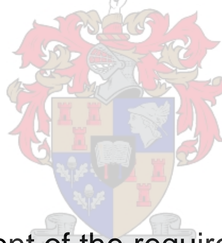
FACTORS THAT INFLUENCE THE RETENTION OF NEW NURSE GRADUATES CURRENTLY EMPLOYED WITHIN THE PUBLIC SECTOR

By

Verena Lucia Neethling



Thesis presented in partial fulfilment of the requirements for the Degree of Master of Nursing Science in the Faculty of Health Sciences at Stellenbosch University

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DECLARATION

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

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ABSTRACT

In view of the escalating shortage of nurses, attention is focused on the emerging workforce and efforts to retain new nurse graduates. The aim of this study was to investigate possible factors that could influence the retention of new nurse graduates currently employed within the public sector in the Cape Winelands District of the Western Cape.

The objectives of the study were to determine whether the retention of new nurse graduates is influenced by:

- the mentoring programme
- leadership in the workplace
- workload pressure and stress
- complexity of care
- staff shortages

A quantitative approach with a descriptive design was applied. The total population (N=73) consisted of all new nurse graduates who had registered with the South African Nursing Council within the last three years, and who were employed at one of the 6 provincial hospitals included in the study. Since the total population was relatively small, no specific sampling method was employed but the whole population served as the sample. A self-administered questionnaire was used for data collection. Ethical approval to conduct the study was obtained from the Health Research Ethical Committee at Stellenbosch University. Permission to conduct the study at the specific hospitals was obtained from the provincial government of the Western Cape. Informed consent was obtained from all the respondents. A pilot test was completed, prior to the initiation of the main study, during which the questionnaire was issued to n=7 respondents who were not part of the total population utilized in the actual study.

Data was presented in the form of tables, histograms and frequencies. The results revealed diminished implementation of mentoring and orientation programmes for new graduates. Most respondents, however, indicated that they had received appropriate day to day guidance in the workplace. Unit managers had provided guidance relating to the development of leadership, problem-solving and conflict management skills. The new graduate nurses had not been sufficiently exposed to managerial duties such as supervising the budget and scheduling of off-duties. Most respondents reported that they had experienced work-related stress due to work overload associated with shortage of staff.

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Furthermore, respondents reported that they would be likely to resign due to issues that relate to complexities in patient care; for example, limited numbers of trained staff in specialization units, too little support and direction and the presence of low levels of motivation and burnout among staff.

Recommendations:

- Mentoring and orientation programmes for new nurse graduates should be reviewed or initiated.
- New nurse graduates should be exposed to all leadership activities.
- Staffing management issues should be reviewed to address issues such as work overload, burnout and unrealistic nurse-patient ratios.
- Managers should focus on the strengths of new nurse graduates and structure a workforce that will support the new graduate with professional duties in order to reduce complexities of care.

In conclusion, implementation of the transformational leadership approach and Herzberg's Two-Factor Theory are proposed to ensure motivation, productivity and job satisfaction, which will ultimately improve the retention of new nurse graduates in the public sector.

OPSOMMING

In die lig van die toenemende tekort aan verpleegsters, word die aandag gevestig op die ontluikende werksmag en pogings om nuutgegradueerde verpleegsters te behou. Die doel van die studie was om moontlike faktore te ondersoek wat die behoud van nuutgegradueerde verpleegsters wat tans in die diens van die openbare sektor in die Kaapse Wynland-distrik van die Wes-Kaap staan, te ondersoek.

Die doelwitte van hierdie studie was om vas te stel of die behoud van nuutgegradueerde verpleegsters beïnvloed word deur

- die mentorprogram
- leierskap binne die werksplek
- werksdruk en stres
- die kompleksiteit van pasiëntsorg
- personeeltekorte.

’n Kwantitatiewe benadering met ’n beskrywende ontwerp was toegepas. Die totale teikengroep (N=73) het bestaan uit alle nuutgegradueerde verpleegsters wat by die Suid-Afrikaanse Raad van Verpleging binne die afgelope drie jaar geregistreer is en wat in diens was by een van die ses provinsiale hospitale wat in hierdie studie ingesluit is. Aangesien die totale teikengroep relatief klein is, is geen spesifieke steekproefmetode toegepas nie, maar die hele teikengroep het as steekproef gedien. ’n Selfgeadministreerde vraelys was vir data-insameling gebruik. Etiese goedkeuring om die navorsing te doen is van die Gesondheidsnavorsing se Etiese Komitee aan die Universiteit van Stellenbosch verkry. Toestemming om die studie by die spesifieke hospitale te doen, is van die Provinsiale Regering van die Wes-Kaap verkry. Ingeligte toestemming is van al die deelnemers verkry. ’n Loodsstudie is voor die aanvang van die hoofstudie voltooi waartydens die vraelys uitgereik is aan n=7 deelnemers wat nie deelgevorm het van die totale teikengroep wat in die eintlike studie gebruik is nie.

Data is aangebied in die vorm van tabelle, histogramme en frekwensies. Die resultate het verminderde implementering van mentorskap en oriënteringsprogramme vir nuutgegradueerdes getoon. Die meeste deelnemers het nietemin saamgestem dat hulle gepaste leiding daagliks binne die werksplek ontvang. Eenheidsbestuurders het leiding verskaf wat te make het met die ontwikkeling van leierskap, probleemoplossing en konflikbestuursvaardighede. Die nuutgegradueerde verpleegsters was nie genoegsaam

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blootgestel aan bestuurspligte soos die begroting en skedulering van afdienste/diensroosters nie. Die meeste deelnemers het rapporteer dat hulle werksverwante stres ervaar weens werksoorlading wat met personeeltekorte geassosieer word. Voorts het deelnemers rapporteer dat hulle sal bedank as gevolg van aangeleenthede wat met kompleksiteit van siekeversorging verband hou.Dit is,beperkte hoeveelhede van opgeleide personeel veral in gespesialiseerde eenhede, te min ondersteuning en leiding, asook die aanwesigheid van uitputting en lae vlakke van motivering onder personeel.

Aanbevelings:

- Mentorskap en oriënteringsprogramme vir nuutgegradueerdes moet hersien of ingestel word.
- Nuutgegradueerde verpleegsters moet blootgestel word aan alle leierskap aktiwiteite.
- Personeelbestuur kwessies moet hersien word om die faktore soos werksoorlading, ooreising en onrealistiese verpleeg-pasiënt ratio’s te adresseer.
- Bestuurders moet fokus op die sterk punte van nuutgegradueerdes en ’n werksmag struktureer wat die nuutgegradueerdes met professionele pligte sal ondersteun ten einde die kompleksiteit van siekeversorging te verminder.

Ten slotte, die transformasie leierskap benadering en Herzberg se Twee-Faktor Teorie word voorgestel om motivering, produktiwiteit en werksbevrediging wat uiteindelik die behoud van nuutgegradueerdes binne die openbare sektor sal verbeter, te verseker.

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ACKNOWLEDGEMENTS

I would like to express my sincere thanks and gratitude to the following role-players:

- Our Heavenly Father, for giving me the strength and courage to complete this journey. All praise and thanks to Him.
- My mother, Bertha, who has been my pillar of strength throughout the course of my studies. Thank you for all your love and encouragement.
- My father, Vernon, for always praying for me and believing in me. Thank you for all the sacrifices you have made for your children.
- My special friend, Ruben, for your unconditional love, support and patience.
- My brother and sister, Bertram and Pearlene. Although you are so far from me, thank you for your continued support and encouragement.
- All my family, friends and colleagues. Thank you for your continuous support and for believing that I could complete this journey successfully.
- All the nursing staff at the various institutions for participating in the study.
- Stellenbosch University Rural Education Partnership Initiative (SURMEPI) for the financial assistance towards this research project.
- Professor Martin Kidd, for analysis of the data.
- Ms Jeanne Santovito, for language editing.
- Ms Lize Vorster, for technical editing.
- Ms Mary Cohen, lecturer at the division of nursing, for all your support and contribution.
- My co-supervisor, Ms Anneleen Damons, for your valuable contribution and assistance throughout the project.
- And lastly, a very special thanks to Ms Mariana van der Heever, my supervisor. I cannot thank you enough for all your guidance, support, motivation and patience throughout the course of this project. Without you, I would not have been able to complete this project successfully.

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CHAPTER 1: SCIENTIFIC FOUNDATION OF THE STUDY

1.1 INTRODUCTION

Obtaining one's qualification as a graduate nurse, after years of hard work and commitment, is a significant achievement. The new nurse graduate anticipates his/her first position in the profession with enormous pride. Research shows that the new nurse often experiences challenges in his/her first year of practice (Morrow, 2009:278). Morrow (2009:279) states that the first few months of work can be the most challenging and stressful for nurse graduates. Many experience the fear of making mistakes and failure. The researcher observed that these nurses tend to leave the profession or the hospital nursing environment, shortly after obtaining their qualification and registration. The literature reveals that the new nurse graduate quits employment due to heavy workloads (Lawless, Lixin & Zeng, 2010:17), as well as from burnout and the complexity of care (Fairchild, 2010:354). Yet, the retention of the new nurse graduate is also influenced by the quality of orientation programmes that they receive as well as the experiences with their mentors (Halfer & Graf, 2006:150,153). The need to explore factors that influence the retention of new nurse graduates can no longer be disregarded. Therefore, factors that have a significant influence on the retention of new nurse graduates were explored in public hospitals in the Cape Winelands District of the Western Cape.

1.2 BACKGROUND AND RATIONALE

The nursing profession faces many challenges today. There is currently an overall shortage of nurses, and the challenges involved in recruiting and retaining nurses for a hospital setting are becoming increasingly complex. Acree (2006:34) states that the shortage of nurses is becoming more intense and is definitely impacting on the quality of health care globally. Acree (2006:34) estimates that there will be a 20% shortage of nurse graduates by the year 2020. Lavoie-Tremblay, O'Brien-Pallas, Gelinas, Desforges and Marchionni (2008:724) state that the nursing shortage is projected to grow to 29% in the United States by the year 2020. In Canada the shortfall of nurses was quantified at 78 000 nurses by 2011 and in Australia a shortfall of 40 000 by 2010 was projected (Lavoie-Tremblay *et al.*, 2008:724). Furthermore, the global shortage of nurses is expected to increase over the long term. The growing tendency among new nurse graduates to leave their hospital jobs intensifies the nursing shortage (Lavoie-Tremblay*et al.*, 2008:725). The number of nurses who permanently leave nursing is reported as large thus improved retention rates are essential to manage the current nursing workforce crisis (Gaynor, Gallasch, Yorkston, Stewart & Turner, 2006:26-32). Research

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has found four main causative factors contributing to the nursing shortage. These factors include the poor public image of the nursing profession, declining enrolment in nursing schools, the changing working climate and environment and lastly, the aging nurse workforce (Acree, 2006:34).

Due to the current nursing shortage attention is being focused on the emerging workforce (Wieck, Prydun & Walsh, 2002:283). According to Wieck *et al.* (2002:283), the next generation of nurses is the smallest entry-level pool in modern times. The next generation of nurses are those in their 20s and 30s who have grown up mastering information technology and creative thinking unlike the 'baby boomers' who were born between 1944 and 1964. Wieck *et al.* (2002:283) state that these nurses are the future of the nursing profession if they can be retained.

Retention of new nurse graduates in their first year of practice can be fostered by implementation of transitional and mentoring programmes (Gaynor *et al.*, 2006:27). Furthermore, Eby, Durley, Evans and Ragins (2006:425) define mentoring as an interpersonal relationship between a less experienced individual (the new professional nurse) and a more experienced individual (the mentor/ experienced leader) where the goal is to advance the professional and leadership development of the recently qualified professional nurse. Since the new generations of nurses want to be led and not managed, the mentoring process facilitates the application of nursing knowledge into practice, ensuring a more confident and motivated nurse (Grossman, 2007:58). The results of a study completed by Rhéaume, Clement and Lebel (2011:491) show how an effective mentoring programme that responds to the needs of new nurse graduates manages to increase the retention of these nurses.

Strong nursing leadership and mentoring programmes are crucial in retaining new nurse graduates (Morrow, 2009:279). The retention of new nurse graduates is greater if they receive adequate support and guidance from their immediate nurse managers (Rhéaume *et al.*, 2011:491). This guidance and support could be provided through the implementation of mentorship programmes as well as on-going leadership development and educational opportunities (Rhéaume *et al.*, 2011:491).

Moreover, nurse managers play a fundamental role in providing a positive work environment in which new graduates feel comfortable (Rhéaume *et al.*, 2011:498). Nursing leaders should be accessible to new nurse graduates in order to ensure that they receive the support, mentoring and guidance needed for job satisfaction which ultimately influences turnover rates.

In addition, the new graduates should be spared from being only the nurse on duty and should also be given the chance to develop leadership skills (Grossman, 2007:58).

Leadership is the ability to influence a group towards the achievement of its goals (Acree, 2006:34). Leadership development refers to the growth of a healthcare practitioner's capacity to be effective in leadership roles and processes (Muller, Bezuidenhout & Jooste, 2006:402). Acree (2006:35) states that nurse leaders have the ability to control factors that relate to retention by the demonstration of individual leadership styles. The transformational leadership style has been determined to be the most effective (Acree, 2006:34-36, 39). Nursing leadership has an influence on nurses' attitudes and behaviours with a direct effect on the retention of new nurse graduates (Acree, 2006:34; Germain & Cummings, 2010:425). Nursing leadership behaviours also play a vital role in nurses' perceptions and this has an influence on the motivation of new nursing graduates. Nurse leaders are required to encourage the new graduates' motivation as this will in due course lead to organizational success and retention of new graduates in the hospital setting (Germain & Cummings, 2010:437).

The retention of new nurse graduates is not only influenced by leadership behaviour. High stress levels resulting from heavy workloads also play a role. Lawless, Lixin and Zeng (2010:16) found that most nurses struggle with heavy workloads. Numerous nurses indicated that there was simply too much work and often not enough time to complete the work. These situations result in an increase of work-related stress and poor patient care (Lawless, Lixin & Zeng, 2010:17). Lawless, Lixin and Zeng (2010:18) aver that new nurse graduates who had been exposed to heavy workloads and the accompanying stressors are willing to be redeployed and would intend to quit the nursing profession.

Fairchild (2010:353) found that the retention of new nurse graduates is not only influenced by work-related stress, but that burnout and complexity in patient care also play a role. Ebright, Patterson, Chalko and Render (2003:633) identified eight patterns that contribute to complexity of work. These include disjointed supply sources, missing equipment or supplies, repetitive travel, interruptions in the workplace, waiting for systems or processes, difficulty in accessing resources to continue or complete care, inconsistencies in care communication across health care providers and lastly, breakdowns in the communication process. The authors concluded that these patterns of work complexity have the potential to decrease work satisfaction and ultimately impact on retention of nurse graduates. As a new nurse graduate, the researcher had been

specifically disturbed by missing equipment or supplies and had struggled to access resources needed to complete tasks that related to patient care.

The complexity of patient care, with its constant demands and emerging unpredictability, is in disparity with the concept of caring. Nursing, as a caring art, requires that the nurse grasps the uniqueness of each encounter with a patient, applies decision-making processes and performs his/her duties skillfully and morally. The daily complexities in patient care hamper nursing as an art and therefore new professional nurses tend to quit the nursing profession (Fairchild, 2010:354).

The literature study has provided insight into possible reasons why new nurse graduates tend to leave the hospital environment shortly after obtaining their qualifications.The results of this study should reveal a deeper understanding of the factors that influence nursing turnover rates and hospital nursing retention.

1.3 PROBLEM STATEMENT

The South African health care system experiences a severe shortage of nurses and the retention of new nurse graduates is important as it should serve to alleviate the shortage of nurses. However, the retention of new nurse graduates is influenced by various factors ranging from heavy workloads, stress and the complexity of care to mentoring programs and leadership. It is against this background that this research was undertaken.

1.4 RESEARCH QUESTION

The study is guided by the following research question:

What are the factors influencing the retention of new nurse graduates (RPNs) currently employed within the public sector in the Cape Winelands District of the Western Cape?

1.5 AIM OF STUDY

The aim of this study was to investigate the factors which influence the retention of new nurse graduates (RPNs) currently employed within the public sector in the Cape Winelands District of the Western Cape.

1.6 OBJECTIVES

The objectives of the study were to determine whether the retention of new nurse graduates (RPNs) is influenced by:

- the mentoring programme
- leadership in the workplace

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- workload pressure and stress
- complexity of patient care
- staff shortage

1.7 SUMMARY OF METHODOLOGY

1.7.1 Research design

A quantitative approach with a descriptive design was applied for the purpose of this study.

