management. Nursing management unanimously agreed that availability of job opportunities and lucrative salaries in countries like Saudi Arabia, the United Kingdom, The Netherlands, New Zealand, and the United States of America among others, led to the turnover they were experiencing. The South African media also highlighted this phenomenon.

From the survey conducted by the researcher, it seems from the statistical data in table 4.12 that 66.6% of registered nurses responded that it would be easy for them to find a nursing job with another employer. In table 4.13, 82.9% of registered nurses indicated that there are a number of job opportunities outside their hospital. As a result, only 6.5% of registered nurses indicated that they would definitely not leave their jobs at Groote Schuur Hospital. This state of affairs therefore supports the hypothesis by the researcher that the opportunity of alternative jobs in the labour market produces increase in turnover among registered nurses.

Table 4.12. Attitudes Towards Finding A Nursing Job with Another Employer

How easy would it be to find a nursing job with another employer?	Number	Percent
Very Easy	51	41.46341
Quite Easy	31	25.20325
Fairly Easy	23	18.69919
Not Very Easy	13	10.56911
Not Easy At All	5	4.06504
TOTAL	123	100

Table 4.13. Attitudes Towards Job Opportunities

How many job opportunities are there for a nurse with your qualifications?	Number	Percent
Many Job Opportunities	50	40.65041
A Moderate Number	52	42.27642
Few Job Opportunities	17	13.82114
No Job Opportunities	4	3.25203
TOTAL	123	100

4.3.8. Job Autonomy (Participation)

As Price & Mueller (1981:15) point out, job autonomy and responsibility, sometimes called participation, refers to the degree of freedom, independence and participation individuals experience in organizations. Lawler (1973:152-153) and Price & Mueller (1981:15) contend that high participation results in low turnover, that is, the greater the individual's participation in job assignment, the lower the turnover. During the interview the researcher held with the Focus Group on 25 July 2000, it emerged from one participant that

the tension of not having a say over one's own actions often causes frustration.

Eighty two point one percent (82.1%) of registered nurses who participated in the statistical survey data indicated strong value attachment to making their own decisions about the jobs they did (See question No.9 in Appendix A). It seems, therefore, from the statistical data in table 4.14 that 88.6% of registered nurses at Groote Schuur hospital felt that they are afforded an opportunity in making decisions concerning their job activities (See question No. 27 in Appendix A). This means, therefore, that the greater the nurses' feelings that they were afforded an opportunity to participate in job assignment decisions, the greater their feeling of contentment and; in turn, the lower the turnover intent. In this instance, the hypothesis that lack of autonomy and responsibility is a primary determinant of turnover was not supported.

Table 4.14. Job Autonomy (Participation)

How much say do you have in making decisions about how you do your job?	Number	Percent
Non-response	2	1.62602
No say at all	12	9.75610
Some say	28	22.76423
Moderate say	36	29.26829
Good deal of say	35	28.45528
Almost all the say	10	8.13008
TOTAL	123	100

4.3.9. Task Repetitiveness (Routinization)

Routinization is the degree to which a job is repetitive, with high routinization signifying a high degree of repetitiveness. Increases in routinization decrease job satisfaction, which in turn increases turnover (Price & Mueller, 1981:14).

In spite of the fact that in table 4.15, 97.9% of registered nurses indicated that the activities that made up their job was to some extent routine (See question No. 7 in Appendix A), 86.2% felt that there was variety in the activities that made up their job. Moreover, 82.9% of registered nurses indicated, in table 4.16, that they enjoyed their job. In view of these findings, it would seem that routinization was mediated by two variables, namely, variety and enjoyment of the job done. Therefore, routinization did not seem to have a significant influence on intent to leave the hospital.

Table 4.15. Job Routine

To what extent are the activities that make up your job routine?	Number	Percent
Non-response	3	2.4390
Large extent	32	26.43902
To some extent	65	52.84553
The same extent as non-routine	14	11.38211
Very small extent	9	7.31707
TOTAL	123	100

Table 4.16. Attitude towards Enjoyment in the Job

How much do you agree or disagree: You find enjoyment in your job?	Number	Percent
Non-response	1	.81301
Strongly Agree	43	34.95935
Agree	59	47.96748
Neutral	14	11.38211
Disagree	4	3.25203
Strongly Disagree	2	1.62602
TOTAL	123	100

4.3.10. Instrumental Communication and Supervisory Relationships

According to Price & Mueller (1981:15), instrumental communication is the degree to which information about the job is transmitted by an organization to its members. Thus, increased instrumental communication results in higher job satisfaction, which increases the intent to stay. This in turn decreases the probability of turnover.

Ninety seven point six percent (97.6%) of registered nurses from the statistical survey data indicated strong value attachment to the importance of being informed about their job (See question No.9 in Appendix A). On the whole, the significance of statistical survey data revealed an average of only about 3% of nurses who felt that communication about their job was inadequate. Overall, an average of 97% responded that they were well informed, with communication reaching them regarding organization policies and procedures (See Appendix J), a supervisor giving job-related information to a subordinate, as well as other forthcoming changes (See question No.26 in Appendix A, as well as Appendix I & K). With regard to supervisory relationships, 78% of respondents indicated that their immediate supervisors would rate their work

performance as good (See question No.37 in Appendix A). Regarding this response, it would appear that most respondents felt that they had personal support from their immediate supervisors.

It would appear, therefore, that information about the nursing job at Groote Schuur hospital was transmitted to nurses, and individuals were well informed. Therefore, this would probably mean that increased instrumental communication and perceived supervisory support would reinforce the feeling of content with management and the organization. Therefore, registered nurses who indicated that they had personal support from their supervisors were more likely to have job satisfaction, which in turn would be expected to reduce the turnover intent. Therefore, the hypothesis that increased instrumental communication and supervisory support result in higher job satisfaction, and thus increase the intent to stay, received support.

4.3.11. Promotional Opportunity

Price & Mueller define promotional opportunity as the degree of potential vertical occupational mobility within an organization. The hypothesis therefore is that the more the promotional opportunity, the less the turnover. Ninety-seven point six percent (97.6%) of registered nurses, from the statistical data, attached value to the possibility of being able to get ahead (See question No.16 in Appendix A). In table 4.17, sixty three point four percent (63.4%) of registered nurses responded that promotions were irregular, whilst 53.6% felt that promotions were rare at Groote Schuur Hospital (See Appendix M). On the other hand, 24.4% felt that promotions were frequent, 21.9% were neutral, whilst 13.8% did not respond to the question (See Appendix L).

Table 4.17. Attitude toward Promotion

How much do you agree or disagree with this statement: Promotions are regular in your hospital?	Number	Percent
Strongly Agree	9	7.3171
Agree	16	13.00813
Neutral	20	16.26016
Disagree	55	44.71545
Strongly Disagree	23	18.69919
TOTAL	123	100

It seems that the nurses who responded that promotions were frequent were referring to the rank and leg-promotion system which automatically entitles an individual to move up to the next rank after a period of three years practice in a position. For example, professional (registered) nurse to senior professional (registered) nurse, senior professional (registered) nurse to chief professional (registered) nurse. Those nurses who indicated that promotions were rare probably took into consideration the fact that once a nurse reached the rank of chief professional nurse, he or she had reached his or her career ceiling. Further promotions hereafter to administrative positions of Assistant Director level would depend to a large degree on experience and seniority. In the view of the majority of nurses who felt that promotional opportunities were rare, the hypothesis that the more the promotional opportunities, the less turnover was not significant at Groote Schuur hospital. Therefore, it could be speculated that the perception among respondents that there were few promotional opportunities would produce dissatisfaction and lack of commitment to the organization, which ultimately would lead to increased rate of attrition.

4.3.12. Integration

Integration is the degree to which an individual has close friends among organizational members. According to Tai et al. (1998:1919), research has shown that an increase in perceived personal and work-group support climate reduced the likelihood of turnover. Health care employees who had personal support from other staff were more likely to have job satisfaction than those employees without such support; which fact, in turn, was associated with lower turnover rates.

There was statistical significance that 84.9% of registered nurses perceived having close friends at work as important (See question No.9 in Appendix A). In spite of the fact that 60.2% of registered nurses indicated that they had close friends at the hospital, they indicated that they rarely share time with them either at the hospital or outside (See Appendix N). This lack of time sharing brings into question the likelihood of having meaningful close friends being associated with job satisfaction and low turnover. Perhaps future research could look at reasons for not being able to share time with the group of friends. Therefore, it would appear that in spite of the perceived feeling of having close friends, the inability to interact meaningfully in terms of group cohesion and support, seemed not to support the hypothesis that increase in perceived personal and work-group support reduced the likelihood of turnover. The inability to interact meaningfully could be attributed to awkward shifts nurses are expected to work under, due to the demands imposed to the nature of health care service. Thus the work schedule for health care services are non-conducive to group support and cohesion.

4.3.13. Work Load

Patient-staff workload may affect turnover. A heavy workload may increase job tension and decrease job satisfaction, which in turn may increase likelihood of turnover (Tai et al., 1998:1918). During the interview the researcher had on 26 July with Ms. Thomas, Assistant Director of Nursing and Head of Maternity Division, one of the reasons given for turnover of registered nurses at Groote Schuur Hospital was the stressful environment caused by staff shortages as a result of turnover, with which the remaining nurses could not cope. Along similar lines, a participant in the Focus Group (2000) has also

pointed out that workload and working under stressful conditions due to staff shortages was making nurses to leave the hospital. The reason given was that in places like the intensive care unit, for example, where the nurse-patient ratio preferably should be one to one, this condition did not, in fact, apply. As a consequence, nurses left to work in the private sector, where the ratio is one nurse to one patient.

Considering dissatisfaction with salaries received by registered nurses at Groote Schuur Hospital as compared to the perceived effort they put into their work, it seems therefore that a heavy workload might increase job tension and lead to decreased job satisfaction. Consequently, the likelihood of turnover might be increased.

4.3.14. Distributive Justice

Distributive justice is closely related to the concept of equity theory of motivation, which is based on the premise that people in organizations want to be treated fairly. As Price & Mueller (1981:17) point out, distributive justice is the degree to which rewards and punishments are related to performance inputs into the organization. Thus distributive justice refers not only to the amount of rewards and punishments distributed, but also to the relationship between rewards and performance inputs. The hypothesis, therefore, is that increased distributive justice produces greater job satisfaction, which in turn reduces turnover by increasing the intent to stay.

What emerged from the interviews held in July 2000 with nursing management at Groote Schuur Hospital, was the expression of dissatisfaction among registered nurses in the clinical field. This was attributed to unhappiness of the manner in which merit awards and notch increases were awarded to nursing personnel. As Thorpe (2000) pointed out, although there were many hard working nurses who deserved notch increases, the limitations in the system of allocation did not enable management to reach everybody. As a result, many nurses felt that they were unfairly treated. Thorpe acknowledged that the system of notch increases had brought about unhappiness and decreased morale among nursing personnel. This view was also raised by Mrs. Reynolds, Chief Professional Nurse and Acting Head of the Human Resources Department at Groote Schuur Hospital. According to

Reynolds (2000), nurses felt that their services were unappreciated considering the unfairness of rank promotion system management. The Focus Group also alluded to this concern.

From the survey the researcher conducted, as was emphasised previously, 82.1% of registered nurses felt that their salaries were poor compared to the effort that they put into their job. Table 4.18 illustrates the feelings registered nurses had about the pay they themselves received at Groote Schuur Hospital, compared to the effort that other nurses in the same hospital put into their jobs. Six nine point nine percent (69.9%) of registered nurses indicated that their salaries were poor compared to the effort that other nurses at Groote Schuur put into their jobs. For instance, Hurwitz (2000:8), in an article (Saturday Star, 26 February 2000), entitled "Nurses Justified in Quitting", reported that working conditions of nurses are poor, while they do not receive the acclaim and respect they deserve. According to Hurwitz (2000:8), nurses spend too much time on housekeeping, often working as maids in the wards. Moreover, they have long working hours, hospitals are understaffed and they have massive work overloads.

In view of the results of the survey, the literature review and media expressions, it appears that the feeling of decreased distributive justice experienced by nurses produced decreased job satisfaction which, in turn, increased turnover by decreasing the intent to stay.

Table 4.18. Attitudes Towards pay received by Registered Nurses at Groote Schuur Hospital, as Compared to the Efforts Other Nurses Put into their Job

Attitude towards pay received, as compared to the effort that other nurses in the hospital put into their job.	Number	Percent
Good	6	4.87805
About Right	31	25.20325
Poor	86	69.91870
TOTAL	123	100

4.3.15. Conclusion

This section began by discussing data analysis. The researcher indicated that the aim of the scientific method is to make unbiased observations in order for the researcher to come to valid conclusions about the meaning of his or her observations. Even though researchers may strive to minimize the impact of bias when conducting their research, it is difficult if not impossible, to achieve total objectivity. However, within the context of objectivity, the researcher indicated that it is the aim of this study to strive to minimize the impact of bias when conducting this survey so as to come up with justifiable empirical conclusions.

The researcher also indicated that the field research involved in the gathering of data for this study was carried out at Groote Schuur Hospital in the Western Cape Province of the Republic of South Africa. By means of a diagram in table 4.1, the researcher also illustrated the size of the surveyed hospital in terms of the total number of beds, the number of registered nurses in employment, the total number of nursing personnel, and the state of empty beds during the month of July 2000. The subject of the survey consisted of registered nurses who were employed full-time and few nurses working on part-time capacity.

The content area of the first page of the questionnaire was explained. The researcher conveyed to the reader that the refinement of the study, that is the initial version of the questionnaire, was referred to an expert in construction and design of questionnaires for fine-tuning. A copy was also submitted to the Ethics Committee of Groote Schuur Hospital for comment. The manner of questionnaire administration and rate of return was also highlighted. This section ended in the analysis and discussion of the variables associated with turnover of registered nurses. This was done through statistical data analysis. The discussion therefore integrated theory and practice.

4.3.15.1. Summary of the Main Findings

A Pearson Chi-square analysis was used to determine the statistical significance of factors in influencing the likelihood of subsequent nurses' turnover, based on multiplicity of variables. The findings of the associated influence of these variables are summarized as follows:

(a) . Age

It emerged from the survey of Groote Schuur Hospital that the distribution of young registered nurses less than 25 years old accounted for a small percentage of 8.9. Therefore, the small percentage distribution of younger nurses below 25 years could be attributed to the support received by the hypothesis that turnover rates tends to be higher among younger nurses. Contrary to the theory that propensity to leave decreases with age up to 59, the results of the survey statistically revealed that of a reasonable number of registered nurses working at Groote Schuur hospital, between the ages 25 and 49, only 6.5% indicated that they would definitely not leave their jobs. In the case of older nurses, the hypothesis that turnover rates tend to be less in this age group was not supported.

(b). Tenure

With regard to tenure, despite the adverse impact of voluntary severance packages (VSP) on nurses' attrition, statistical results of the survey revealed that 58.5% of registered nurses indicated a total length of service of ten years and above at the hospital. Therefore, the hypothesis that long tenured employees tend to stay longer in organizations was supported.

(c). Kinship Responsibility and Marital Status

From the results of the survey of registered nurses at Groote Schuur hospital, it emerged that 47.9% were married, whilst 63.4% of both married and unmarried nurses indicated that they had children under their care. Because only 22% of this 63.4% of the registered nurses indicated the intention to leave the hospital, it could be argued that obligations to take care of kinship responsibilities reduced the intention to leave.

(d). Education and Training

It is documented in literature review by Price & Mueller (1981:20), amongst others, that nurses trained in universities, with university degrees, are more likely to quit in order to seek career advancements if there are limited opportunities in their current organization. Nurses with diplomas, who are trained in colleges, because their training is specific, are hypothesized to have the tendency to stay longer with the same employer. However, in view of the fact that nurses trained in universities, with nursing degrees, were a small minority at Groote Schuur Hospital, their relationship with turnover was non-significant.

(e). Professionalism

Price & Mueller (1981:19) define professionalism as the degree of dedication by individuals to occupational standards of performance. A high degree of professionalism (commitment to professional skills) results in strong orientation to the profession rather than to the employing organization. This, in turn, leads to less intent to stay in the employing organization, which finally produces greater turnover.

In view of the fact that 88.6% of registered nurses at Groote Schuur hospital indicated their attachment to the importance of being able to grow professionally, dissatisfaction with lack of career development could be attributed as a factor in the high rate of turnover. This view was articulated during interviews with nursing management. Therefore the theory espoused, that a high degree of professionalism results in strong orientation to the profession rather than to the employing organization, which leads to less intent to stay in employing organization, and thus finally produces greater turnover, was supported.

(f). Pay Satisfaction and Turnover

The feelings of respondents concerning the level of their satisfaction with their pay was also addressed in the study. With reference to the 97.6% of participants who attached importance to receiving good pay and fringe benefits, pay satisfaction seems to constitute an important part of overall satisfaction. It seems, therefore, that pay was a significant determinant of turnover because the response of participants (registered nurses) showed

that they attached high value to it. The results of the survey revealed that 82.1% of participants felt that, compared to the effort they put into their job, they received poor pay. Therefore, the researcher's hypothesis that decreased pay satisfaction produces increase in turnover among registered nurses was supported. This support is corroborated, with regard to the statistical revelation of the high value attached to pay, by the expression that emerged from interviews, by theories of turnover and also by the media statements that pay influences turnover through job satisfaction and the intent to stay when pay is highly valued.

(g). Job Satisfaction

Metcalf in Bester & Richter (1997:59) sees job satisfaction as the match between what the employee wants from the job, and what he or she gets. In other words, the extent to which the job meets the individual's expectations and requirements. It emerged from this survey of the participants (registered nurses) that despite enjoyment derived from the work they did; they were not satisfied with the rewards their job offered. Consequently, the average rate of ten registered nurses who terminate their services on a monthly basis at Groote Schuur Hospital has shown that dissatisfaction with the job can predict turnover.