1.7.2 Population and sampling

The total population (N=73) consisted of all new nurse graduates who had registered with the SANC within the last three years and who were employed at one of the 6 provincial hospitals under study in the Cape Winelands District of the Western Cape. The term ‘new nurse graduate employed for three years or less’ included all nurses with a four year undergraduate nursing degree or a diploma, nurses who had completed the bridging course to become a registered nurse and nurses who were currently doing community service. The total population constituted the sample of the study.

1.7.2.1 *Study setting*

The Cape Winelands District is located within the Boland region of the Western Cape in South Africa. The Cape Winelands District stretches from Paarl, Stellenbosch, Worcester and Montagu to Ceres. The hospitals located in this district are reflected in Table 3.1. It is in these 6 District hospitals that this research was undertaken.

This study was not limited to specific wards or units, yet all new nurse graduates that met the inclusion criteria, working at one of the 6 participating hospitals in the Cape Winelands District, were eligible to participate in the study.

1.7.3 Instrumentation

A self-administered questionnaire was designed, based on the objectives of the study, the literature and the researcher's personal experience. The questionnaire consisted of 2 sections: section A relating to biographical data; section B comprising questions concerning the topic under study. A combination of Likert-type scales and open-ended questions was used.

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1.7.4 Data collection and analysis

Data collection was completed personally by the researcher over a period of 3 weeks. Questionnaires were delivered by hand in sealed envelopes to all respondents. The questionnaires were collected later the same day. Both day and night staff were targeted. A qualified statistician at Stellenbosch University assisted the researcher with data analysis and interpretation.

1.7.5 Ethical considerations

Ethical approval to conduct the study was obtained from the Health Research Ethical Committee (HREC) at Stellenbosch University. Furthermore, permission to conduct the study at the specific hospitals was obtained from the provincial government of the Western Cape as well as the individual hospital managers. Other ethical principles applicable that were maintained were the right to self-determination, privacy, confidentiality and anonymity.

1.8 DEFINITION OF TERMS

1.8.1 Community service nurses

Community service nurses are registered nurses who have completed their diploma or degree at a registered training institution and who are in the process of completing one year of community service in the public sector (Kruse, 2011:4).

1.8.2 Health care system

All of the structures, organizations and services designed to deliver professional health and wellness services to consumers (Huber, 2010:319).

1.8.3 Leadership

The process of influencing the behaviour of either an individual or a group, regardless of the reason, in an effort to achieve goals in a given situation (Huber, 2010:5).

1.8.4 Mentor

A mentor is a person who provides information, advice and emotional support to a protégé (Burns & Grove, 2007:546).

1.8.5 Mentoring program

A mentoring program is an avenue for stimulating professional growth, career development, staff morale and quality within nursing workplaces (Canadian Nurses Association, 2004:53). The mentoring program empowers mentees and comprises of

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one-on-one assistance in the area of work life skills that can be used for growth (Jooste, 2011:252).

1.8.6 New nurse graduate

Purling and King (2012:3451) describe the new nurse graduate as first year registered nurses following completion of an undergraduate degree program. Yet, Spence Laschinger (2012:473) used the first 2 years of practice as a defining factor for new nurse graduates. For the purpose of this study, the term 'new nurse graduate' was developed by the researcher, the supervisor and co-supervisor as well as an expert in research methodology, the head of department of the Division of Nursing at Stellenbosch University. Therefore, for the purpose of this study, new nurse graduates include all nurses who had completed the two year bridging course at a registered institution in order to advance from being an enrolled nurse to a RPN. Furthermore, it includes all RPNs who had completed the 4 year undergraduate degree/diploma in nursing and who were currently doing community service. The term also applies to all RPNs who had been employed at a public hospital for a period of three years or less following completion of their undergraduate studies.

1.8.7 Nurse leader

Muller, Bezuidenhout and Jooste (2006:399) define a nurse leader as a person who does not only work with human beings but for human beings. Yet, Yoder-Wise (2005:490) defines a leader as a person who demonstrates and exercises power and influence over others.

1.8.8 Nursing shortage

Nursing shortage refers to a situation in which the demand for employment of nurses exceeds the available supply of nurses willing to be employed at a given salary (Huber, 2010:573).

1.8.9 Public Health sector

The public health sector is government-owned meaning that these institutions are funded by the government tax revenue (Kruse, 2001:4; Pillay, 2009:495).

1.8.10 Retention

The term retention refers to the ability to continue the employment of qualified individuals who might otherwise leave the organization (Huber, 2010:598).

1.8.11 Turnover

This term refers to the loss of an employee because of transfer, termination or resignation (Huber, 2010:5980).

1.8.12 Unit Manager

A nursing unit manager is a registered professional nurse, who also manages people and healthcare facilities (Meyer, Naudé, Shangase and van Niekerk, 2009:3).

1.9 STUDY OUTLAY

1.9.1 Chapter 1

This chapter presents a general overview of the research. The rationale, problem statement, research question, aim, objectives and a brief outline of the methodology are discussed.

1.9.2 Chapter 2

The relevant literature is reviewed and discussed in chapter 2.

1.9.3 Chapter3

This chapter comprises a comprehensive discussion of the research methodology.

1.9.4 Chapter4

The results of the study are presented in chapter 4.

1.9.5 Chapter5

In this chapter recommendations are made based on the literature and empirical findings of the study.

1.10 SUMMARY

This study aspires to investigate which factors impact on the retention of new nurse graduates currently employed in six provincial hospitals in the Cape Winelands District of the Western Cape. In view of the fact that there is a current nursing shortage, the next generation of nurses plays a fundamental role in safeguarding and upholding the profession. For that reason a discussion is provided of various factors ranging from heavy workloads and the complexity of care to mentoring programs and leadership and their influence on the attrition rate of new nurse graduates.

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Also presented is the goal, the objectives and a brief overview of the methodology as applied in the study. The following chapter contains an in depth discussion of the relevant literature.

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CHAPTER 2: LITERATURE REVIEW

2.1 INTRODUCTION

This chapter contains a literature review relating to factors that influence the retention of new nurse graduates currently employed within the public sector.

The literature review in a research project is an appraisal and synthesis of “the current theoretical and scientific knowledge” about an identified research problem (Burns & Grove, 2007:135). The review on factors that influence the retention of new nurse graduates was carried out over a period of 15 months. Articles were selected from a variety of electronic databases that is Cinahl, Pubmed, Sciencedirect, Ebscohost and Sunscholar in addition to South African nursing legislation.

The purpose of the literature review in this study was to:

- Determine the South African regulations pertaining to the different categories of nurse training and the strategies implemented to retain nurses
- Explore the literature on research methodologies used in similar studies
- Examine international and South African factors that influence retention of new nurse graduates such as characteristics of nurse leadership and mentoring
- Explore factors that influence nurse retention globally and successful strategies used to remedy nursing shortages

Keywords used to conduct the search were ‘new nurse graduate’ combined with both ‘retention and South Africa’ and ‘new nurse graduate’ combined with each of the objectives as it is listed in chapter 1. The term ‘young nurse graduate’ did not produce sufficient results.

For the purpose of this study the term 'new nurse graduate' includes nurses who hold an undergraduate nursing degree or diploma, enrolled nurses who have completed a bridging course to become a registered professional nurse as well as nurses who are currently completing the compulsory community service year. The new nurse graduate or registered professional nurse (RPN) in South Africa holds a 4 year degree/diploma in nursing and midwifery. Enrolled nurses are nurses who completed a two year nursing course, namely Regulation 2175, also referred to as R 2175. The 2 year course covers

basic nurse training (Regulation 2175, The South African Nursing Council, 1993:np). On completion of the bridging course, namely Regulation 683, abbreviated R 683 of 1989, they register as RPNs at the regulatory body for nurses in South Africa, namely the South African Nursing Council (SANC).

Nurses intending to register for the first time to practice the profession in a prescribed category must perform remunerated community service for a period of one year at a public health facility as stated in the Nursing Act (Act No. 33 of 2005:29). During this period of compulsory community service these nurses are called Community Service Professional Nurses. For the purpose of this study they are also regarded as new nurse graduates. .

The literature is presented according to the following framework:

- The Nursing Profession
- The Global Nursing Shortage
- The Nursing Shortage in South Africa/ Western Cape Public Sector
- Different Generations of Nurses
- Retention of New nurse Graduates
- Factors Influencing the Retention of New Nurse Graduates
- Theoretical Framework and Conceptual Map

2.2 THE NURSING PROFESSION

Nursing is acknowledged as a noble profession. It is widely viewed as a profession that requires deep compassion and commitment in its service to humanity. Nurses are traditionally esteemed in society and have a firmly established role in the multidisciplinary team. The nurse is responsible for promoting health, preventing illness, restoring health and relieving suffering (Duma, de Swardt, Khanyile, Kyriacos, Mtshali, Maree, Puoane, van den Heever & Hewett, 2008:3-4).

Internationally, the path to obtain a nursing qualification varies among countries. In the United States of America students can follow a one year course and become a Licensed Practical Nurse (LPN). The course involves a classroom component together with a hands-on patient care internship. On completion of the one-year training, the nurse obtains a state license. LPNs provide care for patients in a range of settings and their duties can include monitoring vital signs, drawing blood, and changing wound dressings. An alternative career path for US students is that of a RPN. There are several educational avenues to obtain a qualification as a RPN. These include acquiring a

bachelor's degree in nursing or participating in a hospital diploma program. Globally, RPNs are required to take a national licensing exam upon completion of their education. RPNs have the option of additional education. The latter will enable them to become a specialist in areas such as midwifery, psychiatry or nursing administration (How to become a nurse, 2012).

In South Africa, the practicing field of nursing is wide-ranging, with many areas of specialization. In addition to general nursing science, the four year undergraduate training for a RPN in South Africa includes basic midwifery, psychiatric and community nursing (Duma *et al.,* 2008:4). The RPN again has the option to specialize in various areas, for example, theatre, intensive care or primary health care. The nursing profession in South Africa is controlled by various laws. The Nursing Act (Act 33 of 2005) is the overarching law that stipulates legislation pertaining to the nursing profession (Duma *et al.,* 2008:19-20).

2.3 THE GLOBAL NURSING SHORTAGE

Nurses are a core professional component of health care systems, and their contribution is known as essential to meeting development goals and delivering safe and effective care (Buchan & Aiken, 2008:3263). The shortage of qualified nurses, as well as other health personnel, is highlighted as one of the biggest obstacles to accomplishing health system efficacy. The World Health Organization estimates a shortage of at least 2.5 million health workers, including nurses, worldwide (World Health Organization, 2012:np). In addition, enrollment of students in nursing schools and the number of nursing graduates are not sufficient to meet the global shortage of nurses (Huber, 2010:573).

Buchan and Aiken (2008:3263) report that 57 countries experience a critical shortage of nurses and midwives. The authors (Buchan & Aiken, 2008:3265) relate a nurse: population ratio of 10:1000 in the US and 0.5:1000 in Africa and Asia. This comparative deficit appears to be greatest in sub-Saharan Africa and South-East Asia (Ciraola, 2008:np). In the United States (US), nursing workforce projections indicate the RPN shortage may exceed 500 000 RPNs by 2025 (MacKusick & Minick, 2010: 335). Lavoie-Tremblay, O'Brien-Pallas, Gelinas, Desforges and Marchionni (2008: 724) reported a 6% shortage of nurses in the United States in 2000 which is projected to grow to an estimated 29% by 2020. In Canada the shortfall of nurses was quantified at 78 000 nurses in 2011 and in Australia a shortfall 40 000 nurses in 2010 was recorded (Lavoie-Tremblay *et al.,* 2008: 724).

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A study completed by Salt, Cummings and Profetto-McGrath (2008:287) displayed a 30% turnover rate among nurses in their first year of practice. The latter increased to 57% by the second year. Lavoie-Tremblay *et al.* (2008:724-725) revealed that 61.5% of new nurse graduates in Canada intended to leave their profession and 33% of nurses younger than 30 years planned to leave in less than 1 year. Growing populations, RPNs moving out of the workforce and an aging nurse population all play a role in the worldwide shortage of nurses (Ciraola, 2008:np).

Huber (2010:578) confirms that the nursing shortage has adverse effects such as decreased access to care, decreased job satisfaction and increased turnover, and it has become evident that a range of possible solutions are needed to overcome this crisis.

It is, therefore, clear that the nursing shortage is not an isolated issue but a worldwide crisis.

2.4 THE NURSING SHORTAGE IN SOUTH AFRICA/ WESTERN CAPE PUBLIC SECTOR

South Africa is experiencing a serious shortage of nurses which has to be dealt with in order to prevent a crisis in health care services (Mokoka, Oosthuizen & Ehlers, 2010:1). Nurse turnover rates in South Africa influence the country's nurse shortages.

The total South African population for 2011 was estimated at 50 586 757. The total number of RPNs in South Africa in December 2011 was estimated at 118 262 (Statistics South Africa, 2011). Therefore, the population per qualified RPN ratio in South Africa is 428:1 (2.3 RPNs: 1000 patients). These figures are an indication of the nurse shortage in South Africa.

The Western Cape Province, however, has a population of 5 287 863. The total of RPNs in the Western Cape according to SANC is 14 035. Hence the ratio of patients per RPN in the Western Cape is 357:1 (South African Nursing Council: Geographical Distribution, 2011). These figures demonstrate the shortfall of RPNs in the Western Cape and consequently, the possibility that RPNs might be overworked causing potential risks to the quality of health care. Table 2.1 provides a more detailed display of the population per qualified nurse in South Africa.

Table 2.1: SANC geographical distribution of population of South Africa per qualified nurse (in the same province)

Province	Registered	Enrolled	Auxiliaries	Total
Limpopo	591:1	1186:1	639:1	244:1
North West	408:1	1209:1	673:1	210:1
Mpumalanga	617:1	1440:1	923:1	294:1
Gauteng	368:1	831:1	685:1	186:1
Free State	362:1	1439:1	899:1	219:1
Kwazulu-Natal	425:1	547:1	936:1	191:1
Northern Cape	498:1	2437:1	852:1	278:1
Western Cape	357:1	918:1	641:1	184:1
Eastern Cape	484:1	1723:1	1079:1	280:1
Total	428:1	913:1	784:1	212:1

Source: South African Nursing Council (2011)

The latest statistics from the Western Cape Government's Human Resource Department shows a total of 10908 nurses employed within the public sector in 2010-2011 in the Western Cape. The average attrition percentage for 2010 to 2011 was 4.88%, meaning 532 terminations in 2010-2011 in the Western Cape alone. The attrition percentage for the years 2009-2010 was 6%. The vacancy rates of 5.6% (306 vacancies per 5507 posts) in 2009-2010, 3.1% (173 vacancies per 5652 posts) for 2010-2011 and 4.5% (273 vacancies for 5993 posts) for 2011-2012 for RPNs alone indicate the shortage of nursing personnel in the public sector (Western Cape Government, 2012).

In an effort to retain nurses and address the shortage of nurses the South African government introduced the Occupational Specific Dispensation (OSD) in 2007.The OSD comprises of revised salary structures that are unique to each identified profession in the public service. The OSD also assist with the development of career pathing opportunities for public servants based on competencies, experience and performance. Moreover it provides for pay progression within the salary level (Occupational-Specific Dispenssation, 2007:np). The development and implementation of the OSD arose from the recognition that improvement in the conditions of service and remuneration for health professionals constitutes an urgent priority. In addition, the OSD has gone some way to rectifying salary imbalances which remain within the South African public and private

healthcare sector (George & Rhodes, 2012:3). However, despite the implementation of the OSD, Mokoka, Oosthuizen and Ehlers (2011:1) found that in order to improve the retention of nurses, issues such as a lack of equipment and human resources also require attention.

2.5 DIFFERENT GENERATIONS OF NURSES

Generational workforce diversity refers to the differences in employees' perspectives regarding job security, work behaviours and related skills, work expectations associated with the job as well as the value placed on employer needs versus personal needs, as associated with the period of the employees' birth (Huber, 2010:611). The nursing workforce at present consists of four generations of workers, namely, the Veterans, the Baby Boomers, Generation X and Generation Y. It is important to recognize the differences and understand the characteristics of all the generational categories. These differences are generalisations based on social, economic and political influences (Jamieson, 2009:18).

The Veteran generation, also known as the 'traditionalist' or the 'silent' generation was born between 1925 and 1945. This generation grew up in an unstable society, alternatively surviving and reviving from two world wars. The values of this cohort are focused on hard work and loyalty. They are disciplined and respectful of authority figures. Veterans learnt to achieve success and they enjoy greater wealth than their parents (Jamieson, 2009:18).