(h). Opportunity for Obtaining other Employment

Opportunity referred to the respondents' (registered nurses) perceptions of the chances that they would be able to find suitable nursing jobs outside their organization. The results of the survey revealed that 66.6% of registered nurses felt that it would be easy for them to find a nursing job with another employer. Eighty two point nine percent (82.9%) of the respondents indicated that there are a number of job opportunities available outside Groote Schuur Hospital. In contrast to this perception, only 6.5% of the respondents indicated that they would definitely not leave their jobs at the hospital. Against this background, the influence of outside opportunities constituted an important factor in the attrition of nursing staff. Therefore, the hypothesis that greater perceived outside opportunities would give rise to higher levels of turnover was supported.

(i). Job Autonomy (Participation)

Job autonomy and responsibility, sometimes called participation, refers to the degree of freedom, independence and participation individuals experience in organizations. The findings of the study indicated that 88.6% of the respondents (registered nurses) at Groote Schuur hospital felt that they were afforded an opportunity of participating in making decisions concerning their job activities. In this instance, the hypothesis that lack of autonomy and responsibility is a primary determinant of turnover was not supported.

(j). Task Repetitiveness (Routinization)

The inherent content of a job constitutes an important element in an employee-work relationship. With this in mind, it was endeavoured to assess nurses' feelings about the physical nature of their work, namely, the degree of repetitiveness of tasks and activities. Routinization is the degree to which a job is repetitive, with high routinization signifying a high degree of repetitiveness. In spite of the fact that 90.9% registered nurses responded that activities which made up their job were to some extent routine, 86.2% felt that there was variety in the activities that constituted their job. Moreover, 82.9% of respondents indicated that they enjoy their job. In view of these findings, it would seem that routinization was mediated by two variables, namely, variety and enjoyment of the job done. Therefore, routinization did not seem to have a significant influence on intent to leave the hospital.

(k). Instrumental Communication and Supervisory**Relationships**

Instrumental communication is the degree to which information about the job is transmitted by an organization to its members. The hypothesis that increased communication results in higher job satisfaction, which in turn, increases the intent to stay, or commitment, received support. This was in relation to 97% of respondents who indicated that they were well informed with communication pertaining to organization policies and procedures, and their job activities. Moreover, 78% of the respondents felt that their immediate supervisors would rate their work performance above average. This indicated perceived positive feelings and support towards management and the organization.

(l). Promotional Opportunity

Promotional opportunity referred to the degree of potential vertical occupational mobility within an organization. The hypothesis that the more the promotional opportunities, the less the turnover was insignificant at the hospital that was the focus of investigation. This was due to the fact that 63.4% of registered nurses felt that promotions were irregular, whilst 53.6% responded that promotions were infrequent.

(m). Integration

In the context of this survey, integration referred to the interactions of nurses with co-workers, and the level of support and co-operation that prevailed in the work groups. In spite of the fact that the majority of registered nurses indicated that they had close friends at the hospital, they claimed a lack of opportunity to interact meaningfully with these friends, possible due to unfavourable working hours that negate meaningful support and cohesion of work groups. The hypothesis that an increase in perceived personal and work-group support climate reduces the likelihood of turnover was therefore not significant.

(n). Work Load

It emerged from the interviews held with nursing management at Groote Schuur Hospital that one of the reasons for turnover of registered nurses was the stressful environment caused by staff shortages which had resulted from previous turnover, in which the remaining nurses could not cope. Considering dissatisfaction with salaries received by registered nurses as compared to the perceived effort they put into their work, it seemed, therefore, that a heavy workload might increase job tension and decrease job satisfaction. Consequently, the likelihood of turnover might be increased.

(o). Distributive Justice

Distributive justice referred to the degree to which rewards and punishments were related to performance inputs into the organization. During the interviews held with nursing management at Groote Schuur hospital, the dissatisfaction and unhappiness among clinical registered nurses with the allocation of merit awards and salary notch increases was expressed. Furthermore, the survey of clinical registered nurses revealed that 82.1% felt

that their salaries were poor as compared to the effort they put into their job. Also, 69.9% of the respondents indicated that their salaries were poor compared to the effort that other nurses put into their work. In view of the results of the survey, literature review, and media expressions, it appeared that the feelings experienced by nurses of decreased distributive justice produced decreased job satisfaction, which in turn, increased turnover rate by decreasing the intent to stay.

The following section wraps up the discussion of this study through providing conclusions related to the questions raised in the introduction, and making suggestions and recommendations.

CHAPTER 5

CONCLUSION AND RECOMMENDATIONS

5.1. Introduction

The main focus of this study was to investigate the causative factors of turnover among registered nurses in the South African public sector hospitals. To do this, Groote Schuur Hospital was chosen as suitable for investigation because of economic reasons and to save time. The researcher hypothesized that the opportunity of alternative jobs in the labour market and decreased pay satisfaction produce increase in turnover among registered nurses. This investigation has therefore identified the factors associated with turnover among registered nurses in public sector hospitals.

Considering the importance of nursing services in society, and the personnel problems associated with them, the aim of this study was to provide an understanding of and insight into those inherent problems in the health sector that propel nurses to leave public sector institutions. Also, the aim of this study was to investigate and identify some of the factors which are linked to the attrition of nursing personnel so as to provide suggestions to hospital managers on more effective management of human resources in order to retain nursing personnel.

The technique of data collection for the study was by means of a self-administered questionnaire, nursing management interviews, and a literature review. The analysis of the questionnaire data was conducted in terms of basic statistics. This section, therefore, compares the aim of this study with the findings and draws conclusions on to what extent, and in which manner the goal has been achieved. Attention will also be paid to the extent to which the hypotheses have been confirmed, whether it was possible, for instance, to infer a causal relationship between two variables, and how the results can be extended to the whole population. In other words, this final chapter will summarize the major findings, suggest specific steps to reduce the turnover of hospital nurses, indicate improvements for future research which seeks to

explain variations in turnover, and conclude with some final thoughts about the research.

5.2. Evaluation of the Associated Variables on Turnover

When the findings of this investigation are evaluated, it can be concluded that the model of nursing turnover generally operated in accordance with the propositions on which it was based. This is in relation to the researcher's hypothesis that the opportunity of finding alternative jobs in the labour market and decreased pay satisfaction produce increase in turnover among registered nurses. This hypothesis has been supported. It should be noted however, that in order to understand nursing turnover, an investigation of a multiplicity of variables becomes necessary. This is with regard to the fact that there seems to be no one variable that can be claimed to be a sole determinant of nursing turnover. This is with reference to the fact that some variables mediate the influence of others as intervening variables. Hence this study has discussed some variables that were found to have significant impact on the pattern of attrition by nurses, despite the fact that they were not part of the researcher's hypothesis.

Even though hypotheses espoused by researchers in the literature review did not all receive support in the targeted institution of investigation, they are pertinent to the pattern of nurses' attrition. The researcher believes that the findings of the study have, nevertheless, highlighted a number of issues which could have a bearing on the retention of registered nurses and, generally, on the more effective management of hospital human resources.

The determinants whose increase produced the greatest amounts of turnover were the many jobs available outside the hospital, and professionalism. The determinants whose increase resulted in reductions in turnover were "intent to stay" (which the researcher views as a dimension of commitment), the existence of local kin (kinship responsibilities), participation in job-related decisionmaking (Job autonomy), the receipt of work-related information (Instrumental communication & good supervisory relationships) and, finally, age and tenure. The determinants whose decrease resulted in turnover were promotional opportunities, distributive justice, pay satisfaction, job satisfaction,

opportunity for self-development, age and tenure. As a result of the influence of specialized training in intensive care nursing and theatre technique, it was shown in the statistical data that the influence of job opportunity had a significant impact on turnover. Routinization and lack of autonomy were not significant factors in staff turnover at Groote Schuur Hospital.

5.3. Based on the findings of this study, the following recommendations are in order:

5.3.1. Performance Reward or Recognition

The statistical analysis of this study revealed that pay was a highly desirable outcome for registered nurses. It was therefore not surprising that the measure of pay satisfaction exercised significant influences on satisfaction, commitment and intention to leave the hospital. At Groote Schuur Hospital, for instance, it emerged that the merit award and notch increase, as performance appraisal rewards, are perceived not to be effectively managed. Based on the indications of dissatisfaction by registered nurses and the acknowledgement by nursing management of the ineffectiveness of the notch increase in particular, it becomes evident that the system may have been poorly designed, causing operational problems.

Nurse leaders, managers and administrators must realize that equity theory suggests that effort and job satisfaction depend upon the degree of equity that individuals perceive in the work situation. Individuals need to feel that they are getting fair treatment at work, in terms of their contribution to the job (in relation to skills, ability, education, experience, and effort). People need to feel that they are being treated fairly when they compare themselves with others.

Based on these findings therefore, nurse managers should conscientiously identify those nurses who are performing exceptionally, and should try to acknowledge their high quality work. This acknowledgement need not be in the form of promotions or pay increases, but could be in the form of giving the nurse more challenging work. Moreover, the researcher suggests that performance evaluators should undergo extensive training on performance appraisal so that the principle of equal pay for work of equal value should pertain. The criteria for appraisal should be based on performance and output

results, rather than on personality and activities of the nurse concerned. To ensure fairness in job evaluation, evaluation committee members must also be trained in performance appraisal. The committee must be representative of all stakeholders, that is, nurses' representatives should form part of the committee.