The Baby Boomers are the children of the Veterans and they were born between 1946 and 1965. This cohort is reported as the largest generational grouping and they were born into a time of social and technological change. Optimism and competitiveness are the key terms to describe this generation's psyche. They also demonstrate loyalty and success (Jamieson, 2009:18). This generation requires praise and acknowledgment as they put their employers' needs before personal needs, while managing multiple responsibilities competently (Swenson, 2008:64).

Generation X was born between 1966 and 1979. This generation fosters higher expectations for themselves, for example, their expectations relating to productivity. They are poorly educated, yet expect to assume a high level of responsibility. This generation is well-known to be motivated by work, money and flexible working conditions, rather than loyalty (Jamieson, 2009:18). Interventions like the computer and the internet linked this cohort to the entire globe (Jamieson, 2009:18). Jamieson

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(2009:18) reported that this cohort is hampered with unfair expectations. On entering the workforce, most organizations perceive generation X as a challenge and are not prepared to manage the effect that this generation has on workforce teams (Swenson 2008:64).

Generation Y, the most recent generation to enter the nursing workforce (new nurse graduates), was born between 1980 and 2000. They are also known as the 'Second Baby Boomers' or 'Millennial' (Swenson, 2008:65). This generation is reported as being globally aware, well educated, technologically sophisticated and mature. They are high achievers who demonstrate both practical skills and innovative expertise (Jamieson, 2009:18). This cohort focuses on personal success and multitasking which makes them versatile communicators. They have shown an ability to make changes to the workforce although they might require more upfront mentoring (Swenson, 2008:65). Generation Y prefers a guiding approach from seniors on entering their first employment. Jamieson (2009:18) states that it is essential to retain Generation Y, our new nurse graduates, in the nursing workforce. It is crucial that management provide these nurses with adequate support and guidance, such as orientation and mentoring programs.

2.6 RETENTION OF NEW NURSE GRADUATES

The shortage of new nurse graduates is not necessarily a shortage of individuals with nursing qualifications, but the willingness of these nurses to stay in the profession in the current conditions (Huber, 2010:611). Huber (2010:611) proclaims that the turnover rate of a new graduate ranges from 21% to 60% in the first year. In addition, the retirement of the Baby Boomers during the next 15 years is a concern since this generation accounts for approximately 40% to 50% of the current nursing workforce. According to the South African Nursing Council as at 31 December 2011, 30% of RPNs and midwives fall between the ages of 50 and 59, 13% of RPNs and midwives are between the ages of 60 and 69 and 3% of those nurses are more than 69 years of age (South African Nursing Council: age distribution, 2011). This is of great concern as these nurses are rapidly approaching retirement. Yet only 3018 new nurse graduates registered for the period 2010 to 2011. The total RPN category has only grown by 24.6% during the period 2002 to 2011 (South African Nursing Council: growth in the registers, 2011). It is therefore important to retain the Generation Y workforce in order to avoid undesirable consequences for patients and consumers of health care services, as advised by Jamieson (2009:20).

The new nurse graduate values a positive work environment that offers variety and flexibility in the workplace. They prefer leaders that offer on-going mentoring and who will willingly assist them with the development of leadership skills and continuous professional growth (Jamieson, 2009:19; Grossman, 2007:69).

2.7 FACTORS INFLUENCING THE RETENTION OF NEW NURSE GRADUATES

2.7.1 Leadership and retention

A definition of leadership is provided in chapter 1 (see page 3) and in the list of definitions (see page 6). Marquis and Huston (2009:32) identified various leadership roles. Table 2.2 below provides a summary of the different roles of a nurse leader.

Table 2.2: Leadership roles

Decision maker	Mentor	Critical thinker	Influencer
Communicator	Energizer	Buffer	Creative problem solver
Evaluator	Coach	Advocate	Change agent
Facilitator	Counsellor	Visionary	Diplomat
Risk taker	Teacher	Forecaster	Role model

Source: Leadership Roles and Management Functions in Nursing (Marquis & Huston, 2009: 32)

The second column in Table 2.2 shows that the leader has a distinct educative function. Yet the nurse leader should also be a role model (see last column, table 2.2) and be able to make sound decisions (see first column, table 2.2). It is the responsibility of the nurse leader to incorporate all these roles in her day to day activities and simultaneously involve all willing followers, especially the new nurse graduate. The integration of the various roles will ultimately reduce employee attrition and improve the utilization of personnel, the quality of work and the competitiveness of the organization (Marquis & Huston, 2009:242).

Managerial leadership is regarded as the most important factor in the retention of new nurse graduates (Huber, 2010:612). In addition, Jooste (2003:26) states that management and leadership are not synonymous terms. Leaders are not always good managers and managers are not always good leaders. Managers are regarded as the budgeters, organisers and controllers whereas leaders are the imaginative creative thinkers. The responsibility of a manager is to maximise the output of the organisation

through administrative implementation. Therefore, managers must embark on the functions of planning, organisation, staffing, directing and controlling (Jooste, 2003:26-27). Kent (2005:1013) avers that effective leaders should possess both management and leadership skills. The most important differences between a manager and a leader are summarized in table 2.3 below.

Table 2.3: Differences between manager and leader

Manager	Leader
Managers have employees	Leaders have followers
Managers command and control	Leaders empower and inspire
Management can be taught	Leadership must be experienced to be learned
Managers seek stability	Leaders seek flexibility
Managers make decisions and solve problems	Leaders set directions and then empower their teams to make their own decisions and solve their own problems
Managers accept the organizational structure and culture	Leaders look for a better way
Managers do things by the book and follow policies	Leaders think radically and follow their intuition
Managers control	Leaders let vision, strategies, goals and values be the guide for action behaviour
Managers must be respected as they have obtained their position of authority through time	Leaders are people whom others naturally follow through their own choice

Source: Leadership in Health Services Management (Jooste, 2003:27)

According to table 2.3, the manager is expected to maximise the output and efficiency of the organization through administrative procedures. A leader is regarded as a new arrival to an organization who has fresh and new ideas (Jooste, 2003:27-28). Despite the value and importance of this role, many nurse leaders receive little, if any, formal education and preparation for managerial positions. Managers often have no leadership experience at all and progress directly from a clinical role into a management role (DeCampli, Kirby & Balwin, 2010:132). Acree (2006:34-35) found that nurse leaders in hospitals are not granted the opportunity to fully develop their leadership skills due to too many competing priorities and minimal resources. Moreover, the skills required to

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become a good clinical nurse differ from the skills that will enable a nurse to be an efficient manager (Acree, 2006:35).

Therefore, in order to retain new nurse graduates, nurse leaders should be able to provide the new nurse graduate with guidance pertaining to clinical skills and assist them in developing leadership skills. Yet, for the latter to be effective, the education and training of managers also requires attention.

2.7.2 The leadership style ideal for retention

The transformational leadership style appears to be very effective in addressing retention among staff members (Jooste, 2007:78; Huber, 2010:17). Huber (2010:17) defines a transformational leader as a leader who motivates followers to perform to their full potential over time by influencing a change in perceptions and by providing a sense of direction. These leaders use charisma, individual consideration and intellectual stimulation to produce greater performance and satisfaction among staff. Huber (2010:18) states that transformational leadership occurs when leaders and followers engage with each other. Through participation in these processes the leaders and followers raise each other to higher levels of motivation and ethical decision-making.

Transformational leaders are skilled in problem solving and decision making. They empower their staff by involving the staff in problem solving and decision making processes, thus assisting with the development of a positive work milieu and a stable workforce. Consequently, the followers feel confident, encouraged and motivated. Moreover, transformational leaders communicate their vision and mission to the followers in such a way that the followers accept it. As a result, both the leader and their followers strive to attain the vision and mission of the institution (Booyens, 2008:242-243, 245). In a study done by Acree (2006:37), it was found that the staff of units with leaders who demonstrated a transformational leadership approach, experienced higher job satisfaction and that the retention of staff in these units was higher.

2.7.3 Mentoring

New nurse graduates are a group of individuals with distinct socialization needs. They often experience difficulties in adapting to the work setting. These difficulties stem from conflict between the expectations of the new graduate and the reality of nursing in the work setting (Marquis & Huston, 2009:384).

The transitional period from being a student to a RPN requires a comprehensive orientation programme and a trusted mentor. Orientation programmes are a means to

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assist new graduates with the socialization process in the work setting. In addition, some hospitals have developed wide-ranging mentoring programmes that last from six weeks to six months. During this period, new graduates are usually assigned to a mentor who will assist them with the transitioning process (Marquis & Huston, 2009:384).

Through the provision of mentoring programmes and the allocation of a mentor to new employees, the new comer is provided with structural support in the work setting. Mentoring is a distinct, interactive relationship between two individuals occurring in a professional setting. The relationship between a mentor and a mentee is usually extensive, intense and caring (Marquis & Huston, 2009:381). Marquis and Huston (2009:381) state that there are four phases of mentoring relationships. The relationship between the mentor and mentee is established during phase one; this is called the initiation process. The second phase, cultivation, is characterised by safeguarding, sponsorship, counselling, coaching and the creation of a sense of competence. The relationship develops during this phase, through meetings in which the mentor and mentee share and evaluate the progress of the mentee. The third phase is separation and the fourth, redefinition. In these two phases the relationship takes on a new form or the relationship is terminated. These two phases are very critical as at some point the mentee should outgrow the need for intense mentoring.

Mentors serve a particularly significant role in acclimating new nurse graduates to their new working environment. Mentors lead by example and encourage the new nurse graduate to think critically in addition to teaching them new skills and displaying confidence in their capabilities. Leners, Wilson, Connor and Fenton (2006:653) found that effective mentoring has a positive influence on retention. Effective mentoring should consist of professional interactions with the focus on problem-solving and the nurturing of self-efficacy on the part of both the mentor and the mentee. Mentorship from this perspective is both developmental and empowering, and this ultimately leads to improved retention and greater stability for the organization. Figure 2.1 below illustrates the benefits of a mentoring programme.

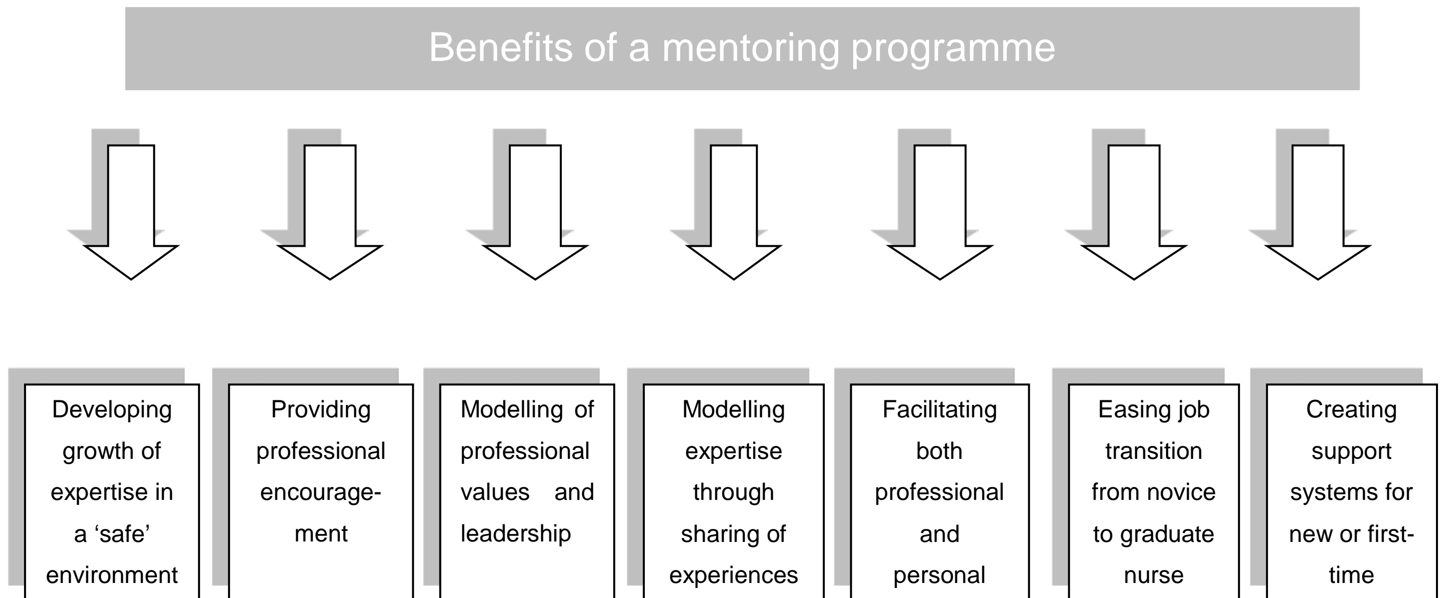

Figure 2.1: Benefits of a mentoring programme

Source: Mentorship: increasing retention probabilities (Leners, Wilson, Connor & Fenton, 2006:653)

Butler and Felts (2006:210) state that the experienced nurse is in an ideal position to have a positive impact on the retention of new graduates through mentoring. The authors aver that many experienced nurses are frustrated by the additional responsibilities and increasing demands in the workplace. The latter could influence them to be reluctant to provide support and guidance to the new graduate. Experienced nurses should, however, be encouraged to mentor the new graduates and share their enthusiasm about the nursing profession. Mentoring serves to promote an atmosphere of excellence and create a setting of encouragement and support for skill building. This increases job satisfaction and motivation, decreases turnover and improves the retention of new nurse graduates. The ultimate goals of mentoring in nursing are to retain nurses in active practice, increase skills, help structure the profession and thereby improve quality patient care (Butler & Felts, 2006:211).

Since mentoring programmes focus on the retention of nurses, they also contain aspects that address the milieu and culture of an organization, the image of nursing within an organization as well as the experience and knowledge of current and new graduate nurses currently employed within a specific organization. Consequently, an effective mentoring programme will also enhance job satisfaction which will lead to greater

personnel fulfilment, career satisfaction and longevity in the profession (Leners, Wilson, Connor & Fenton, 2006:653-654).

2.7.4 Workload pressure and stress associated with shortage of staff

Nursing workload can be defined as a measurement of the nursing activities and the dependence of the clients on nursing care. Furthermore, the nursing workload consists of both direct and indirect activities (Huber, 2010:504). *Direct activities* refers to physical nursing care between the nurse and the patient, whereas *indirect activities* refers to all the additional activities related to nursing, for example, administrative duties, management of resources and ordering of consumables.

As explained in Table 2.1 (SANC geographical distribution of population of South Africa per qualified nurse) the average population to nurse ratio (registered professional nurse only) in South Africa is 428:1 (South African Nursing Council: Geographical Distribution, 2011). Various sources of literature confirm that due to the shortage of nurses explained earlier, many South African nurses have to deal with a heavy workload on a daily basis (Bateman, 2009:565; Odendaal & Nel, 2005:96-100; Mokoka, Oosthuizen & Ehlers, 2010:1). The findings of a South African study on the retention of nurses by Mokoka *et al.* (2010:4-5) revealed that the new graduate nurse experiences the heavy workload and shift work as stressful. The findings of the study also showed that poor salaries and working conditions, lack of resources and safety in the workplace influence the retention of South African nurses negatively. Consequently, South African nurses are attracted by wealthier countries that offer better working conditions, better resources, improved remuneration packages and more flexible working hours in order to reduce the levels of stress among their employees.

Muller, Bezuidenhout and Jooste (2006:282) define stress as any demand on the individual that requires coping behaviour. There are several causes of work-related stress and each cause does not have the same effect on all employees. The authors identify factors such as work overload, time pressures, poor relations with supervisors, conflict at work and lack of communication as possible causes of stress for the individual employee. Over time, stress caused by these factors may lead to burnout amongst workers (Muller, Bezuidenhout & Jooste, 2006:282).

Burnout is regarded as the most severe stage of distress and commonly occurs when an individual begins questioning his/her own personal values. Symptoms of depression, frustration and loss of productivity usually follow burnout (Muller, Bezuidenhout & Jooste, 2006:282-283). Leners, Wilson, Connor and Fenton (2006:652) found that graduate

nurses in understaffed units experience higher burnout, lower morale and serious issues regarding the quality of care they provide. These irregularities result in decreased job satisfaction and higher attrition rates.