At national government level, it would be advisable for the national government to consider looking at forms of attractive incentives in order to attract new members to the nursing profession and to retain the remaining personnel. The government needs to look after nurses, as they are a very precious commodity, providing an invaluable service of the preservation of human lives, often under difficult conditions. Certainly, overseas countries seem to have recognized this, as they have introduced attractive incentives as rewards for the nursing care service. Without implying that the national government should compete financially with affluent countries abroad, in view of the value these countries attach to nursing services, and within the resources available, the South African government needs to consider how it will address the present challenge of retaining nurses or else prepare to be confronted with a long-term crisis in the shortage of nursing staff.

5.3.2.Promotion

A second issue highlighted by the research, which could have implications for the effective management of human resources in nursing concerns, is the lack of promotional opportunities. Greater promotional opportunities were found to produce high levels of satisfaction and lower intentions to leave the hospital. This finding was not surprising, as registered nurses reach their career ceilings, to all practical purposes, after reaching the rank of Chief Professional (registered) Nurse. Although promotion hereafter to Assistant Director in Nursing is possible, it depends to a large extent on years of experience and seniority. It should be noted that promotions to senior positions beyond the level of Chief Professional Nurse frequently lead to administrative positions, which may not be attractive to many nurses.

On the basis of these factors, it could be suggested that additional grades of nursing, based on clinical nursing, be created which would allow greater

latitude for upward mobility and the career growth of nurses. Nurse managers should realize that clinical nurses, that is, “bedside nurses” also want increased rank, power, and status commensurate with their colleagues who are in management positions. In order to do this, nurse managers should keep abreast of the results of nurse satisfaction surveys. However, research by itself solves no problems. A clinical career ladder is a horizontal development system based on specific criteria used to develop, evaluate, and promote nurses desiring and intending to remain at the bedside. Clinical nurse specialists are professional nurses with education and experience at the level of the most complicated patient problems and needs.

The researcher, therefore, suggests that the automatic rank and leg-promotion should be abolished. The rationale behind this suggestion is that through this promotion system, in which a nurse is promoted to the next higher level according to a time frame, without regard for educational status or job performance, the individual is at a disadvantage. This means that there is no competition or motivation to improve because of the anticipation that everyone will be promoted when they have served the required time. Thus both average and above-average nurses will automatically be promoted. The promotion system that should be introduced, should involve evaluation of educational and leadership criteria, as well as skill in performance. The evaluation of each individual should include input from the immediate supervisor and individual nurses themselves. To render this promotional system credible, a board, or panel of six nurses may be assembled to review all personnel eligible for promotion.

The advantages of such a system are that it could increase job satisfaction, improve clinical skills, offer positive motivation for continued leadership, and provide an opportunity for career advancement while remaining in clinical nursing for those nurses who prefer this. Thus the many professional nurses who want to stay in clinical nursing will do so if they could be rewarded with promotions that increase both their pay and their standing within the hospital. This system of promotion could bring to an end the present tendency of registered nurses turning to management, education, or research for promotion. Satisfaction with promotional opportunities would retain skilled

nurses in clinical positions which, in turn, would improve the quality of nursing care rendered to all.

It would also be advisable that the process of promotion should be transparent so that it receives credibility. In order to be able to select the best-qualified candidates, the criteria used should be drawn up with the assistance of human resource personnel with special skills in the field of promotions. The results of the promotion process should be made known to all those people who have applied. Those individuals not selected should be notified and counselled individually, rather than learning that they have been unsuccessful by seeing the list of those promoted. This system should be fair, in order to be acceptable to people. However, the researcher is cognizant of the fact that this suggestion has financial implications, and suggests that it therefore warrants national government intervention.

5.3.3. Professionalism

The survey revealed that, due to the value attached to professionalism by registered nurses at Groote Schuur hospital, and in terms of the importance attached to career development, attrition of nursing staff was attributed to lack of career development. Nurses left to work in the private sector in order to secure the chances of personal development. This trend is attributed to the fact that due to staff shortages and restructuring of colleges in the Western Cape Province, training for post basic courses is on hold. Because, in the private sector, training in post basic courses is still offered, nurses tend to leave public sector hospitals to work in the private sector.

Against this background, careful restructuring, planning and re-organization are necessary pre-requisites for successful transformation and reform of the health sector. It would be wise, therefore, for the Western Cape Provincial government to speed up the restructuring process so that post-basic training in specialties such as theatre technique, intensive care nursing science and trauma in the public sector institutions could resume without unnecessary delays. The government should realize that nurses' desire full utilization of their talents and training. Therefore, the government should approach career development plans for nurses in a serious manner, because registered nurses want opportunities to develop within their professional careers as clinical

nurses. Consequently, management can set the conditions under which professional nurses become committed to organizational goals, and simultaneously develop self-control and self-direction. This leads to creativity. Furthermore, if the provincial government could make funds available for staff development, this would increase job satisfaction, thus reducing the temptations to the nurses, who will increasingly value professionalism, to leave for the lucrative salaries offered abroad. This could make the work climate much more attractive, especially to the potential high turnover groups. As a result, turnover can be reduced.

5.3.4. Integration

Although the survey data indicated that many registered nurses had many close friends both within and outside the hospital, it emerged from the survey that they had no time to interact. Although the reasons for not interacting with the support groups which nurses belonged to were not investigated, it would be in order for management to explore the idea of offering opportunities for nurses to choose the places they would want to work in the hospital. This would give nurses freedom to decide which group they would like to work with. Also, allowing the nurses freedom to choose the nursing unit they would like to work in would give rise to the development of cohesive, supportive work groups that could be instrumental in establishing greater bonds with the profession. As was hypothesized in the discussion, this in turn, will reduce the intent to leave the organization. Moreover, the younger, new qualified nurses who are hypothesized not to stay long in the employing organization, might be attracted and retained in the hospital as part of such work groups.

Supervisor support has been shown to significantly reduce turnover. Support programmes at work and a positive work climate, factors directly influenced by administrators, reduce individual turnover. Supervisors should be particularly attentive to the support needs of employees who are members of high potential turnover groups, especially the young, or shorter service employees. As appropriate, management should implement new programmes or enhance existing support programmes at work, such as communication and training programmes, to make the work climate more attractive, especially to the potentially high turnover groups.

Nurse leaders can motivate nurses by sharing information about the organization. Consultative leaders consult with nurses on problems, solutions, and decisions, and share information about results. Nurse leaders can motivate practising nurses by encouraging teamwork. Teams can be built from work groups to discuss and resolve work-related issues. Teams are useful because they pool interpersonal skills, knowledge, and the expertise needed to accomplish goals effectively and efficiently. Teamwork achieves personal recognition, raises self-esteem, and increases motivation and commitment. The result would be an effective team in which each member felt personal satisfaction.

Management should examine existing orientation programmes or develop new programmes to enhance employee communication and promote supervisory feedback regarding work-related support. Instead of the traditional reward after a twenty-year tenure by employees, management should seek ways to recognize and reward staff members who stay longer than five years. Routine communications, feedback, and training sessions may help make health care employment more attractive to young, new staff, and increase their human capital investment in the current organization. Continued support should be given to longer tenure employees in order to reinforce a stable, reliable workforce.

In addition, nursing management should implement employee assistance programs (EAP) tailored to the needs of their employees, such as work support programmes, supervisor communication training, and a better work climate. An outside agency may be contracted to design and configure an EAP to meet the hospital's needs. Routine communication, debriefing, and feedback sessions may help create an emotionally supportive work climate for those nurses who may not have adequate support at home. Although family support for staff is not under the control of health care managers, employee assistant programmes which help nurses and their families with personal problems, financial troubles, or family discord, may be a management solution to lack of commitment to the organization. In general, these programmes could identify troubled employees, motivate them to resolve their troubles, and provide access to counselling or treatment as needed. Supervisor support has been shown to significantly reduce turnover. Therefore, support programmes

at work and a positive work climate, factors directly influenced by management, will reduce individual turnover.

5.3.5. Satisfaction with the Job

Finally, the results of the study demonstrated the importance of satisfaction and the commitment of registered nurses as significant factors in turnover processes. For instance, although nurses in the study indicated that they were dissatisfied with their salaries, they indicated the love of and commitment to their job. Therefore, hospital management and the employing body should enhance these feelings in order to contribute to the retention of these nurses. When recruiting, care should be taken not to portray an unrealistically good picture of the organization. The prospective employee (nurse) should know from the start what it would be like to work in the hospital.

For instance, during the selection and interviewing process, special care must be taken to get an accurate picture of the potential employee. This would prevent undue expectation by the nurse, that is, “reality shock” which could lead to frustration and discontent.

The job description and responsibilities should be clear, and employees should be kept up-to-date with changes taking place in the hospital. Decentralization of management is essential to enable nurses at operational level in the clinical units to make decisions regarding the nursing care of patients for whom they are responsible. Non-nursing duties should be avoided so that the burden of work overload can be alleviated. It becomes important, therefore, that the work of each nurse should be made as challenging as possible, that is, it should contain enough responsibility and authority to ensure that a sense of accomplishment and achievement can be derived when the work is carried out well. Incentives and rewards should be in accordance with the contribution employees have made to their work. In other words, recognition and fair pay for the work done should be given priority by the government.