In addition, Butler and Felts (2006:210) found that many graduates, who enter the nursing profession enthusiastic and positive, may leave their first employment due to frustration and unsurpassed expectations. Disillusionment with the intense workload and stress could also motivate them to leave the nursing profession. Huber (2010:581) avers that nurses with the highest patient-to-nurse ratios were more likely to describe feelings of burnout, emotional exhaustion and job dissatisfaction than nurses with lower ratios. Moreover, 43% of new graduate nurses who reported high levels of burnout and dissatisfaction, intended to leave their jobs within a year. In addition, 11% of the nurses who did not complain of burnout or dissatisfaction expressed intent to leave their current employer (Huber, 2010:581).

Furthermore, Meyer *et al.* (2009:244) state that absenteeism from work impacts the management of the nursing unit as it causes a shortage of staff and therefore a drop in the quality of nursing care. The shortage of staff caused by absenteeism requires other staff members to work overtime which may result in dissatisfaction, low morale, frustration, fatigue and burnout. Excessive fatigue of staff may lead to a decrease in the quality of care rendered and an increase in errors during performance of nursing activities. All of these factors negatively influence nurse productivity. Mokoka *et al.* (2011:4) found that increased workloads lead to burnout and a lack of job satisfaction. This ultimately increase turnover.

It is, therefore, clear that the unpleasant working conditions such as heavy workloads, absenteeism, burnout and work-related stress have an impact on the retention of new nurse graduates in an adverse way. It is therefore imperative that these factors be addressed to improve job satisfaction and productivity in order to retain new nurse graduates.

2.7.5 Complexity of patient care

Complexity is defined as the dynamic interaction of four characteristics within a human organizational system. These characteristics are uncertainty, risk, interdependence and multiple interconnecting ways. Complexity of care involves members of a multidisciplinary team engaging individually and communally in problem solving in an attempt to successfully manage patients. Nurses in particular are constantly involved in

specialized work that embodies the four characteristics of complexity. On a daily basis, they must constantly work across interdisciplinary departments as well as with patients and their families. They need to make clinical judgements, perform clinical interventions and manage recordkeeping, in order to provide safe, quality patient care (Fairchild, 2010:353).

The support available in the work environment, the workload, the severity of patients' conditions and the inexperience of the new nurse graduate are all contributing factors to the existing complexity of nursing care (Thomas, Bertram & Allen, 2012:245). Moreover, performance in complex work environments is influenced by human and environmental factors. These factors include availability of information, knowledge of the worker, ambiguity, contradictory goals, unpredictability and time pressures. Therefore, in order to improve patient safety, it is necessary that such work environments require flexibility from the worker in adapting to environmental factors and individual patient needs (Thomas *et al*., 2012:245-248; Ebright, Patterson, Chalko & Render, 2003:630). Fairchild (2010:360) relates that the current complexity of nurses' work can contribute to a decrease in work motivation and satisfaction, ultimately increasing emotional stress and burnout and prompting new nurse graduates to leave their current position or even the profession.

Beecroft, Dorey and Wenton (2008:42) found that employees are empowered when the work environment offers adequate support and resources necessary to complete tasks. As a result, self- worth, autonomy, job satisfaction and organizational commitment increases. Therefore, autonomous decision-making, empowered behaviour, communication and collaborative relationships contribute to nurses' job satisfaction, and thus to the retention of new nurse graduates.

Therefore, in the context of complexity, nurses need sound leadership and support to maintain motivation and a caring stance in the delivery of quality patient care.

2.8 THEORETICAL FRAMEWORK AND CONCEPTUAL MAP

Burns and Grove (2007:165) describe a theory as an integrated set of clear concepts and statements that present a view of a phenomenon or happening. The theory can be used to explain, describe, predict and control that phenomenon. Theoretical frameworks are used to arrange a body of knowledge and to determine what is known about a specific phenomenon. Nurses use these theoretical frameworks to guide and improve nursing practice.

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LoBiondo-Wood and Haber (2010:58) define the conceptual map as the symbolic representation of an abstract idea. The conceptual map displayed in figure 2.2 below was developed by the researcher.

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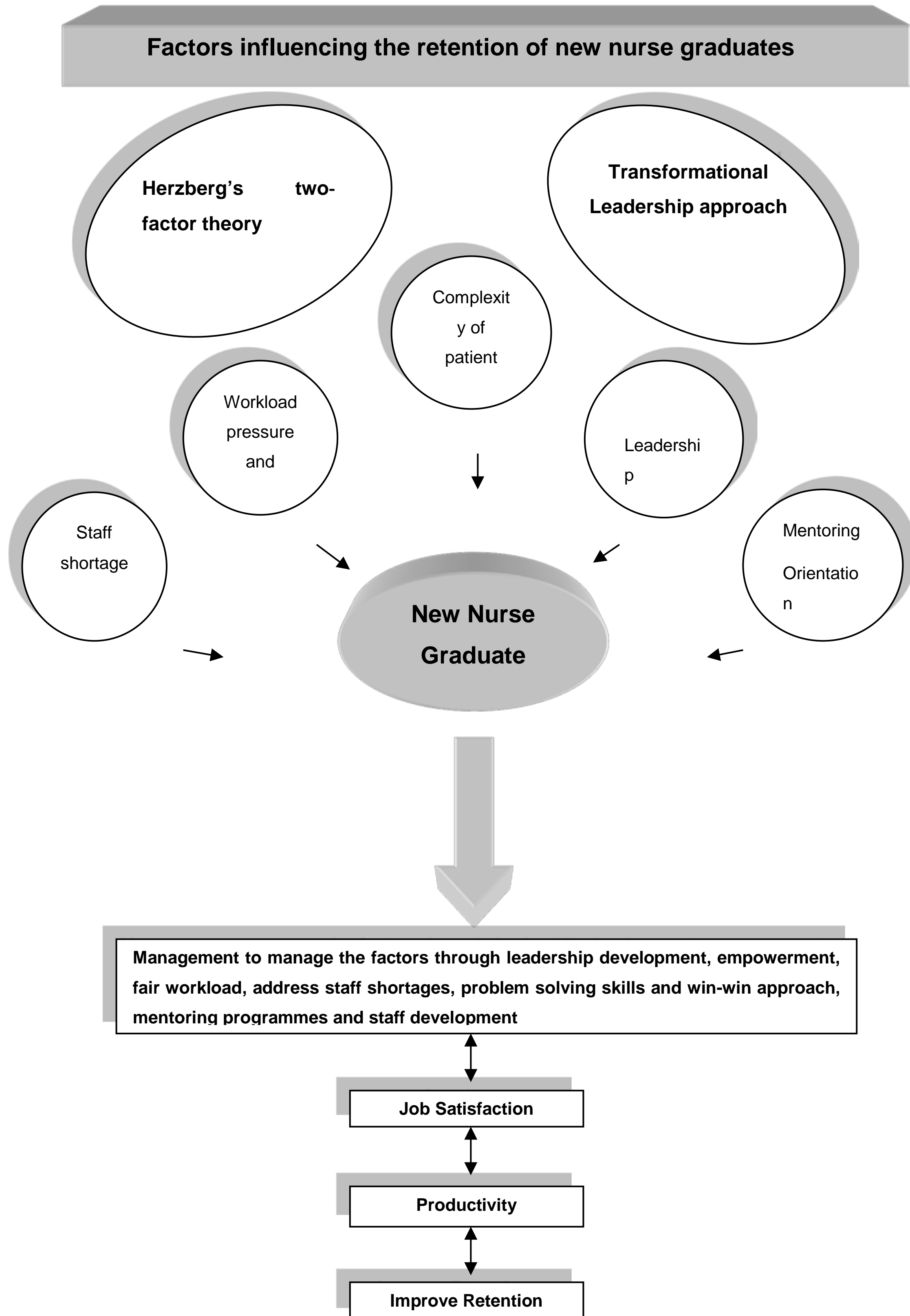

Figure 2.2: The Conceptual Map of the Study

2.8.1 The transformational leadership approach

The transformational leadership approach has emerged as one of the most popular approaches to build effective leadership (Li & Hung, 2009:1129). The transformational leadership approach focuses on leaders and followers, and leadership styles that develop positive change in employees. The transformational leaders encourage employees to reach goals by changing their values, beliefs and attitudes. A feeling of mutual trust is built between the leader and the follower, and the leader will set the norms with reference to behaviour and attitude through role-modelling. Furthermore, good communication skills, honesty and ethical behaviour are essential between the leader and the employee. Consequently, motivation takes place through personal identification with the institute or the group, potentially bringing forth high levels of motivation among new professional nurses.

Research has shown that the relationship between the leader and the employee is important because it has perceptual and motivational consequences (Li & Hung, 2009:1133). Acree (2006:37) found that job satisfaction that stems from the application of the transformational leadership approach creates higher levels of motivation in nurses. Toode, Routasalo and Suominen (2011:247) describe motivation as a value-based, stimulus-driven inner urge that guides human behavior in response to identity and the environment and supports inherent satisfaction, leading to the accomplishment of basic human drives, perceived needs and desired goals. Therefore, leaders need to motivate their employees to ensure job satisfaction and organizational commitment. Booyens (2008:245) states that motivation is based on growth needs. Motivation involves action and energy. Effective leaders use a variety of methods to motivate their employees. One of the key ingredients for motivation, according to Booyens (2008:245), is the design of a clear vision of where the unit or organization is going. Regular performance appraisals and feedback sessions are essential to enhance motivation in employees.

A research study from 1983, named the Magnet Research Study, identified 14 characteristics fundamental in recruiting and retaining nurses during the nursing shortages of the 1970s and 1980s (American Nurses Credentialing Centre Magnet Recognition Program, 2011). These characteristics can be seen as attributes that ensure excellence in nursing. The characteristics, also known as the forces of magnetism, include: the quality of nursing leadership, flat organizational structure, management style, personnel policies and programs that include staff in decision making processes, professional models of care, quality of care, quality improvement, autonomy, community and the healthcare organization, nurses as teachers, the image of nursing,

interdisciplinary relationships and professional development. These forces symbolize a professional environment that is steered by a strong and visionary leader who supports quality in nursing practice (American Nurses Credentialing Centre Magnet Recognition Program, 2011). All leaders should strive to live up to these forces to ensure motivated employees and the retention of nurses in the profession.

Furthermore, Germain and Cummings (2010:426) state that, in order to achieve organizational goals, the nurse leader should be able to influence the thoughts and actions of the nursing staff and be able to build supportive relationships among and with them. The latter is essential since a positive work environment should be based on respect between all the role players.

2.8.2 Herzberg's two factor theory

In 1959, a behavioural scientist, Frederick Herzberg, proposed a two-factor theory. According to Herzberg, certain work-related factors result in job satisfaction while others prevent dissatisfaction. Herzberg classified these factors into two categories, namely, hygiene factors and motivational factors. Hygiene factors are those job factors which are essential to the existence of motivation in the workplace. The hygiene factors do not lead to positive satisfaction in the long term, though. In addition, in the absence of the hygiene factors, workers tend to experience dissatisfaction in the workplace. Therefore, the hygiene factors are also known as dissatisfiers. The hygiene factors are extrinsic to the work and include: a reasonable salary, flexible company and administrative policies, fringe benefits, satisfactory physical working conditions, retainable employee status, acceptable interpersonal relations without conflict as well as job security (Herzberg's two- factor theory of motivation, 2012).

However, the hygiene factors cannot be regarded as motivators. Therefore, Herzberg considered that since motivational factors yield satisfaction, they should be regarded as inherent to the workplace. These factors are also known as satisfiers as they motivate employees to greater performance. The motivators symbolised psychological needs and were perceived as an additional benefit. Motivational factors include: recognition by managers, a sense of achievement, growth and promotional opportunities, responsibility and meaningfulness of the work that is done (Herzberg's two- factor theory of motivation, 2012). Hence the Two-Factor Theory implies that nurse managers should strive to guarantee sufficiency of the hygiene factors and thus avoid dissatisfaction among the new nurse graduates. The managers should also ensure that the work is stimulating and rewarding so that the new graduates are motivated to work skilfully, resourcefully and

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efficiently, ultimately increasing job satisfaction, productivity and the retention of new nurse graduates.

The other concepts included in the conceptual framework such as the various factors that influence the retention of the new nurse graduate, were described under Section 2.7.

2.9 SUMMARY

This chapter contains a discussion on the relevant literature that relates to the retention of new nurse graduates. A description of undergraduate nurse training available globally and in South Africa as presented. The global nursing shortage and the nursing shortage in South Africa were highlighted. A discussion on generational workforce diversity and its impact on the retention of new nurse graduates was also included. An in-depth discussion of the relevant factors that influence the retention of the new nurse graduate was presented. Lastly, the theoretical framework and conceptual map for the study was illustrated. The research methodology applied to explore the above factors is discussed in the next chapter.

CHAPTER 3: RESEARCH METHODOLOGY

3.1 INTRODUCTION

The preceding chapters provided a description of the background and rationale for the study, including a comprehensive literature review concerning the factors potentially influencing the retention of new nurse graduates currently employed within the public sector of the Cape Wine lands District of the Western Cape. This chapter describes the research methodology that was applied to conduct this descriptive, quantitative study.

3.2 AIM OF STUDY

The aim of this study was to investigate the factors which influence the retention of new nurse graduates (RPNs) currently employed within the public sector in the Cape Wine lands District in the Western Cape.

3.3 OBJECTIVES

The objectives set for this study were to determine whether the retention of new nurse graduates (RPNs) is influenced by:

- the mentoring programme
- leadership in the workplace
- workload pressure and stress
- complexity of patient care
- staff shortage

3.4 RESEARCH METHODOLOGY

3.4.1 Research design

De Vos, Strydom, Fouché and Delport (2011:143) define a research design as a plan or blueprint for the conduct of a study. The choice of the research design depends on the researcher’s knowledge, the problem and purpose of the study and the intentions to simplify the findings of the study.

A quantitative approach with a descriptive design was applied to determine which factors influence the retention of new nurse graduates.The quantitative approach focuses on a small number of concepts and uses structured procedures and formal instruments to collect information. Furthermore, it incorporates logistic and deductive reasoning (Brink, 2006:11). A descriptive design is used to gain more accurate, objective and consice information about the characteristics of a particular individual or group within a particular

field of study. Furthermore, it is applied to develop theories and identify problems with current practice and does not entail manipulation of variables (Burns & Grove, 2007:38, 240).

Therefore, a quantitative approach was used to provide objective facts about factors that could influence the retention of new nurse graduates that could be statistically analysed and interpreted. A descriptive design was selected as it is concerned with gathering more information about the phenomenon that was studied. This research design was suitable to obtain relevant information from new nurse graduates and enabled the researcher to describe the factors that influence retention.

3.4.2 Research question

A research question refers to a concise interrogative statement developed to direct a study (Burns & Grove, 2007:553).

Therefore, the research question was: What are the factors influencing the retention of new nurse graduates (RPNs) currently employed within the public sector of the Cape Winelands District in the Western Cape?

3.4.3 Population and sampling

Burns and Grove (2007:40) define a study population as all individuals that meet certain criteria for inclusion into a specific study. A sample is a subset of the population that is selected for the specific study. Sampling is defined as the process of selecting a group of people that is representative of the population with which to conduct the study (Burns & Grove, 2007:40).

In April 2012, the area manager for the Cape Winelands District, Ms Surina Neethling, was contacted to obtain the names of all new nurse graduates employed at the 6 hospitals under study. The total of new nurse graduates in the 6 participating hospitals was N=73. This excludes the nurses (n=7) involved in the pilot study.

In October 2012, when data for the main study was collected, the total population was N=67. The total population (N=67) consists of all new nurse graduates who had registered with the South African Nursing Council (SANC) within the last three years.The total population is illustrated in Table 3.2.

The foremost reason for the difference in total population between April and October, according to some of the hospital nursing managers, was resignations and transfers between government institutions.

Since the population was relatively small, the total study population, which included day and night staff, was targeted. Table 3.1 below displays the total population as in April 2012 and table 3.2 displays the total population as in October 2012.

Table 3.1: Total population as in April 2012

Hospital	**New Professional Nurses**
1. Worcester Provincial Hospital	n= 48
2. Brewelskloof Hospital	n= 6
3. Stellenbosch Hospital	n= 2
4. Ceres Hospital	n= 6
5. Robertson Hospital	n= 6
6. Montagu Hospital	n= 5
Total Population	**N= 73**

Table 3.2: Total population as in October 2012

Hospital	**New Professional Nurses**
1. Worcester Provincial Hospital	n=39
2. Brewelskloof Hospital	n= 5
3. Stellenbosch Hospital	n= 2
4. Ceres Hospital	n= 10
5. Robertson Hospital	n= 5
6. Montagu Hospital	n= 6
Total Population	**N= 67**

In total, 67 questionnaires were issued with an 85% return rate and n=10 (15%) were returned unanswered.

3.4.4 Inclusion criteria

Inclusion criteria are those sampling criteria or characteristics that the subject or element must possess to be considered part of the target population (Burns & Grove, 2007:542).

Accordingly, all nurse graduates qualified and registered within the last three years with the SANC and working in the hospitals under study, were eligible to participate in the study. Therefore, all nurse graduates with more than three years working experience were excluded from the study.

3.4.5 Instrumentation

De Vos *et al.* (2011:186) define a questionnaire as a document containing questions designed to request information appropriate for analysis.

A self-administered questionnaire was designed, based on the objectives of the study, the literature and the researcher's personal experience. The questionnaire consists of two sections. Section A, questions one to eleven, comprising questions regarding the respondents' biographical data. Section B consisting of Likert scale and open-ended questions concerning the factors influencing the retention of new nurse graduates, namely, orientation, mentoring and leadership, complexity of care and workload pressure and stress.

3.4.6 Pilot test

De Vos *et al.* (2011:237) define a pilot study as a procedure for testing and validating an instrument by administering it to a small group of participants from the intended test population. A pilot test was therefore done, prior to the initiation of the main study, to ensure that the questionnaire was suitable and the questions not ambiguous. The pilot test was done at another hospital in the rural area of the Western Cape, where the questionnaire was issued to 10% (n=7) of the total population, in order to ensure the validity and reliability of the instrument. The results of the pilot test were not included in the actual study.

During the administration of the pilot test, it was found that some respondents had difficulty understanding questions 6, 18 and 20 to 27 respectively. Question 6 read as follows: Indicate how long you have been practising nursing. The respondents (n=5) enquired whether these years included the years of practising as a nursing student. Therefore, question 6 was changed to: Indicate how long you have been practising nursing since registration.

Moreover, it was observed that questions 18 and 20 to 27, concerning the mentoring process, were interpreted and answered poorly. Question 18 establishes whether a comprehensive mentoring programme existed in the applicable institution. Subsequently, questions 20 to 27 assess the mentoring programme if it existed. Question 18 read as

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follows: On entering this workplace, were you assigned a mentor? Therefore, if a mentor was not assigned to new nurse graduates on entering the workplace, all questions from question 20 to question 27 would automatically be not applicable, as these questions tag on question 18. Consequently, question 18 was altered to: On entering this workplace, were you assigned a mentor? If your answer is no, ignore questions 20-27 and proceed to question 28.

3.4.7 Data collection

The ethical approval letter from Stellenbosch University was submitted to the Western Cape Department of Health (Health Research) on June 27, 2012. Electronic permission via email was obtained on August 29, 2012 from the nursing services manager, Ms D. Smit at Paarl Hospital. The pilot test was completed on September 04, 2012.

The first approval letter from the health research department was received on September 12, 2012. However, this letter only stipulated permission for 5 hospitals, namely, Paarl, Worcester, Brewelskloof, Montagu and Robertson. The nursing services' managers of the various institutions were contacted via email and telephonically to obtain the names of all the participants that matched the inclusion criteria. This was done to ensure that no respondents were overlooked and that all respondents were indeed new nurse graduates. The accurate total of new nurse graduates expedited the data collection process. Therefore, data collection for the main study commenced on September 29, 2012 at Montagu and Robertson Hospitals and was completed within 2 weeks. Data collection at Brewelskloof Hospital commenced on October 02, 2012 and was completed within a week. Worcester Hospital's data collection was done over a period of 2 weeks. The second approval letter for Ceres Hospital was received on October 10, 2012. Again, the nursing manager of the institution was contacted to obtain the names of the participants. Data collection for Ceres Hospital was completed on October 26, 2012. Verbal approval was obtained from the nursing services manager, Mr. Barbers, at Stellenbosch Hospital on October 24, 2012. Consequently, data collection for Stellenbosch hospital commenced on October 24, 2012 and was completed on October 26, 2012.

There are various reasons why data collection was not completed over a period of 3 weeks as originally planned. Shifts in the rural areas differ from the norm (see table 3.3) and the plan had to be adjusted to suit the various institutions. Data collection for the main study was therefore completed on October 26, 2012. Both the pilot test and the collection of data were completed by the researcher, without the assistance of a

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fieldworker. However, the supervisor of the researcher was present during the commencement of data collection, in the capacity of a moderator both at Robertson and Montagu Hospitals.

Table 3.3: Original plan for data collection

Worcester and Brewelskloof Hospital	**Stellenbosch and Ceres Hospital**	**Robertson and Montagu Hospital**
Week 1: Monday and Wednesday- day staff: Issue questionnaires between 08h00-10h00. Questionnaires will be collected again between 17h00-19h00.	Week 2: Monday and Wednesday- day staff: Issue questionnaires between 08h00-10h00. Questionnaires will be collected again between 17h00-19h00.	Week 3: Monday and Wednesday-day staff: Issue questionnaires between 08h00-10h00. Questionnaires will be collected again between 17h00-19h00.
Week 1: Monday and Wednesday- night staff: Issue questionnaires between 20h00-22h00. Questionnaires will be collected again the following morning 06h00.	Week 2: Monday and Wednesday- night staff: Issue questionnaires between 20h00-22h00. Questionnaires will be collected again the following morning 06h00.	Week 3: Monday and Wednesday- night staff: Issue questionnaires between 20h00-22h00. Questionnaires will be collected again the following morning 06h00.

3.4.8 Data analysis and interpretation

According to De Vos *et al.* (2011:249), quantitative data analysis is the technique used to convert data to a numerical form and subject it to statistical analysis. Data analysis enables the investigator to draw conclusions from the new-found data. The data can be analysed manually or by computer (De Vos *et al.*, 2011:249).

The researcher captured the information on the questionnaires onto an excel sheet prepared according to the questions in the questionnaire. The excel sheet was prepared by the statistician. The excel sheet was mailed to the statistician who analysed the data using computer software (Statistica 10). The results were tabulated and presented in histograms and frequencies. Data was not normally distributed and hence the Spearman correlation coefficient was used to determine differences between variables. Any results with a p-value of less than 0.05 were regarded as statistically significant.The statistician involved is employed at Stellenbosch University. Data analysis is discussed in the following chapter.

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3.4.9 Reliability and validity

LoBiondo-Wood and Haber (2010:286) refer to reliability as the ability of an instrument to measure the quality of a concept or construct consistently. Validity refers to the degree to which an instrument measures the attributes of a concept accurately (LoBiondo-Wood & Haber, 2010:286).

Content validity represents the universe of content, or the domain of a given construct. Content validity is concerned with whether the measurement instrument and the items it contains are representative of the content domain that the researcher intends to measure (LoBiondo-Wood & Haber, 2010:288). Therefore, the questions contained in the questionnaire were based on possible factors that could, according to the literature and the experience of the researcher, influence the retention of new nurse graduates. Content validity of the instrument was further enhanced by utilising the input of an expert in the field, in this case, the team leader for nursing management at Stellenbosch University and who is also the co-supervisor involved in this study.

Construct validity, on the other hand, is based on the extent to which a test measures a theoretical construct, attribute, or trait (LoBiondo-Wood & Haber, 2010:288-290). As stated by Brink, Van Der Walt and Van Rensburg (2012:168), construct validity serves to explore whether there is a relationship between the results produced by the instrument and the underlying theory of the study. LoBiondo-Wood and Haber (2010:288-290) and Brink et al. 2012:168) aver that construct validity is established over a period of time; when the instrument is used by several other people and not the person who developed the instrument. Therefore since a newly developed instrument was used in the current study it is deduced that construct validity is not the ideal way to validate the instrument.

Therefore internal consistency also called homogeneity was determined. Internal consistency is concerned with whether the items within in a scale reflect or measure the same concept. In other words, that the items within a scale correlate (LoBiondo-Wood & Haber, 2010:298-299).Internal consistency in this study was assessed by using the Chronbach's alpha. The Cronbach's alpha compares each item in the Likert scale with each other and internal consistency is sufficient if the Chronbach's alpha was above 0.70 (LoBiondo-Wood & Haber, 2010:299). The Chronbach's alpha for this instrument was determined on alphas obtained from questions 32, 33, 35 and 36. The alphas varied between 0.80 – 0.93 (Kidd, 2012).

3.4.10 Ethical considerations

Ethical approval to conduct the study was obtained from the Health Research Ethical Committee at Stellenbosch University. Furthermore, permission to conduct the study was obtained from the provincial government of the Western Cape and the various nurse managers in command of the participating hospitals.

The principle of respect was employed in that participation in the study was voluntary. Privacy, confidentiality of all information obtained and anonymity was ensured at all times. Privacy can be defined as the ability to keep to oneself that which is normally not intended for others to observe or analyze (De Vos *et al.*, 2011:119). Confidentiality indicates the handling of all information in a confidential manner (De Vos *et al.*, 2011:119). Confidentiality was guaranteed by non-disclosure of the names of nurses participating in the study. Anonymity was assured by providing the data collection instrument to the respondent in a sealed envelope and advising the participant to return the instrument, nameless, in the sealed envelope. Anonymity of respondents also ensured privacy. Deception of respondents was avoided by providing the respondent with correct information regarding the study, for example, the aim of the study. The ethical principle of beneficence was ensured as no risks were foreseen for this study. Furthermore, all respondents were informed that there will not be any financial benefits or expenses, as explained in the information leaflet and informed consent document (see Appendix A).

Publication of the results will be done as accurately and objectively as possible. Furthermore, the results of the study should be communicated to the respondents as a form of recognition, as advised by De Vos *et al.* (2011:136).

3.5 SUMMARY

This chapter described the research methodology applied to the study. The research design, population and sampling, instrumentation and data collection process were explained. Data analysis and interpretation are discussed in the following chapter.

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CHAPTER 4: DATA ANALYSIS AND INTERPRETATION

4.1 INTRODUCTION

This chapter consists of a presentation of the process of data analysis and the interpretation thereof. The data was analyzed using a quantitative approach.

Quantitative data analysis can be regarded as the techniques by which data is converted into a numerical form. The purpose of analysis is therefore to reduce the data to an interpretable form so that results of research conducted can be studied and tested, enabling conclusions to be drawn (De Vos, Strydom, Fouché & Delport, 2011: 249).

4.2 DESCRIPTION OF STATISTICAL ANALYSIS

Descriptive statistics were used to describe and summarize the data. Descriptive techniques included measures of central tendency, measures of variability and some correlation techniques (LoBiondo-Wood & Haber, 2010: 310).

Therefore, statistical analyses are viewed as procedures for assembling, classifying, tabulating and summarizing numerical data to obtain meaning and information. Raw data will thus be transformed to present a meaningful picture of patterns and relationships, as proposed by De Vos, Strydom, Fouché and Delport (2011: 249).

4.4 DATA ANALYSIS

The data analysis is presented according to the sequence of the questions in the questionnaire (see Annexure B).The questionnaire consists of two sections: SECTION A that concerns the demographic information and SECTION B that comprises the questions that relate to the objectives of the study.

The frequencies of all the responses to the questions were displayed in tables. The responses to questions 1 and 6 were displayed in both histograms and tables since the findings to these specific questions did not show a normal distribution but a positive skew. The positive skew is reflected more prominently in the histogram.

Open-ended questions were included to offer respondents the opportunity to add further information and to offer comments and recommendations regarding that specific variable. The responses to the open-ended questions were grouped in themes, using a thematic approach (Burns & Grove, 2007:540). Thereafter the qualitative data within the identified themes was quantified, using the approach by Culp and Pilat (1998:3). The

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authors, Culp and Pilat (1198:3) recommend the quantification of qualitative data within themes to strengthen the results of the study.

Questions 32 to 39 (excluding question 34) consist of Likert-scale type questions. The respondents had to choose between the following options: *strongly disagree*, *disagree*, *agree* and *strongly agree*. However, the options were reduced to *disagree* and *agree* to simplify the interpretation and reporting thereof.

Correlations were drawn between age and the Likert-scale questions. The Likert-scale questions (questions 32, 33, 35-37, 39) specifically addressed the variables that were used to explore the factors that influence retention.

4.3 DEFINITION OF TERMS

Frequency distribution

A frequency distribution is a statistical procedure that lists all possible measures of a variable (Burns & Grove, 2007:541).

Mode

The mode is the most frequently occurring value in a data set (Schmidt & Brown, 2009:258).

Median

The median is the center of the data set and divides the data in half. The median is also referred to as the middle value where 50% of the data lie above the median and 50% lie below it (Schmidt & Brown, 2009:259).

Mean

The mean of a data set is also referred to as the average. The mean is calculated by dividing the sum of all the values in a distribution by the total number of values (Schmidt & Brown 2009:261).

Outliers

Outliers are data points with extreme values that seem unlike the rest of the sample. These values lie far from other plotted points on a graph (Burns & Grove, 2007:404).

Positively skewed

A positively skewed frequency distribution is one in which the tail of the distribution points to the right (Brink, Van der Walt & Van Rensburg, 2006:206).

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Negatively skewed

A negatively skewed frequency distribution is one in which the tail of the distribution points to the left (Brink, Van der Walt & Van Rensburg, 2006:204).

Correlational coefficient

A correlational coefficient is a descriptive statistic or number that expresses the magnitude and direction of the association between two variables (Brink, Van der Walt & Van Rensburg, 2012:188).

Spearman rank (rho)

The Spearman's rank correlational coefficient are used when both variables are measured on or transformed into ordinal scales (Brink, Van der Walt & Van Rensburg, 2012:188).

4.5 SECTION A: DEMOGRAPHIC DATA

Question 1: Age

The age range of the respondents is reflected in Table 4.1 and Figure 4.1. Most of the respondents (n=19/33%) were between 24 and 26 years of age. According to Figure 4.1 (the histogram), the mean age of the respondents is 28 years and the median is 26 years. The mean is to the right of the median and as a result, the data does not show a normal distribution but a positive skew, as substantiated by LoBiondo-Wood and Haber (2010:316-317). Some respondents, n=3 (5.5%), did not state their age on the questionnaires. The outliers curve to the right (n=3/5.5%). The age range of the outliers is 40-48 years.

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Table 4.1: Age range (N=57)

Age range	n	%
20-22	2	3.5%
22-24	8	14%
24-26	19	33%
26-28	7	12%
28-30	3	5%
30-32	4	7%
32-34	3	5%
34-36	4	7%
36-38	1	2%
40-42	1	2%
42-44	1	2%
46-48	1	2%
Missing data	3	5.5%
TOTAL	**57**	**100%**

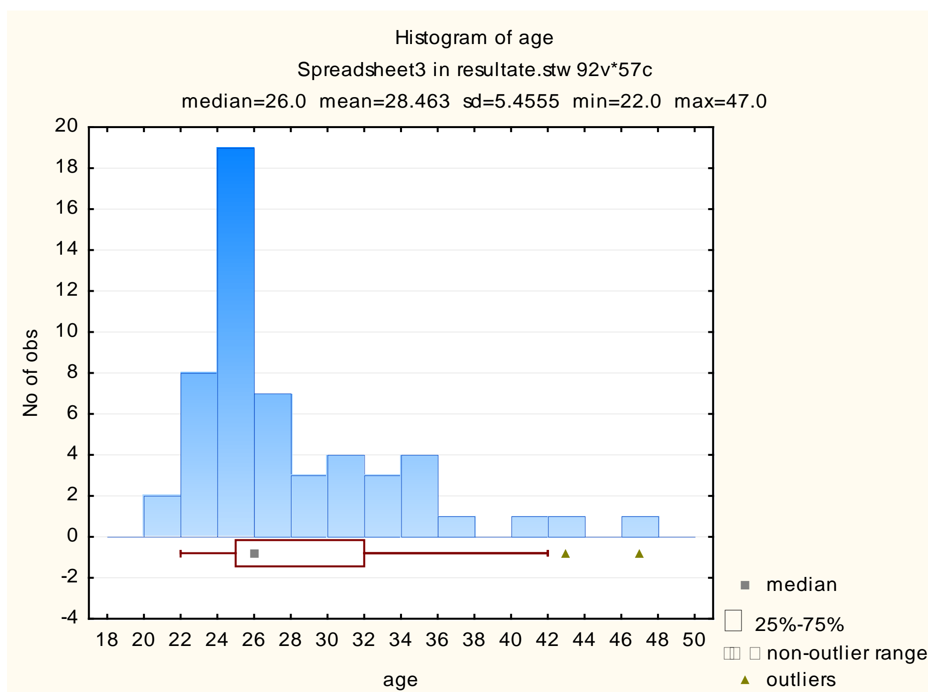

Figure 4.1: Histogram of age

Question 2: Gender

The data concerning the gender of respondents is provided in the summary of the demographic data and is displayed in Table 4.5.