However, as was argued previously in this study, intrinsic factors alone are not sufficient to bring about job satisfaction and staff retention. Extrinsic

factors also have tremendous influence on withdrawal behaviours. Therefore, a holistic approach becomes necessary if this phenomenon is to be properly managed. The issues raised in this study, together with the fact that the nursing profession has been unable to attract new members for the past few years, has serious implications for the future of the nursing service. Unless the South African Government acknowledges that nursing turnover is detrimental to the quality of health care rendered to the consumers of this service and intervenes to reverse it, this trend seems set to continue unabated.

5.4. Conclusion

This study has attempted to explain the turnover of hospital nurses. Explanations of this turnover should, in the long run, help hospital authorities to be aware of the factors that give rise to attrition of nurses. A reduction in nursing turnover should also make the shortage of nurses less severe. Perhaps the nurse leaders, administrators and educators could succeed in reducing the rate of turnover among registered nurses if they could go “the extra mile” in caring more for the needs of bedside nurses, and not only emphasizing the needs of the patients or services.

There is no doubt that the new focus by the South African Government on the constitutional right of every person to have access to medical and nursing care as an accepted doctrine has placed increased demands on the availability of sufficient trained nurses. Exacerbating the demands placed on nurses is the inability of the nursing profession to retain trained nurses, and recruit new members. But whilst authorities are quick to place nurses on their list of those meeting the challenge posed by the demand for more nurses, traditionally those very authorities have not attached sufficient value to the demands posed by the nurses’ job to show that they were willing to pay a fair price for the job done. To succeed, the government must have courage, will and knowledge to change to meet the demands of the times. This could be accomplished by conducting research to determine the nurses’ needs and the ways in which such needs can be met. Although remuneration of nurses stands out as the most obvious area of discontent, closer scrutiny shows that this is just part of a wider problem.

However, as was argued earlier in this study, intrinsic factors alone are not sufficient to bring about job satisfaction and staff retention. Extrinsic factors have an influence on withdrawal behaviours. Therefore, a holistic approach becomes necessary if this phenomenon is to be effectively managed. This study has argued that effective management of employee turnover is of critical importance to health care providers, employees, and patients. Better control of turnover would improve the quality of patient care, reduce labour costs, and improve employee morale. In light of current concerns over nursing shortages and productivity, turnover in health care institutions requires renewed managerial strategies to improve staff retention. Therefore, lessons learned regarding this study population may provide valuable insights to other health care providers. The issues raised in this study, together with the fact that the nursing profession has been unable to attract new members for the past few years, has serious ramifications for the future of health care services. Unless the South African government intervenes by actively managing nursing turnover, this trend will remain and continue unabated.

REFERENCES

- April, J. 2000. Chief Professional Nurse, Nursing Education Division, Groote Schuur Hospital, Western Cape Province: Personal Interview, 27 July, Cape Town.
- Armstrong, M. 1995. **Personnel Management Practice**. Kogan Page Limited, London.
- Beach, D.A. 1991. **Personnel: The Management of People at Work**. Mcmillan, New York.
- Bester, C.L, Richter, E.C. & Boshoff, A.B. 1997. "**Prediction of Nurses' Job Satisfaction Level**". Curations: The South African Journal of Nursing. December.
- Birkenbach, X.C. 1982. **An Analysis of the Antecedents of Employee Turnover Among Hospital Nurses**. (Thesis submitted in the fulfilment of the requirements for the degree of Doctor Commercii, University of Port Elizabeth).
- Bless, B. & Higson-Smith, C. 1995. **Fundamentals of Social Research Methods: An African Perspective**. Juta & Co, Ltd, Kenwyn.
- Booyens, S.W. 1997. **Introduction to Health Services Management**. Juta & Co, Ltd, Kenwyn.
- Booyens, S.W. 1998. **Dimensions of Nursing Management** (2nd Edition). Juta & Co, Ltd, Kenwyn.
- Brynard, P.A. & Hanekom, S.X. 1997 **Introduction to Research in PublicAdministration and Related Academic Disciplines**. J.L. van Schaik, Pretoria.

- Crane, D.P. 1979. **Personnel: The Management of Human Resources.** (2nd Edition) Wadsworth Publishing Company Incorporation, Belmont.
- DENOSA. 1999. **Nursing Update.** Official Magazine of the Democratic Nursing Organization of South Africa, 23 (9).
- DENOSA. 1999. **Nursing Update.** Official Magazine of the Democratic Nursing of South Africa, 23 (8).
- DENOSA. 1999. **Nursing Update.** Official Magazine of the Democratic Nursing of South Africa, 23 (8).
- DENOSA. 1999. **Nursing Update.** Official Magazine of the Democratic Nursing of South Africa, 23 (9).
- DENOSA. 1999. **Nursing Update.** Official Magazine of the Democratic Nursing of South Africa, 24 (2/3).
- Focus Group. 2000. Nursing Management, Groote Schuur Hospital, Western Cape Province: Group Interview, 25 July, Cape town.
- Gerber, P.D, Nel, P.S. & Van Dyk, P.S. 1987. **Human Resources Management.** Southern Book Publishers (Pty) Ltd, Halfway House.
- Gerber, P.D, Nel, P.S. & Van Dyk, P.S. 1992. **Human Resources Management** (2nd Edition). Southern Book Publishers, Halfway House.
- Gillespie, R.S. 2000. "**Crisis in Training Critical Care Nurses**". In The Southern African Journal of Critical Care, April, 4.
- Griffin, R.W. 1996. **Management.** Houghton Mifflin Company, Boston.
- Heneman, H.G. & Schwab, D.P. 1986. **Perspectives on Personnel/Human Resource Management.** Irwin Inc., Homewood.

- Johnson, J.B. & Joslyn, R.A. 1986. **Political Science Research Methods**. Congressional Quarterly Press, Washington.
- Lawler, E.E. 1973. **Motivation in Work Organizations**. Brooks/Cole Publishing Company, Monterey.
- Lum, L, Kervin, J, Clark, K, Reid, F. & Sirola, W. 1998. "**Explaining Nursing Turnover Intent: Job Satisfaction, Pay Satisfaction, or Organizational Commitment?**" In Journal of Organizational Behaviour, May , 19:305.
- Marriner-Tomey, A. 1992. **Guide to Nursing Management**. Mosby, St Louis.
- Mellish, J.M. & Lock, M.V.L.H. 1992. **Administering the Practice of Nursing**. Butterworth Publishers, Durban.
- Mitchell, P.J. Chief Medical Superintendent, Groote Schuur Hospital, Cape Town. **New Disciplinary Code and Procedure**. Hospital Notice No. 6/99, 16 July 1999.
- Mobley, W.H. 1982. **Employee Turnover: Causes, Consequences, and Control**. Addison-Wesley Publishing Company, Massachusetts.
- Moholo, M.M. & Khoza, P. 2000. "**Total Quality Management in Public Health Services**." In Nursing Update, December-January, (34).
- Moorhead, G. & Griffin, R.W. 1995. **Organizational Behaviour: Managing People and Organizations**. Houghton Mifflin Company, Boston.
- Mtwisha, L. 2000. Assistant Director of Nursing, Groote Schuur Hospital, Western Cape Province: Personal Interview, 24 July, Cape Town.
- Muller, M. 1996. **Nursing Dynamics**. Heinemann & Further Education (Pty) Ltd, Johannesburg.

Patton, M. Assistant Director of Nursing, Groote Schuur Hospital, Western Cape Province: Personal Interview. 26 July, Cape Town.

Pearlman, K, Schmidt, F.L. & Hamner, W.C. 1983. **Contemporary Problems in Personnel**. John Wiley & Sons, Inc., New York.

Price, J.L. & Mueller, C.W. 1981. **Professional Turnover: The Case of Nurses**. Spectrum Publications Medical & Scientific Books, New York.

Price, S.A, Koch, M.W. & Bassett, S. 1998. **Health Care Resource Management**. Mosby, St. Louis.

Reaves, M. 1992. **Developing a Company Policy Manual**. Probus, Chicago.

Reynolds, G. 2000. Chief Professional Nurse, Human Resources Development, Groote Schuur Hospital, Western Cape Province: Personal Interview, 27 July, Cape Town.

Robbins, S. 1982. **Personnel: The Management of Human Resources**. Prentice-Hall, Inc., Englewood Cliffs.

Schuler, R.S. 1981. **Personnel and Human Resource Management**. West Publishing Company, New York.

Searle, C, & Pera, S.A. 1995. **Professional Practice: A Southern African Nursing Perspective**. (3rd Edition) Butterworth Publishers (Pty) Ltd, Durban.

South Africa (Republic). 1997. **Personnel Administration Standards**. Occupational Class Professional Nurse Salary Structure Group, Health Personnel. Government Printers, Pretoria.

South Africa (Republic).(1999). **Public Service Regulations, No. R. 679, 1999**. Government Printer, Pretoria.

South African Nursing Council. 1985. R2598, as amended. **Regulations Relating to the Scope of Practice of Persons who are Registered or Enrolled under the Nursing Act, 1978**. Government Printer, Pretoria.