Question 3: Basic qualification

The basic qualifications of the population under study are illustrated in Table 4.2 below. Most of the respondents (n=31/54%) were in possession of a diploma in nursing whereas n=26 (46%) had an undergraduate nursing degree. According to the South African Nursing Council (Output 4-year programme 2002-2011), the Western Cape alone produced 300 new nurse graduates in total from the 4-year programme offered at all the various institutions in the province in 2011. Additionally, the Western Cape produced approximately 40 new nurse graduates in 2011 from the bridging programme for public institutions (SANC, Output Bridging Programme 2011).

Table 4.2: Basic qualification (N=57)

Basic qualification	**n**	**%**
Degree in nursing	26	46%
Diploma in nursing	31	54%
TOTAL	**57**	**100%**

Question 4: Year of Achievement

Most respondents (n=45/79%) graduated during the period 2010-2011, as is reflected in Table 4.3 below. The *year of achievement* data in Table 4.3 below corresponds well with the data in Table 4.6 that concerns *months of practising nursing since registration*. It can, therefore, be concluded that immediately after the year of achievement, the graduates registered with SANC and commenced with their first employment.

Table 4.3: Year of achievement (N=57)

Year of achievement	n	%
2008	1	2%
2009	8	14%
2010	19	33%
2011	26	46%
2012	3	5%
Total	**57**	**100%**

Question 5: Post Basic Qualifications

Table 4.4 illustrates that n=3 (5.5%) respondents were in possession of a post basic qualification in nursing; n=2 (3.5%) had a diploma in nursing education and n=1 (2%) had an additional qualification (not specified). According to Table 4.6, most respondents (n=32 (56%) had been practising nursing between 0 and 20 months since registration. It is therefore clear that most respondents (n=32/56%) had been employed for less than 2 years. Yet, according to Table 4.9 (theme 1: education and training), n=21 requests were received for additional education and training. The latter demonstrates a need for professional development.

Table 4.4: Post basic qualifications (N=57)

Post basic qualification	n	%
Nursing education	2	3.5%
Other	1	2%
TOTAL	**3**	**5.5%**

Table 4.5 below provides a summary of the demographic data relating to gender, age, basic qualification and year of achievement. Most respondents were females (n=48/84%) whereas only n=9 (16%) were males. The statistics of the South African Nursing Council confirm the female dominance in the nursing profession with 14035 registered female nurses in the Western Cape and only 765 registered male nurses (South African Nursing Council: Geographical Distribution, 2011).

According to Table 4.5, the greater part of the male nurses, n=3, were 26-28 years old whereas the greater part of the female respondents, n=19, were 24-26 years old.

Furthermore, n=3 (6%) respondents were 43, 42 and 47 years old respectively. In a study by Magerman (2011:48) regarding the investigation of academic factors that influence the learning of undergraduate nursing students, it was found that several of the respondents were over 40 years of age. It can therefore be deduced that new nurse graduates are not necessarily aged between 20 to 30 years.

In addition, n=1 male and most of the females, n=25, had undergraduate nursing degrees. The majority of both males (n=5) and females (n=21) had obtained their qualifications in 2011.

Table 4.5: Summary of gender versus age, basic qualification and year of achievement

Variable	Selection	Male (n=9)	Female (n=48)	Total
Age range	20-22	n=0	n=2	n=2
	22-24	n=1	n=2	n=8
	24-26	n=0	n=19	n=19
	26-28	n=3	n=4	n=7
	28-30	n=1	n=2	n=3
	30-32	n=2	n=2	n=4
	32-34	n=0	n=3	n=3
	34-36	n=0	n=4	n=4
	36-38	n=0	n=1	n=1
	40-42	n=0	n=1	n=1
	42-44	n=1	n=0	n=1
	46-48	n=0	n=1	n=1
Basic qualification	Diploma in nursing	n=8	n=23	n=31
	Degree in nursing	n=1	n=25	n=26
Year of achievement	2008	n=0	n=1	n=1
	2009	n=1	n=7	n=8
	2010	n=3	n=16	n=19
	2011	n=5	n=21	n=26
	2012	n=0	n=3	n=3

Question 6: Months of practising nursing since registration

Most respondents, n=26 (46%), had been practising nursing for between 6 and 10 months, as displayed in Table 4.6 and Figure 4.2 (histogram) below. The median is 10 months and the mean is 17.05 months. Once again, the mean is sited to the right of the median and therefore the distribution shows a positive skew (see Figure 4.2). No outliers were identified, as displayed in Figure 4.2 below. This implies that some respondents were currently busy with community service as community service usually commences immediately after registration and ends after 12 months.

The term *new nurse graduate*, as explained in chapter 1 and 3, refers to all registered nurses with less than 3 years (36 months) experience post registration.

Table 4.6: Months of practising nursing since registration (N=57)

Months of practising since registration	n
0-5 months	3
06-10 months	26
11-15 months	3
16-20 months	0
21-25 months	14
26-30 months	2
31-35 months	8
36 months	1
TOTAL	**57**

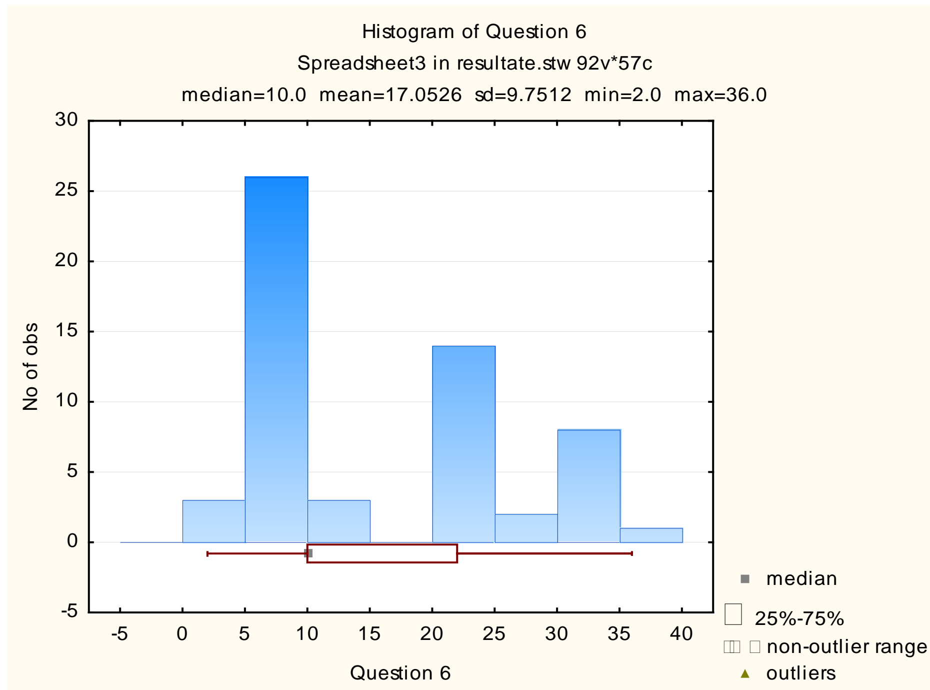

Figure 4.2: Histogram of months practising since registration

Question 7: First employment

Question 7 read as follows: “Is this your first employment post registration? If your answer is no, ignore question 8 and proceed to question 9”. The results of question 7 are reflected in Table 4.7 below. Table 4.7 illustrates that n=44 (77%) respondents indicated that they were currently in their first employment post registration. A mere n=13 (23%) respondents indicated that they were in their second or third employment post registration. Question 10 describes the reasons why those respondents who were currently in their second or third employment post registration had resigned from their initial positions.

Table 4.7: First employment (N=57)

First employment	n	%
Yes	44	77%
No	13	23%
TOTAL	**57**	**100%**

Question 8 and 9: Months of employment at current institution

Questions 8 and 9 were analyzed collectively as they indicate the months of employment at the current institution, whether being the respondent's 1st or 2nd employment. As

displayed in Table 4.8, most of the respondents (n=28) had been employed between 6 and 10 months at their current employer.

Table 4.8: Months employed at current institution (N=57)

Months employed at current institution	n
0-5 months	7
6-10 months	28
11-15 months	3
16-20 months	2
21-25 months	9
26-30 months	1
31-35 months	7
TOTAL	**57**

Question 10: Main reason for leaving previous employer

The respondents (n=13/23%) who indicated in question 7 that their current position was not their first employment post registration had to then indicate in question 10 why they had left their previous employer. Question 10 provides five options as to why they might have left their previous employer. Four of the options in question 10 are directly linked to the objectives of the study; namely, *workload*, *complexity of care*, *leadership exposure* and *the management of staff*. The study has five objectives; the fifth objective relates to shortage of staff. Consequently, the fifth objective is embedded in the options of workload and complexity of care. The fifth option in question 10 namely ‘other’ was available should a respondent's reason for leaving his/her previous employer not relate to any of the previous options (linked to the objectives of the study).

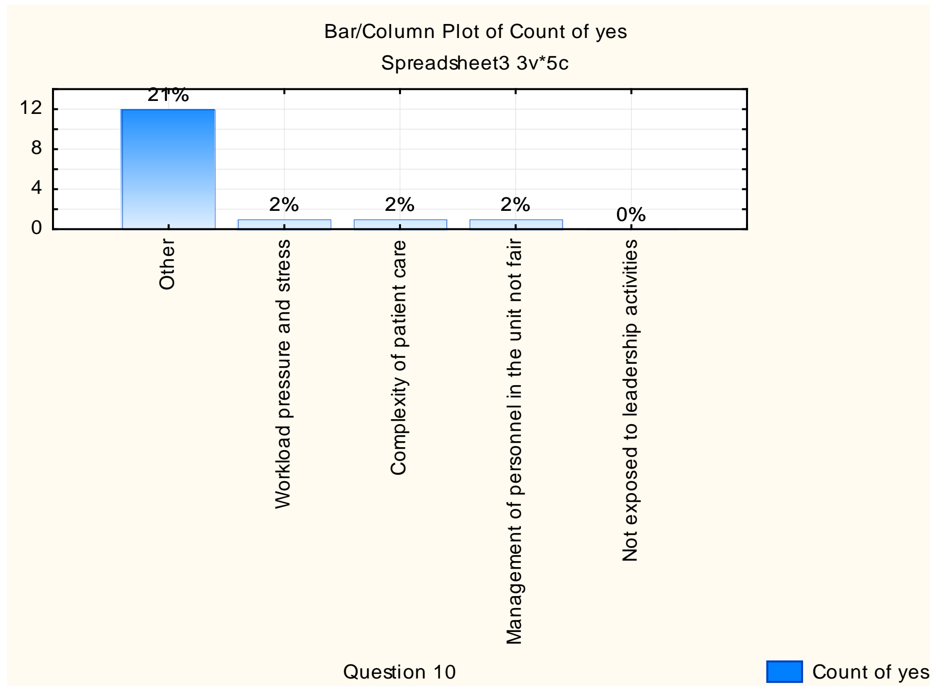

Figure 4.3: Reasons for leaving previous employer

According to Figure 4.3, 2% of the respondents had left their previous employer due to workload pressure and stress. A further 2% had resigned due to complexity of patient care and another 2% had resigned due to unfair management of personnel in the ward. None of the respondents indicated that they had resigned because they had not been exposed to leadership activities. Figure 4.3 illustrates that 21% of the respondents selected ‘other’ as an option. The reasons that the respondents gave under the option 'other' were as follows: “end of compulsory community service year” (n =1); “relocated closer to home after community service was completed” (n =1); “no vacancies at the institution where they had completed the compulsory community service year” (n =1). Only n=3 respondents provided specific reasons for choosing ‘other’ as an option. The remaining percentage of respondents did not provide specific reasons.

Question 11: What would motivate you to stay in your current position?

Since question 11 is an open-ended question, the responses to the question were analyzed qualitatively and various themes were identified, namely, *education and training*, *workload*, *leadership*, *employment* and *patient care*. The themes are displayed in Table 4.9.

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Table 4.9: Motivation to stay in current position

Theme		Request
Education and training	Post-basic learning opportunities	n =16
	In-service training opportunities	n =3
	Self development and personal growth	n=2
Workload	Decreased workload	n=4
	More staff	n=6
Leadership	Supportive Managers	n=2
	Respect and trust	n=7
Employment	Permanent position	n=2
	Increase in monthly income	n=5
	Promotion in the near future	n=2
Patient care	Teamwork	n=5
	Quality care	n=2
	New challenges	n=1

The results to question 11, as reflected in Table 4.9, demonstrate that the new nurse graduate values a fair workload, post-graduate training opportunities as well as leadership support. Considering the question itself, 'What would motivate you to stay in your current position?' it is clear that a fair workload, post-graduate training opportunities as well as leadership support are all valuable in terms of retention.

In a qualitative study completed by Mokoka *et al.* (2010:4), it was found that improvement of professional practice and enhancement of nurses' clinical competence by ongoing education may increase retention and job satisfaction and thus help ensure a stable workforce. The results of the current study that relate to training opportunities and retention are, therefore, congruent with the results of the study by Mokoka *et al.* (2010:4).

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4.6 SECTION B: QUESTIONS CONCERNING THE OBJECTIVES OF THE STUDY

Question 12: On entering this workplace, were you included in an orientation programme?

Most respondents (n=43/75%) as shown in Table 4.10, reported that they had been included in an orientation programme. However, n=14 (25%) reported that they had never been included in an orientation programme. As recommended by Tomey (2009:364), all new employees need to be included in an orientation programme since the orientation programme assists with the socialization of the new employee in the new work environment.

Table 4.10: Inclusion in orientation programme (N=57)

Selection	n	%
Yes	43	75%
No	14	25%
TOTAL	**57**	**100%**

Question 13: Were you orientated to your physical environment with regards to the structure of the buildings, the various departments and the layout of wards?

According to Figure 4.4, n=48 (84%) of respondents indicated that the orientation programme had included the layout of the ward. Only n=43 (75%) of respondents were orientated to the different departments and n=39 (68%) to the structure of the building. Yet n=5 (9%) were not orientated with regards to the physical environment of their work place at all.

According to McDonald and Ward-Smith (2012:E17), orientation in the new work environment is important as it assists nurses with the transition from student to employee. Tomey (2009:364) recommends that all new employees be orientated to their physical environment and suggests a tour of the facilities.

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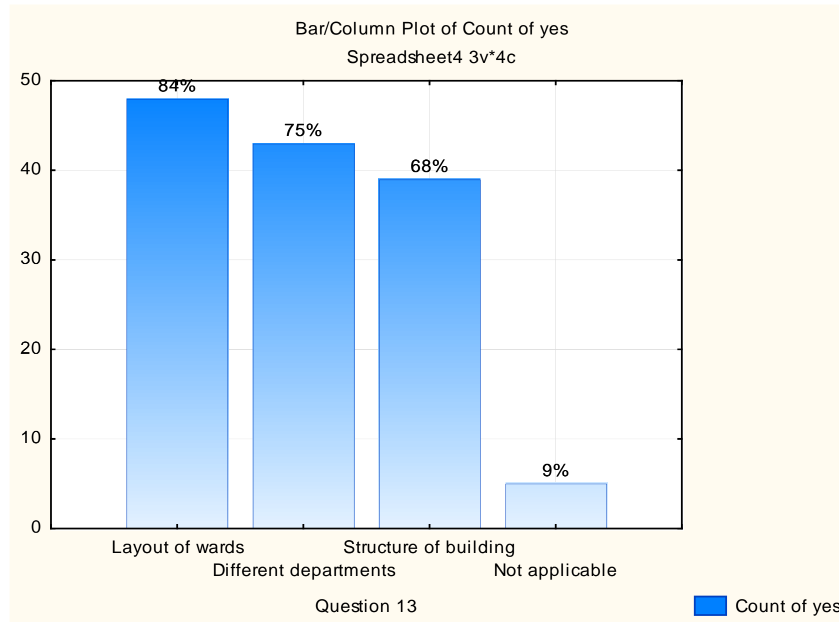

Figure 4.4: Orientation to physical environment

Question 14: Were you orientated to the rules pertaining to your employment; namely, leave salary, service benefits and retirement fund?

Figure 4.5 below shows that n=47 (82%) respondents had been orientated with regards to the leave process and n=43 (75%) had been orientated with regards to their salary. In addition, n=41 (72%) respondents, had been orientated concerning service benefits and n=33 (58%) indicated that their orientation had included details relating to the retirement fund. According to Tomey (2009:364), the personnel department of an institution should orientate all new employees with regard to issues such as service benefits, salaries etc. Mokoka, Ehlers and Oosthuizen (2011:5) found that financial factors such as salaries and retirement benefits were important considerations that influence retention rates of nurses. Therefore, adequate orientation with regards to the above-mentioned factors is essential.

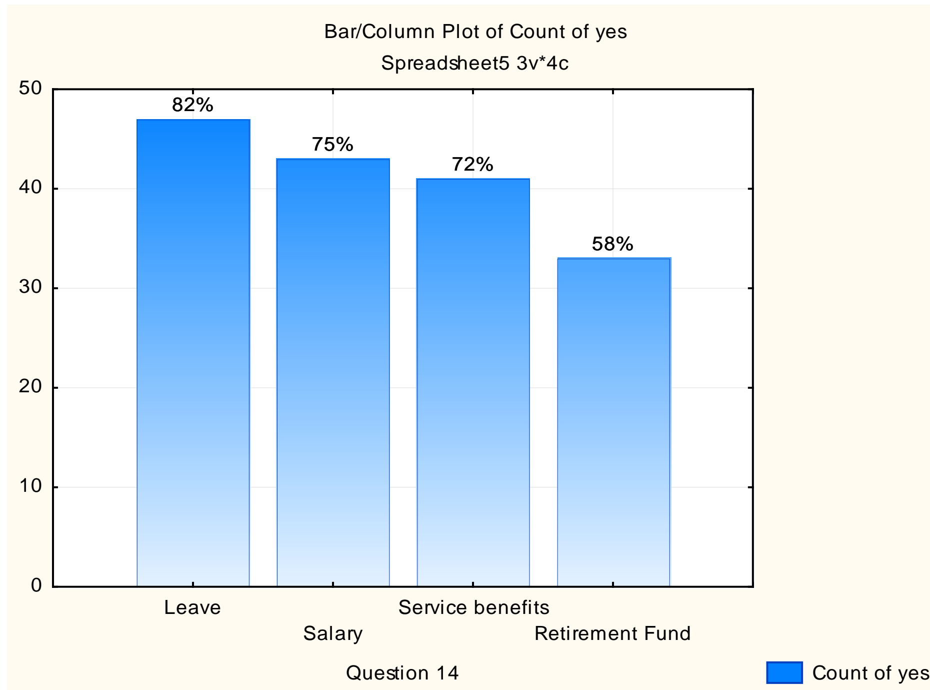

Figure 4.5: Orientation to rules pertaining employment

Question 15: Were you orientated with regards to disaster management and emergency evacuation?

The response to this question is reflected in Table 4.11. Most respondents, n=35 (61%), revealed that they had been orientated with regards to disaster management and emergency evacuation. However, n=22 (39%) respondents reported that they had not been orientated with regards to disaster management and emergency evacuation. Muller, Bezuidenhout and Jooste (2011:481) state that all healthcare organizations should have a disaster management plan and that staff members should be orientated to the detail of the disaster management plan. No other supporting studies for this specific question could be found.

Table 4.11: Disaster management and emergency evacuation(N=57)

Selection	**n**	**%**
Yes	35	61%
No	22	39%
TOTAL	**57**	**100%**

Question 16: Were you introduced to the vision and mission of the institution?

Table 4.12 shows that most respondents (n=40/70%) had been introduced to the vision and mission of the organization. The remaining n=17 (30%) respondents reported that

they had not been orientated with regards to the vision and mission of the institution. Tomey (2009:364) suggests that all employees be orientated to the vision and mission of the organization as it assists with the attainment of the goals of the organization.

Table 4.12: Vision and mission of institution (N=57)

Selection	n	%
Yes	40	70%
No	17	30%
TOTAL	**57**	**100%**

Question 17: Additional comments and suggestions with regards to orientation

Question 17 is an open-ended question where the respondents had to provide additional comments and suggestions regarding the orientation of new employees. However, only n=9 comments / suggestions were received. The suggestions and comments that were received were grouped in the following themes: *extended orientation programme*, *immediate orientation on entering the workplace* and *a structured in-depth orientation programme to be developed*. The themes are displayed in Table 4.13 below. Various (n=5) requests were made for an extended orientation programme. McDonald and Ward-Smith (2012:E19) aver that an extended orientation programme is beneficial as it creates feelings of empowerment amongst new nurse graduates. Furthermore, Rhéaume *et al.* (2011:491-492) suggest that a minimum of 12 weeks is necessary for the successful integration of the new graduate nurse. However, the authors also state that hospitals in rural areas often have fewer resources which may impact on the nature and length of these programmes.

Table 4.13: Additional comments orientation

Theme	Request
Extended orientation programme of >week	n=5
Immediate orientation on 1st day	n=1
Structured in-depth orientation programme	n=3

Question 18: On entering this workplace, were you assigned a mentor? If your answer is no, ignore questions 20-27 and proceed to question 28.

Table 4.14 below shows that n=48 (84%) respondents had not been assigned a mentor on entering the workplace. Therefore, only the remaining n=9 (16%) respondents who had been assigned a mentor answered questions 20 to 27.

Leners, Wilson, Connor and Fenton (2006:653) state that mentorship programmes and the availability of experienced mentors for nurses at various stages in their professional careers will increase the retention of these nurses.

Table 4.14: Mentor assigned (N=57)

Selection	n	%
Yes	9	16%
No	48	84%
TOTAL	**57**	**100%**

Question 19: Did you receive a booklet explaining the mentoring process and goals to be attained?

According to Table 4.15, the respondents (n=9/16%) who confirmed having been exposed to a mentoring programme in the previous question reported that they had received a booklet that explained the mentoring process and the goals to be attained. Dunham-Taylor, Lynn, Moore, McDaniel and Walker (2008:345) verify the importance of mentor manuals and handbooks in a mentoring and orientation programme.

Table 4.15: Booklet concerning mentoring (N=57)

Selection	n	%
Yes	9	16%
No	48	84%
TOTAL	**57**	**100%**

Question 20: Were you informed how many mentors were available and were you introduced to all of the mentors?

The responses to questions 20 - 27 relate to the n=9 (16%) respondents who answered yes to question 18 (On entering this workplace, were you assigned a mentor? If your answer is no, ignore question 20-27 and proceed to question 28). Table 4.16 shows that n=6 (11%) respondents had been informed as to how many mentors were available and n=3 (5%) had not been informed.

Question 20 in the questionnaire has an option “Not applicable”. The remainder of the respondents, n=48 (84%), who had answered 'no' to question 18, meaning that they had not been assigned to a mentor, made a tick next to the option “not applicable” (see table 4.14). Therefore, since question 18 already guided the respondents who had not been

assigned to a mentor to proceed to question 28, the option “Not applicable”, should have been omitted to avoid possible confusion. The latter applies to questions 21-27.

Table 4.16: Informed of number of mentors available (N=57)

Selection	n	%
Yes	6	11%
No	3	5%
Not applicable	48	84%
TOTAL	**57**	**100%**

Question 21: Were you given a chance to choose a mentor?

Although the questionnaire was adjusted after the pilot test (see chapter 3, section 3.4.6), it can be concluded that the following question was still interpreted poorly. According to Table 4.17, n=10 (18%) respondents reported that they had not been given a chance to choose a mentor, whereas only n=9 of the respondents affirmed that they had been part of a mentoring programme, had been assigned a mentor and had received a booklet on the mentoring programme (see Table 4.14). Therefore, it can be deduced that one respondent answered 'no' by mistake or that one respondent did not answered question 18 correctly and was indeed mentored. However, n=9 respondents reported that they had not been given a chance to choose a mentor. Fawcett (2002:951) states that although a new nurse may be assigned a mentor, there is no guarantee that the assigned person will indeed be a mentor. Furthermore, mentors are seldom assigned but often selected by the mentee.

Table 4.17 Chance to choose a mentor (N=57)

Selection	n	%
Yes	0	0%
No	10	18%
Not applicable	47	82%
TOTAL	**57**	**100%**

Question 22: Did you feel comfortable with your mentor?

Most respondents (n=6/11%) reported that they had felt comfortable with their mentor, whereas n=3 (5%) reported the converse. Once again, n=1 (2%) respondent reported being unsure. The responses to question 22 are displayed in Table 4.18. Bally (2007:144-145) emphasizes the importance of a good relationship between the mentor and mentee. Bally (2007:144-145) describes mentoring as involving a voluntary, mutually beneficial, professional relationship. This supportive relationship together with mutual respect, trust and open communication enhances feelings of job satisfaction and thus facilitates retention.

Table 4.18 Comfortable with mentor

Selection	n	%
Yes	6	11%
No	3	5%
Unsure	1	2%
TOTAL	**10**	**18%**

Question 23: If your answer to the previous question was 'no' or 'unsure', did you feel comfortable enough to discuss this matter with the unit manager?

According to Table 4.18, n=4 (7%) respondents answered 'no' or 'unsure' in question 22 regarding whether the respondents had felt comfortable with their mentor. As displayed in Table 4.19 (the responses to question 23), n=1 (2%) respondent had felt comfortable enough to discuss his/her feelings with the unit manager, and n=3 (5%) had not felt comfortable enough to discuss it with the unit manager. As guided by Tomey (2009:29), effective and open communication between employees and their managers is vital when dealing with uncertainties and issues. Wagensteen, Johansson and Nordström (2008:1879-1880) found that new nurse graduates experienced the first year of employment as chaotic. Moreover, new nurse graduates experienced uncertainty and

difficulty during their first year. The authors, Wagesteen *et al.* (2008:1879-1880), emphasize the need for a supportive environment and open communication. Muller *et al.* (2011:428) state that motivation, power-sharing and participative decision-making in the work environment (between leaders and followers/ mentors and mentees) is essential elements in the attainment of empowerment. The mentees' potential and skills should be utilized in the discovery of new expertise. Furthermore, Bally (2007:145) states that mentoring strengthens relationships which in turn promote empowerment. In addition, Rhéaume *et al.* (2011:492) state that a positive relationship was found between *empowerment* and *the intent to stay* among new graduates.

Table 4.17: Comfortable to discuss feelings with unit manager (N=57)

Selection	n	%
Yes	1	2%
No	3	5%
Not applicable	53	93%
TOTAL	**57**	**100%**

Question 24: Were the goals and objectives contained in the professional development plan clear?

Table 4.20 shows that n=8 (14%) respondents affirmed that the goals and objectives contained in the professional development plan were clear. However n=1 (2%) respondent disagreed, as indicated in table 4.20. Persaud (2008:1174) states that the setting of goals is of utmost importance. Mentors primarily orientate new nurses to responsibilities and teach and direct learning experiences. Therefore, the mentor assists with the professional development of the mentee in order to achieve the predetermined goals. In addition, Fawcett (2002:953) suggests that the goals be set jointly by the mentor and mentee to ensure that success be achieved in a timely manner.

Table 4.18: Goals and objectives in the professional development plan (N=57)

Selection	n	%
Yes	8	14%
No	1	2%
Not applicable	48	84%
TOTAL	**57**	**100%**

Question 25: After a certain period, did you and your mentor assemble to assess your achievement of the goals and objectives contained in the professional development plan?

As displayed in Table 4.21, most respondents (n=5/9%) reported that they had assembled with their mentor to assess the achievement of the goals contained in the professional development plan. However, n=4 (7%) respondents indicated that they had not assembled with their mentor to determine whether the set goals were indeed attained. Persaud (2008:1174) found that constructive feedback and regular open discussions are essential in the mentoring process of the new nurse graduate. It is therefore expected that the mentor and mentee meet on a regular basis. Consequently, a trusting relationship will be built and new graduates will experience a feeling of satisfaction in the workplace that contributes towards retention.

Table 4.19: Assessment of goals and objectives in professional development plan (N=57)

Selection	n	%
Yes	5	9%
No	4	7%
Not applicable	48	84%
TOTAL	**57**	**100%**

Question 26: Please rate the relationship that you had with your mentor.

According to results to question 26 displayed in Table 4.22, n=1 (2%) respondent had a poor relationship with his/her mentor. However, n=4 (7%) respondents reported having had a good relationship with their mentor while another n=4 (7%) rated the relationship that they had had with their mentor as excellent. As described by Butler and Felts (2006:211), the relationship between the mentor and the new graduate requires effective communication, trust, mutual respect and the courage for interpersonal risk. Fawcett (2002:953) suggests that the mentor be a friend as well as a teacher and should advocate for the mentee since an encouraging relationship between the mentor and mentee will allow the mentee to succeed and thus will impact on retention in a positive way.

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Table 4.20: Relationship with mentor (N=57)

Selection	n	%
Poor	1	2%
Good	4	7%
Excellent	4	7%
Not applicable	48	84%
TOTAL	**57**	**100%**

Question 27: Please rate the total mentoring process that you underwent.

Most respondents (n=8/14%) as shown in Table 4.23, who had been exposed to a mentoring programme reported that they had experienced this process as either good or excellent. However, n=1 (2%) respondent rated the total mentoring process as poor. Leners, Wilson, Connor and Fenton (2006:653) state that a mentorship programme which focuses on the retention of new nurse graduates requires good, trusting relationships, guidance, mutual respect and patience. The programme should, however, be developmental, meaning that it should promote basic ‘know-how’, self-efficacy and empowerment through the cultivation of critical thinking and effective decision-making skills.

Table 4.21: Total mentoring process (N=57)

Selection	n	%
Poor	1	2%
Good	4	7%
Excellent	4	7%
Not applicable	48	84%
TOTAL	**57**	**100%**

Question 28: Did you receive appropriate day to day support and clinical guidance in the workplace?

Most respondents (n=36/63%), as displayed in Table 4.24, reported that they had received appropriate day to day support and clinical guidance in the workplace. However, n=21 (37%) respondents reported the converse. In a study done by Beecroft, Santner, Lacy, Kunzman and Dorey (2006:740), it was found that 80-90% of respondents reported that they had received appropriate guidance and feedback in the workplace. As stated by Meyer, Naudé and Van Niekerk (2009:84) it is vital that the unit

manager accompanies the new graduate to facilitate clinical learning. This form of accompaniment enables the new graduate to build on previous learning and experience and in so doing to move from dependency to self-direction and ultimately to independent practice. Furthermore, Wieck *et al.* (2002:283) state that new graduates want to be led, coached and supported rather than managed.

Table 4.22: Day to day support and clinical guidance (N=57)

Selection	n	%
Yes	36	63%
No	21	37%
TOTAL	**57**	**100%**

Question 29: Should your answer to the above be no, what would you ascribe as the possible reasons?

The following selection of possible reasons was provided as choices for respondents: *unit too busy*, *non supportive attitudes of senior staff* and *mentor not on the same shift as you*. According to Figure 4.6, n=14 (25%) respondents reported that the unit was too busy. Other respondents, n=8 (14%) reported that they had experienced non-supportive attitudes from senior staff members. None of the respondents ascribed “mentor not on the same shift as you” as a reason for inappropriate day to day support and clinical guidance in the workplace. The results, therefore, imply that workload and the possibly staff shortages could impact negatively on clinical learning. Bateman (2009:568) confirms the shortage of nurses in South Africa and states that South African nurses are faced daily with heavy workloads that are comprised of not only clinical tasks, but paperwork, stocktaking and other administrative duties as well.

However, with regard to support from the more experienced staff members, Rhéaume *et al.* (2011:491) found that younger nurses experienced humiliating and non-supportive behaviours from their nursing colleagues. Moreover, many of the new nurses in the above-mentioned study reported interpersonal conflicts with other nurses. In addition, the study revealed a correlation between support for nurses and the intent to stay.Mokoka, Ehlers and Oosthuizen (2011:6) state that adequate support from senior colleagues contributes to the retention of registered nurses as higher levels of esteem and self-actualization are created.