South African Nursing Council. 1985. R387, as amended. Rules set out the acts or omissions in respect of which the Council may take disciplinary steps. Government Printer, Pretoria.

Strauss, S.A. 1992. **Legal Handbook for Nurses and Health Personnel**. King Edward vii Trust, Cape Town.

Strauss, S.A. 1993. **Legal Handbook for Nurses and Health Personnel**. King Edward vii Trust, Cape Town.

Swansburg, R.C. 1993. **Introduction Management and Leadership for Clinical Nurses**. Jones & Bartlett, London.

Tai, T.W.C, Bame, S.I. & Robinson, C.D. 1998 **Review of Nursing Turnover Research, 1977-1996**. December, 47.

Tai, T.W.C. & Robinson, C.D. (1998). "**Reducing Staff Turnover: A Case Study of Dialysis Facilities**". In Health Care Management Review, 23.

The "Die Burger". 2000. **Nurses Leave South Africa Because of Minimal Wages, Conditions**. 8, 19 July.

The Citizen. 2000. **Nurses are Leaving South Africa**. 2, 6 March.

The Saturday Star. 2000. **Nurses Justified in Quitting**. 8, 26 February.

Thomas, W.L. Assistant Director of Nursing, Groote Schuur Hospital, Western Cape Province. 2000. Personal Interview, 26 July, Cape Town.

Thorpe, C.J. 2000. Deputy Director of Nursing, Groote Schuur Hospital, Western Cape Province: Personal Interview. 21 July, Cape Town.

Tyson, S. 1995. **Human Resource Strategy: Towards a General Theory of Human Resource Management.** Pitman Publishing, United Kingdom.

Vlok, M.E. 1982. **Manual of Advanced Nursing.** (4th edition) Juta & Company Limited, Cape Town.

White, R. 1988. **Political Issues in Nursing: Past, Present and Future.** John Wiley & Sons Ltd, New York.

APPENDIX A

QUESTIONNAIRE

Study of Nursing Turnover

This study is conducted by Wellman Wela Manona, in partial fulfilment of the requirements for the Post Graduate Master Degree in Public Administration at the University of Stellenbosch. The aim of the study is to learn more about why registered nurses decide to stay in or leave a hospital.

All responses to all questions are **completely confidential**. To ensure adherence to the rights to privacy and confidentiality, **participation is voluntary and anonymous**; that is, a portion for the filling of names has been deliberately omitted. **None of the questionnaires, once they are filled out, will ever be seen by anyone in the hospital.**

INSTRUCTIONS

1. Please answer the questions in order. Do not skip around.
2. All of the questions can be answered by inserting the number in each of the empty box corresponding to the answer opted for. If you do not find the exact answer that fits your case, check the one that comes closest to it. **Please answer all questions.**
3. Feel free to write in any explanations or comments you may have in the margins and on the back of the questionnaire.
4. Remember, the answers you give will be completely **confidential**. It is important that you be as honest as you can in answering this questionnaire.
5. Please return your completed questionnaire to the person who handed it to you

ABOUT YOUR JOB

1. Are you working full-time or part-time?

Full-time	1	<input type="checkbox"/>
Part-time	2	

2a Do you work on rotating shift or a straight-shift?

Rotating shift	1	<input type="checkbox"/>
Straight shift	2	

2b If you work on a straight shift, on what shift do you work?

Day shift	1	<input type="checkbox"/>
Morning shift	2	
Afternoon shift	3	
Night shift	4	

3. What is the length of time that you have worked in the hospital in any capacity?

2 years or less	1	<input type="checkbox"/>
Between 3-4 years	2	
Between 5-6 years	3	
Between 7-8 years	4	
Between 8-9 years	5	
10 years and over	6	

4. How long has your immediate supervisor been in his or her present position?
(Note: Your immediate supervisor is the person who officially evaluates your work)

Less than 1 year	1	<input type="checkbox"/>
More than 1 year	2	
Don't know	3	

5. What is the official name of the nursing unit on which you are now working?

.....

6. What is the total length of time that you have worked on the nursing unit on which you are now working?

2 years or less	1	<input type="checkbox"/>
Between 3-4 years	2	
Between 5-6 years	3	
Between 7-8 years	4	
Between 8-9 years	5	
10 years and over	6	

7. How much variety is there in the activities that make up your job?

Very great variety	Great variety	Some variety	Little/no variety	<input type="checkbox"/>
1	2	3	4	

PAY, FRINGE BENEFITS, AND PROMOTION

11. Compared to the effort that you put into your job, how do you feel about the pay you receive in the hospital?

Poor	1
About right	2
Good	3

12. Compared to the effort that other nurses in the hospital put into their jobs, how do you feel about the pay you receive in the hospital?

Good	1
About right	2
Poor	3

13. How do you feel about the pay you receive in the hospital compared to the contribution that you make toward its operation?

Poor	1
About right	2
Good	3

14. Compared to your investment in nursing (time, energy, experience, education, and so forth), how do you feel about the pay you receive in the hospital?

Much more investment than pay	1
More investment than pay	2
Investment and pay about equal	3
More pay than investment	4
Much more pay than investment	5

15. How would you rate your hospital by the extent to which it makes available the following fringe benefits to you?

Statement	Very good	Good	Average	Poor	Very poor	Don't know
Medical, surgical, or hospital insurance that covers any illness or injury that might occur to you off the job	1	2	3	4	5	6
Life insurance that would cover a death occurring for reasons not connected with your job	1	2	3	4	5	6
Retirement Benefits	1	2	3	4	5	6
Educational Opportunities	1	2	3	4	5	6
Vacation	1	2	3	4	5	6
Sick leave	1	2	3	4	5	6
Weekends off	1	2	3	4	5	6
Paid holidays	1	2	3	4	5	6

16. How much do you agree or disagree with each of the following statements about promotional opportunities for a person with your qualifications somewhere in the hospital?

Statement	Strongly agree	Agree	Neutral	Disagree	Strongly disagree
There is no chance to get ahead	1	2	3	4	5
Promotions are regular.	1	2	3	4	5
Promotions are infrequent	1	2	3	4	5
There is an opportunity for advancement	1	2	3	4	5
I am in a dead-end job	1	2	3	4	5
There is opportunity for advancement.	1	2	3	4	5
Promotions are rare	1	2	3	4	5
There is a chance to get ahead	1	2	3	4	5

CLOSE FRIENDS AT WORK

17. How many close friends do you have among hospital employees? (Note: There is nothing odd about having no close friends among hospital employees. Many people only have close friends outside the hospital, or have no close friends at all)

None	1
One	2
Two	3
Three	4
Four	5
Five or more	6

18. While you are actually working, how often do you see your close friends among hospital employees?

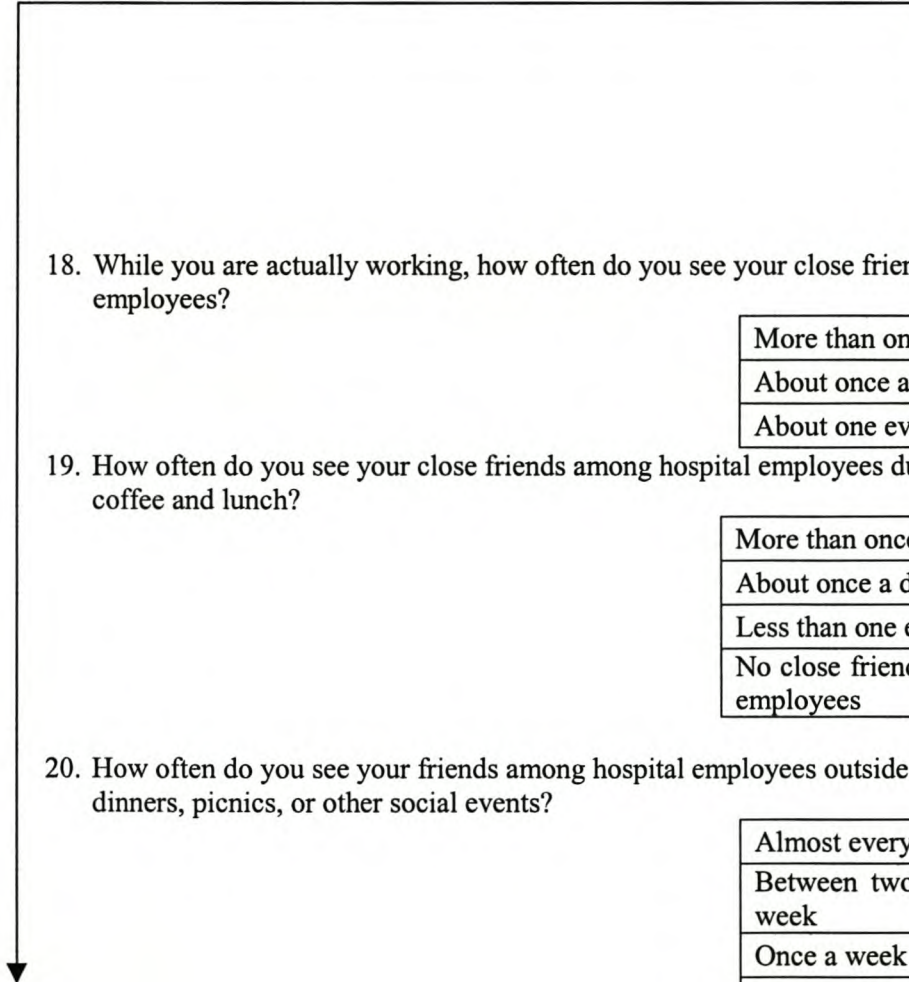
More than once a day	1
About once a day	2
About one every two days	3

19. How often do you see your close friends among hospital employees during breaks, such as for coffee and lunch?

More than once a day	1
About once a day	2
Less than one every two days	3
No close friends among hospital employees	4

20. How often do you see your friends among hospital employees outside of working hours, such as dinners, picnics, or other social events?

Almost every day	1
Between two and six times a week	2
Once a week	3
Every other week	4
Once a month	5
Less than once a month	6



THE JOB MARKET

21. How easy would it be for you to find a nursing job with another employer?

Very easy	1
Quite easy	2
Fairly easy	3
Not quite easy	4
Not easy at all	5

22. How easy would it be for you to find a nursing job as good as the one you have now with another employer?

Very easy	1
Quite easy	2
Fairly easy	3
Not quite easy	4
Not easy at all	5

23. How would you describe the number of available nursing jobs, with all types of employers, for a nurse with your qualifications?

Many job opportunity	1
A moderate number of job opportunities	2
Few job opportunity	3
No job opportunity	4

24. Which one of the following statements, in your view, best describes the job market for a nurse with your qualifications?

There are more job vacancies than applicants	1
There are more applicants than vacancies	2

25. Which of the following statements most clearly reflects your feelings about your future in the hospital?

Definitely will not leave my job	1
Probably will not leave my job	2
Uncertain	3
Probably will leave my job	4
Will definitely leave my job	5

COMMUNICATION AND DECISION-MAKING

26. How well informed are you about each of the following aspects of your job in the hospital?

Statement	Very well informed	Quite well informed	Fairly well informed	Somewhat informed	Hardly at all informed
What is to be done	1	2	3	4	5
Policies and procedures	1	2	3	4	5
Priority of work to be done	1	2	3	4	5
How well the job is done	1	2	3	4	5
Nature of equipment used	1	2	3	4	5
Forthcoming changes	1	2	3	4	5
How you are supposed to do the job	1	2	3	4	5

27. Here is a list of decisions, which get made on the job. For each of the following decisions, please indicate how much say you actually have in making these decisions.

Statement	No say at all	Some say	Moderate say	Good deal of say	Almost all say
How you do your job	1	2	3	4	5
Sequence of your job activities	1	2	3	4	5
Speed at which you work	1	2	3	4	5
Changing how you do your job	1	2	3	4	5
How much you work	1	2	3	4	5
When you work	1	2	3	4	5
How work will be divided among people	1	2	3	4	5
What you do from day to day	1	2	3	4	5

YOUR PROFESSION

28. Of which of the following professional associations do you hold membership? Also indicate your position in the professional association

Professional association	Yes	No	Position held	
			Member	Committee member
DENOSA	1	2	1	2
NEHAWU	1	2	1	2
HOSPERSA	1	2	1	2
Health Professional Council of South Africa	1	2	1	2

29. How often do you generally attend meetings (local, provincial, and national) of a professional association?

Never attend meetings	1
Between one and five times a year	2
Between six and twelve times a year	3
Over twelve times a year	4
No membership in professional associations	5

30. Approximately how many nursing conferences outside the hospital have you attended since you finished your basic education in nursing? (Note: include only conferences that runs two days or more)

None	1
One	2
Two to five	3
Six to ten	4
Over ten	5

ABOUT YOURSELF

Job turnover is often influenced by personal characteristics such as age, education, marital status, and so forth. Therefore, some background information is needed about you.

31. How old are you?

Less than 25 years old	1
25 – 29	2
30 – 34	3
35 -39	4
40 – 49	5
50 – 59	6

32. How much professional schooling in nursing have you had?

Associate degree	1
Diploma	2
Baccalaure	3
Graduate degree(s)	4

33. Approximately how many kilometers is it from where you live to the hospital where you work?

Less than 5km	1
Between 5 and 15 km	2
Over 15 km	3

34. What is your present marital status?

Married	1
Single	2
Widowed	3
Divorced or separated	4

35. Do you have any children under your care?

No	1
Yes	2

Do you have any pre-school children?

Yes	1
No	2

36. Here are five kinds of goals admired in South Africa today. Ideally, if you could arrange your life, which goal would you choose to emphasize most, which second most, which third, which fourth, and which least? Assign ranks from 1 to 5, with 1 signifying “most” and 5 signifying “least”.

Goal	Ranking
To have a successful career	<input type="checkbox"/>
To be a good wife/husband	<input type="checkbox"/>
To be a good mother/father	<input type="checkbox"/>
To be a good citizen of the community	<input type="checkbox"/>
To be a good member of the church	<input type="checkbox"/>

37.

	Much better than average	Better than average	Average	Slightly below average	Considerably below average	
How would you rate your job performance as a nurse	1	2	3	4	5	<input type="checkbox"/>
How would most of your co-workers rate your performance as a nurse	1	2	3	4	5	<input type="checkbox"/>
How would your immediate supervisor rate your job performance as a nurse?	1	2	3	4	5	<input type="checkbox"/>

38. While you were growing up, say until you were eighteen, what kind of community did you live in for the most part?

Rural area or farm	1	<input type="checkbox"/>
Town or small city	2	<input type="checkbox"/>
Medium size city	3	<input type="checkbox"/>
Suburban area near large city	4	<input type="checkbox"/>
Large city	5	<input type="checkbox"/>

39. What is the primary occupation of your husband (or wife)?

40. What is you husband's/wife's highest qualification?

41. Do you expect to leave the hospital in the near future?

Yes	1	<input type="checkbox"/>
No	2	<input type="checkbox"/>
Uncertain	3	<input type="checkbox"/>

Note: The two following questions on income are very important because many people believe that income is a significant factor in explaining nursing turnover. Like all the other information collected by this questionnaire, the information about income is completely confidential.

42. Roughly, what is your bruto yearly income from nursing? (Before taxes and other deductions are made?)

Less than R39 000	1	<input type="checkbox"/>
R39 001 – R49 000	2	<input type="checkbox"/>
R49 001 – R57 000	3	<input type="checkbox"/>

R57 001 – R62 000	4
R62 001 – R78 000	5
R78 001 or over	6

43. Roughly, what is the total yearly income before taxes and other deductions of your Immediate family, including your own income, the income of everyone else in the family who works, and income from any other source?

Less than R50 000	1
R50 001 – R65 000	2
R65 001 – R80 000	3
R57 001 – R62 000	4
R80 001 – R95 000	5
R95 001 or over	6
Not applicable	7

PLEASE CHECK TO MAKE SURE YOU HAVE NOT SKIPPED ANY QUESTION.

Thank you very much for your co-operation in filling out this questionnaire. If you have any further ideas or comments you would like to make, please feel free to use the bottom and back of this page to write them on.

Appendix B

STAT. BASIC STATS	2-Way Summary Table: Observed Frequencies (wella2.sta) Marked cells have count > 10			
NEWVAR 79	NEWVAR96 G_2:1.	NEWVAR96 G_3:2	NEWVAR96 G_4:3	Row Totals
G_1:1	4	2	5	11
Column %	8.33%	10.00%	9.43%	
Row %	36.36%	18.18%	45.45%	
Total %	3.25%	1.63%	4.07%	8.94%
G_1:2	7	2	11*	20
Column %	14.48%	10.00%	20.75%*	
Row %	35.00%	10.00%	55.00%*	
Total %	5.69%	1.63%	8.94%*	16.26%
G_1:3	10	2	10	23
Column %	20.83%	10.00%	18.87%	
Row %	43.48%	8.70%	43.48%	
Total %	8.13%	1.63%	8.13%	18.70%
G_1:4	12*	5	11*	28
Column %	25.00%	25.00%	20.75%*	
Row %	42.86%	17.86%	39.29%*	
Total %	9.76%	4.07%	8.94%*	22.76%
G_1:5	8	7	12*	27
Column %	16.67%	35.00%	22.64%*	
Row %	29.63%	25.93%	44.44%*	
Total %	6.50%	5.69%	9.76%*	21.95%
G_1:6	6	2	4	12
Column %	12.50%	10.00%	7.55%	
Row %	50.00%	16.67%	33.33%	
Total %	4.88%	1.63%	3.25%	9.76%
Totals	48	20	53	123
Total %	39.02%	16.26%	43.09%	100.00%

STAT. BASIC STATS	Statistics: NEWVAR79(7) x NEWVAR 96 (4) (wella2.sta)		
Statistic	Chi-square	df	P
Pearson Chi-square	37.93604	df=18	p=.00395
M-L Chi -square	16.50832	df=18	p=.55712

Appendix C

STAT. BASIC STATS	2-Way Summary Table: Observed Frequencies (wella2.sta) Marked cells have count > 10						
NEWVAR 4	NEWVAR 79 G_1:1	NEWVAR 79 G_2:2	NEWVAR 79 G_3:3	NEWVAR 79 G_4:4	NEWVAR 79 G_5:5	NEWVAR 79 G_6:6	Row Totals
G_1:1	4	10	2	3	0	0	19
Column %	40.00%	50.00%	8.70%	10.71%	0.00%	0.00%	
Row %	21.05%	52.63%	10.53%	15.79%	0.00%	0.00%	
Total %	3.33%	8.33%	1.67%	2.50%	0.00%	0.00%	15.83%
G_1:2	3	2	0	1	3	0	9
Column %	30.00%	10.00%	0.00%	3.57%	11.11%	0.00%	
Row %	33.33%	22.22%	0.00%	11.11%	33.33%	0.00%	
Total %	2.50%	1.67%	0.00%	.83%	2.50%	0.00%	7.50%
G_1:3	3	2	3	2	0	0	10
Column %	30.00%	10.00%	13.04%	7.14%	0.00%	0.00%	
Row %	20.00%	22.22%	30.00%	20.00%	0.00%	0.00%	
Total %	2.50%	1.67%	2.50%	1.67%	0.00%	0.00%	8.33%
G_1:4	0	1	0	1	1	0	3
Column %	0.00%	5.00%	0.00%	3.57%	3.70%	0.00%	
Row %	0.00%	33.33%	0.00%	33.33%	33.33%	0.00%	
Total %	0.00%	.83%	0.00%	.83%	.83%	0.00%	2.50%
G_1:5	0	2	4	1	0	0	7
Column %	0.00%	10.00%	17.39%	3.57%	0.00%	0.00%	
Row %	0.00%	22.22%	57.14%	14.29%	0.00%	0.00%	
Total %	0.00%	1.67%	3.33%	.83%	0.00%	0.00%	5.83%
G_16	0	3	14	20*	23*	12*	72
Column %	0.00%	15.00%	60.87%	71.43%	85.19%	100.00%	
Row %	0.00%	4.17%	19.44%	27.78%	31.94%	16.67%	
Total %	0.00%	2.50%	11.67%	16.67%	19.17%	10.00%	60.00%
Totals	10	20	23	28	27	12	120
Total %	8.33%	16.67%	19.17%	23.33%	22.50%	10.00%	100.00%

STAT. BASIC STATS	Statistics: NEWVAR79(7) x NEWVAR 96 (4) (wella2.sta)		
Statistic	Chi-square	df	p
Pearson Chi-square	76.30300	df=25	p=.0000 0
M-L Chi -square	86.74191	df=25	p=.0000 0

APPENDIX D

2-Way Summary Table: Observed Frequencies (wella2.sta)					
Marked cells have count > 10					
STAT. BASIC STATS	NEWVAR82 G_2:1.	NEWVAR82 G_3:2.	NEWVAR82 G_4:3	NEWVAR82 G_5:4	Row Totals
NEWVAR 79					
G_1:1	1	10	0	0	11
Column %	1.69%	18.87%	0.00%	0.00%	
Row %	9.09%	90.91%	0.00%	0.00%	
Total %	.81%	8.13%	0.00%	0.00%	8.94%
G_1:2	5	15	0	0	20
Column %	8.47%	28.30%	0.00%	0.00%	
Row %	25.00%	75.00%	0.00%	0.00%	
Total %	4.07%	12.20%	0.00%	0.00%	16.26%
G_1:3	12*	10	0	1	23
Column %	20.34%	18.87%	0.00%	12.50%	
Row %	52.17%	43.48%	0.00%	4.35%	
Total %	9.76%	8.13%	0.00%	.81%	18.70%
G_1:4	21*	6	0	1	28
Column %	35.59%	11.32%	0.00%	12.50%	
Row %	75.00%	21.43%	0.00%	3.57%	
Total %	17.07%	4.88%	0.00%	.81%	22.76%
G_1:5	12*	9	1	5	27
Column %	20.34%	16.98%	50.00%	62.50%	
Row %	44.44%	33.33%	3.70%	18.52%	
Total %	9.76%	7.32%	.81%	4.07%	21.95%
G_1:6	7	3	1	1	12
Column %	11.86%	5.66%	50.00%	12.50%	
Row %	58.33%	25.00%	8.33%	8.33%	
Total %	5.69%	2.44%	.815	.81%	9.76%
Totals	59	53	2	8	123
Total %	47.97%	43.09%	1.63%	6.50%	100.00%

Statistics: NEWVAR79(7) x NEWVAR 82 (5)			
(wella2.sta)			
Statistic	Chi-square	df	p
Pearson Chi-square	100.9771	df=24	p=.0000 0
M-L Chi -square	49.51332	df=24	p=.0016 4

APPENDIX E

STAT. BASIC STATS		2-Way Summary Table: Observed Frequencies (wella2.sta) Marked cells have count > 10				
NEWVAR 96	NEWVAR82 G_2:1.	NEWVAR82 G_3:2.	NEWVAR82 G_4:3	NEWVAR96 G_5:4	Row Totals	
G_1:1	24*	20*	2	2	48	
Column %	40.68%	37.74%	100.00%	25.00%		
Row %	50.00%	41.67%	4.17%	4.17%		
Total %	19.51%	16.26%	1.63%	1.63%	39.02%	
G_1:2	12*	7	0	1	20	
Column %	20.34%	13.21%	0.00%	12.50%		
Row %	60.00%	35.00%	0.00%	5.00%		
Total %	9.76%	5.69%	0.00%	.81%	16.26%	
G_1:3	22*	26*	0	5	53	
Column %	37.29%	49.06%	0.00%	62.50%		
Row %	41.51%	49.06%	0.00%	9.43%		
Total %	17.89%	21.14%	0.00%	4.07%	43.09%	
Totals	59	53	2	8	123	
Total %	47.97%	43.09%	1.63%	6.50%	100.00%	

STAT. BASIC STATS		Statistics: NEWVAR96(4) x NEWVAR 82 (5) (wella2.sta)		
Statistic	Chi-square	df	p	
Pearson Chi-square	67.66095	df=12	p=.0000 0	
M-L Chi -square	16.98804	Df=12	p=.1500 7	

APPENDIX F**Table: Attendance of Nursing Conferences Outside the Hospital**

Approximately how many Nursing conferences outside The hospital have you attended?	Number	Percent
Non-response	1	.81301
None	72	58.53659
One	15	12.19512
Two to Five	22	17.88618
Six to Ten	9	7.31707
Over Ten	4	3.25203
TOTAL	123	100

APPENDIX G

Table: Professional Association

Of which of the following Professional asociations Do you hold membership?	Number	Percent
NEHAWU	11	8.94309
DENOSA	104	84.55285
HOSPERSA	8	6.50407
HPCSA	20	16.26016
TOTAL	143	116.7

APPENDIX H

Table: Attendance of Professional Associations Meetings

How often do you generally Meetings (local, provincial, National) of a professional Association?	Number	Percent
Non-response	4	3.25203
Never attend meetings	61	49.59350
Between 1 and 5 times a year	51	41.46341
Between 6 and twelve times A year	6	4.87805
No membership in Professional association	1	.81301
TOTAL	123	100

APPENDIX I

Table: Communication about the Job

How well informed are you about How you are supposed to do the job?	Number	Percent
Non-responses	1	.8130
Very well informed	35	28
Quite well informed	50	40.65041
Fairly well informed	22	17.88618
Somewhat informed	11	8.94309
Hardly at all informed	4	3.25203
TOTAL	123	100

APPENDIX J

Table: Communication about Policies and Procedures

How well informed are you about Policies and procedures?	Number	Percent
Non-responses	1	.81301
Very well informed	27	21.95122
Quite well informed	50	40.65041
Fairly well informed	25	20.32520
Somewhat informed	16	13.00813
Hardly at all informed	4	3.25203
TOTAL	123	100

APPENDIX K**Table: Communication about Forthcoming Changes**

How well informed are you about Forthcoming changes?	Number	Percent
Non-response	1	.81301
Very well informed	17	13.82114
Quite well informed	33	26.82927
Fairly well informed	37	30.08130
Somewhat informed	30	24.39024
Hardly at all informed	5	4.06504
TOTAL	123	100

APPENDIX L

Table: Attitude towards Frequency of Promotion

How much do you agree or disagree With the statement that promotions Are infrequent?	Number	Percent
Non-response	2	1.6260
Strongly Agree	23	18.69919
Agree	43	34.95935
Neutral	22	17.88618
Disagree	24	19.51220
Strongly Disagree	9	7.31707
TOTAL	123	100

APPENDIX M

Table: Attitude towards Availability of Promotion

How do you agree or disagree With the statement that Promotions are rare?	Number	Percent
Strongly Agree	17	13.82114
Agree	49	39.83740
Neutral	27	21.95122
Disagree	23	18.69919
Strongly Disagree	7	5.69106
TOTAL	123	100

APPENDIX N**Table: Close Friends at Work**

How many close friends do you have Among hospital employees?	Number	Percent
Non-response	1	.81301
None	35	28.45528
One	39	31.70732
Two	17	13.82114
Three	13	10.56911
Four	5	4.06504
Five or more	13	10.56911
TOTAL	123	100