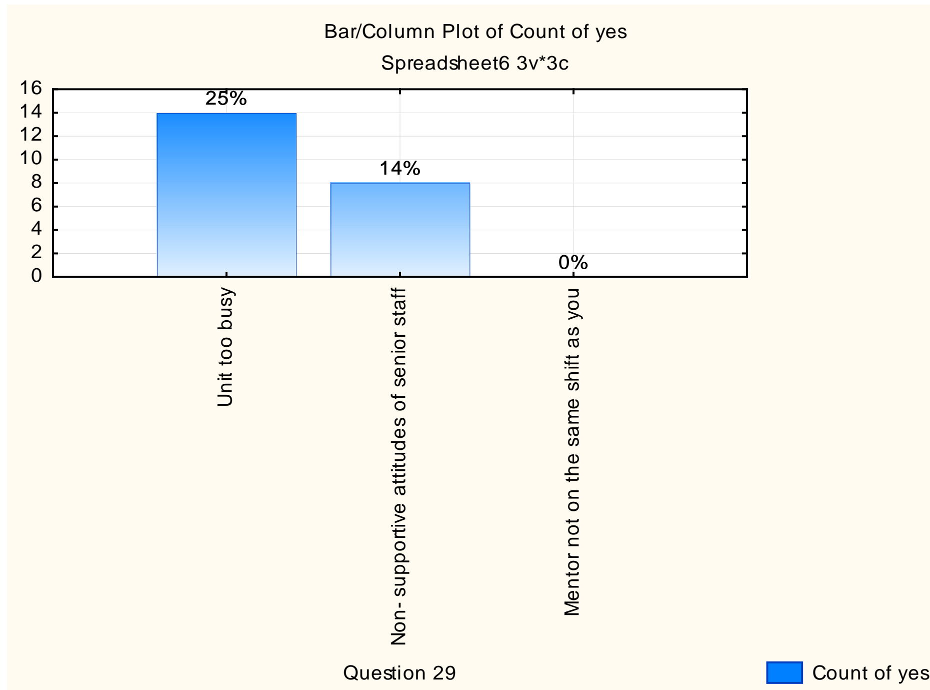

Figure 4.6: Reasons relating to lack of clinical guidance in workplace

Question 30: Additional comments and suggestions with regards to mentoring

Despite the importance of mentoring and its impact on retention, a large number of respondents (n=48/84%) reported that they had not been assigned to a mentor (see response to question 18 as displayed in table 4.14).

Various comments and suggestions relating to mentoring were received from the respondents. The comments and suggestions were sorted into the themes displayed in Table 4.25 below. According to the comments, n=3, respondents ascribe the absence of a mentoring programme to shortage of staff. They also acknowledge the role that senior non-professional nurses' play with regard to clinical teaching. In a study by McDonald (2012:E17), it was indicated that mentoring programmes increased retention rates by 30% to 50%. McDonald also avers that new nurse graduates adapt to the workplace more easily when they are placed in a setting with more experienced nurses.

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Table 4.23: Additional comments mentoring

Theme		Number of respondents
	Staff shortage main reason for non-existence of mentoring programme	n=3
	Mentors should be chosen randomly	n=1
Mentoring	Learnt more from senior non-professional nurses	n=3
	Mentors should be open to new suggestions and ideas	n=1

Question 31: Were you orientated with regards to the basic rules of employment including the leave process, off duties etc?

As shown in Table 4.26, the greater part of the respondents (n=43/75%) indicated that they had been orientated with regards to the basic rules of employment. However, n=14 (25%) responded that they had not been orientated in this regard. On completion of the data collection phase, it was found that this question overlaps with question 14. No supporting literature or previous research studies could be found relating to this question.

Table 4.24: Basic rules of employment (N=57)

Selection	n	%
Yes	43	75%
No	14	25%
TOTAL	**57**	**100%**

Question 32: The unit manager provides appropriate guidance that relates to …

The five options contained in this question relate to the development of leadership and managerial abilities in the new nurse graduates (see Annexure A). The results to this question are reflected in Table 4.27

32.1 Most respondents (n=34/60%) agreed that the unit manager provided appropriate guidance that relates to the development of leadership skills. However, n=23 (40%) respondents disagreed. Although not significant, a tendency to differ was detected between the ages of the respondents and guidance for leadership development (p = 0.07). The younger respondents were more in agreement that the unit manager provides appropriate guidance than the older respondents. According to Grosmann (2007:57) the

nurse leader should foster the development of the new nurse graduate. Grosmann (2007:57) alleges that the new nurse graduate should be assisted with the development of more than just clinical skills but with leadership skills as well, as this creates feelings of job satisfaction which ultimately assist with increasing the retention of staff.

32.2 Table 4.27 illustrates that n=36 (63%) respondents agreed that the unit manager assisted them in developing problem-solving skills, whereas n=21 (37%) disagreed. Grossman (2007:63) recommends that nurse managers should facilitate opportunities to include the new nurse graduate in decision-making and problem-solving. Furthermore, Muller *et al.* (2011:89) confirm that problem-solving and decision-making are crucial management abilities as problems occur frequently in organizations. Therefore, nurse managers should guide new graduates in attaining and practicing problem-solving and decision-making skills.

32.3 Most respondents (n=33/58%) agreed that the unit manager provides guidance relating to conflict management and resolution, however, n= 24 (42%) respondents disagreed. Aduddell and Dorman (2010:169) found that nurse leaders should introduce the new graduate to competencies such as conflict resolution and negotiation. Conflict management is an advanced leadership skill and the involvement of the new graduates in this activity will enhance the empowerment of the new graduate.

32.4 More than half of the respondents (n=40/70%) agreed that the unit manager provided guidance and exposed them to responsibility in the workplace. On the other hand, n=17 (30%) respondents disagreed. Meyer, Naude and Van Niekerk (2009:217-218) state that the unit manager is responsible for providing guidance to the new graduate. The authors advise that the nurse manager should create opportunities where the new graduate nurses can initiate projects and take responsibility for the outcome thereof. An atmosphere of critique, and not criticism, with the accompanying guidance and support should be created.

32.5 Most respondents (n=38/67%) agreed that the unit manager provided guidance that relating to the management of the ward. Table 4.27 illustrates that n=19 (33%) respondents disagreed. This result is in line with the result to question 34, an open-ended question (see Table 4.29), where the respondents requested that unit managers expose them to all leadership activities in the unit.

However age was not significantly associated with the question as whole, that is the development of leadership and managerial abilities (Spearman r = -0.18 $p = 0.19$).

Table 4.25: Development of leadership and managerial abilities (N=57)

Variable	The unit manager provides appropriate guidance that relates to:	Number of responses and percentages			
		Disagree n/%	Agree n/%	Total N/%	Spearman *p*-value
32.1	The development of leadership skills	23/40%	34/60%	**57/100%**	0.07
32.2	The development of problem solving skills	21/37%	36/63%	**57/100%**	0.35
32.3	Conflict management and resolution	24/42%	33/58%	**57/100%**	0.51
32.4	Responsibility in the workplace	17/30%	40/70%	**57/100%**	0.12
32.5	The management of the ward	19/33%	38/67%	**57/100%**	0.14

Question 33: The unit manager involves me in the following managerial duties …

This question relates to empowerment and how the unit manager should involve the new nurse graduate in managerial functions (see Annexure A). Table 4.28 shows the responses to this question.

33.1 Less than half of the respondent (n=10/28%) agreed that the unit manager involved them in issues relating to the budget. More than three quarters of the respondents (n=47/ 82%) disagreed. According to Muller, Bezuidenhout and Jooste (2011:448), budget planning is a prerequisite for the effective financial management of an organization. For that reason it is essential that new nurse graduates be exposed to planning issues that relate to the budget. In a study done by Mrayyan (2004:331-332), it was found that nurses reported low autonomy in the planning of the annual unit budget and in identifying causes of unit budget variance. Yet the nurses reported that unit managers enhanced autonomy and empowered them by involving them in leadership activities. Through empowering nurses, feelings of job satisfaction are created which ultimately influence retention in a positive manner (Kwak, Chung, Xu, & Eun-Jung, 2010:1296).

33.2 The majority of respondents (n=43/75%) agreed that the unit manager involved them with arrangements and management that relating to consumables and medication. However, n=14 (25%) respondents disagreed. Wagensteen, Johannsson and Nordström (2008:1877-1882) aver that the educational focus of unit managers with regard to newly graduated nurses should be more than just the acquisition of clinical skills. According to Wagensteen *et al.* (2008:1877-1882), the new graduates reported a need for recognition

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and awareness of responsibility in the unit. Therefore, unit managers should also expose them to senior tasks and empower the new graduates to accomplish these tasks.

33.3 Most respondents (n=39/68%) agreed that the unit manager involved them in the maintenance of resources, whereas n=18 (32%) disagreed. According to Rowitz (2009:163-164), the effective management and maintenance of resources is a prerequisite for success. Sound managerial skills should be practiced in the acquisition, allocation and control of physical resources.

33.4 Less than half of the respondents (n=27/47%) agreed that the unit manager involved them with the leave planning of the staff in the unit, whereas n=30 (53%) disagreed. Van der Heever (2008:43) found that nurses' value consultation prior to decision making that directly affects them. It is therefore essential to practice participative decision making and involve new graduates as well as other professional nurses in order to ensure fairness and a satisfied team.

33.5 Most respondents (n=31/54%) agreed that the unit manager involved them with the scheduling of off-duties. However, n=26 (46%) respondents disagreed. In a study by Van der Heever (2008:67), the majority of the respondents agreed that each professional nurse should be granted the opportunity to be involved with the scheduling of off-duties.

33.6 A small percentage of respondents (n=16/28%) agreed that the unit manager involved them in the chairing of departmental meetings. Almost three quarters of the respondents (n=41/72%) indicated that they had not been allowed to chair meetings. No supporting literature that relating to this specific option could be found.

Yet no association could be found between opinions of the new nurse graduates on exposure to managerial functions and the ages of the respondents (see Table 4.26). Moreover there was no statistical significance association between the question as a whole and the ages of the respondents (Spearman r = -0.09 $p = 0.51$).

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Table 4.26: Involvement in managerial functions (N=57)

Variable	The unit manager involves me in the following managerial duties:	Number of responses and percentages			
		Disagree n/%	Agree n/%	Total N/%	Spearman *p*-value
33.1	Budget planning for the department	47/82%	10/28%	**57/100%**	0.44
33.2	Ordering and management of consumables and medication	14/25%	43/75%	**57/100%**	0.12
33.3	Maintenance of resources (equipment)	18/32%	39/68%	**57/100%**	0.84
33.4	Leave planning	30/53%	27/47%	**57/100%**	0.67
33.5	Off-duty planning	26/46%	31/54%	**57/100%**	0.99
33.6	Chairing of meetings	41/72%	16/28%	**57/100%**	0.88

Question 34: This question granted the respondents an opportunity to provide additional comments regarding exposure of new nurse graduates to the leadership activities as mentioned above. The results are displayed in Table 4.29

Only n=16 respondents replied to this question. The respondents (n=16/28%) suggested that unit managers should expose new nurse graduates to all leadership activities as reflected in question 32 and 33. The unit manager needs to spend more time with new nurse graduates and new graduates should be given the opportunity to develop themselves with regards to leadership skills (Grossman, 2007:57). A few respondents (n=2/4%) reported that only senior professional nurses were allowed to be involved with the budget and scheduling of off-duties. The results of question 32 and 33 regarding guidance relating to leadership skills and involvement in managerial duties as well as the results to the current question demonstrate that new nurse graduates value exposure and involvement in leadership activities.

Table 4.27: Additional comments leadership activities

Theme		Number of respondents
Leadership	Exposure of new nurse graduates to all leadership activities	n=16

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Question 35: My experience of the Performance Appraisal System is that it …

This question on performance appraisal addresses mentoring and therefore the development of the new nurse graduate as well as the support provided to the new employee. The results are displayed in Table 4.30.

Only n=55 (97%) respondents answered question 35 as n=2 (3%) respondents had never dealt with the Performance Appraisal System before. Only n=54 (95%) respondents answered question 35.7.

35.1 Most respondents (n=37/65%) had experienced the Performance Appraisal System as an effective tool for providing constructive feedback on professional development, whereas n=18 (32%) respondents disagreed. According to Muller, Bezuidenhout and Jooste (2011:356), the feedback provided during the dialogue that accompanies performance appraisal procedures should focus on both positive and negative aspects of the employee's behavior. Moreover, staff members who do not perform to their full capacity should be assisted with the necessary guidance in order to improve their competencies.

35.2 Again most (n=40/70%) respondents indicated that the Performance Appraisal System supported them in attaining various goals and objectives for personal growth and competence. However, n=15 (27%) respondents disagreed. Van der Heever (2008:51) states that nurses need to set certain goals and objectives with the input of their manager. Furthermore, Tomey (2009:432) states that the unit manager, who acts as the interviewer during performance appraisal procedures, should stimulate growth and development in the employee.

35.3 A little more than half of the respondents (n=32/56%) had experienced the Performance Appraisal System as fair and unambiguous, whereas n=23 (41%) experienced the converse. As recommended by Muller, Bezuidenhout and Jooste (2011:355-356), honesty, fairness and objective feedback should form the basis of the appraisal. Without these principles, the Performance Appraisal System serves no purpose.

35.4 Most respondents (n=35/63%) agreed that the Performance Appraisal System motivated them to attend in-service training sessions. However, n=20 (36%) respondents disagreed. A statistically significant difference was found (see Table 4.28) between age and that the Performance Appraisal System motivated the respondents to attend in-service training sessions (p=0.02). The younger respondents were more in

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agreement that the Performance Appraisal System motivated them to attend in-service training sessions than the older respondents. After the appraisal and needs analysis have been done by the unit manager, a training process is necessary for the development of the employee where learning needs are identified (Muller et al., 2011:365-367). The appraisal should therefore serve as motivation for the employee to attend these training sessions.

35.5 More than half of the respondents (n=31/56%) agreed that the performance appraisal procedures that they had experienced consisted of an encouraging dialogue between the unit manager and themselves, whereas n=24 (43%) disagreed. According to Tomey (2009:435), a discussion between the manager and the employee assists with the development of new ideas and mutual interests. Consequently, this leads to improvement of performance.

35.6 Various respondents (n=26 (46%) admitted that the appraisal interview had consisted of a monologue where the unit manager spoke mostly. Most respondents (n=29/51%) disagreed. As stated in option 35.5 above, an in-depth discussion between the unit manager and the employee is necessary. Spence and Wood (2007:58) found that nurses feel excluded and discouraged when they cannot participate actively in the performance appraisal interview. Therefore, active participation and dialogue should accompany appraisal processes. Furthermore, employees should be given sufficient opportunity to review their appraisals (Muller, Bezuidenhout & Jooste, 2011:356).

35.7 Some respondents (n=10/18%) reported that they had been asked to sign the performance appraisal tool without being interviewed, whereas n=44 (77%) reported the converse. Van der Heever (2008:52) found that nurses prefer performance appraisal procedures to comprise of more than just paperwork and to include dialogue between themselves and the unit manager.

Nevertheless no statistical significant association could be found between age and the question as whole, that is performance appraisal (Spearman r = -0.24 p = 0.09).

Table 4.28: Performance appraisal system (N=57)

Variable	My experience of the Performance Appraisal System is that it:	Number of responses and percentages				
		Disagree n/%	Agree n/%	Missing data n/%	Total N/%	Spearman *p*-value
35.1	Is an effective tool for providing constructive feedback on professional development	18/32%	37/65%	2/3%	**57/100%**	0.73
35.2	Supports me in attaining my various goals and objectives for personal growth and becoming more competent	15/27%	40/70%	2/3%	**57/100%**	0.07
35.3	Is fair and unambiguous	23 /1%	32/56%	2/3%	**57 /00%**	0.32
35.4	Motivated me to attend in-service training sessions	20/36%	35/63%	2/3%	**57/100%**	0.02
35.5	Consisted of an encouraging dialogue between the unit manager and myself	24/43%	31/56%	2/3%	**57/100%**	0.15
35.6	Consisted of a monologue where the unit manager spoke mostly	29/51%	26/46%	2/3%	**57/100%**	0.78
35.7	I was asked to sign the performance appraisal tool without being interviewed	44/77%	10/18%	3/5%	**57/100%**	0.35

Question 36: The unit manager creates a working environment that...

Question 36 concerns the efforts of the unit manager to minimize work related stress and to create a sound work environment. The results are displayed in Table 4.31.

36.1 While most respondents (n=40/70%) agreed that the unit manager created a working environment that encourages innovative thinking, n=17 (30%) disagreed. Bally (2007:144-145) states that providing opportunities for autonomous clinical practice and participative decision-making assist with the creation of a healthy organizational culture. Furthermore, Mrayyan (2004:326) reported that nurses value supportive managerial structures that increase their autonomy.

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36.2 The majority of respondents (n=42/73%) agreed that the unit manager created a working environment that is conducive to learning for all categories of staff, whereas n=15 (27%) disagreed. In a study by Rosengren, Athlin and Segesten (2007:526), it was found that nurses value leaders that promote professional growth and a feeling of acknowledgement. Moreover, Grossman (2007:64) found that new graduates, specifically, prefer nurse leaders that provide structure to learning. New graduates require nurturing from their leaders and value them being motivational, receptive, approachable, honest and supportive. Meyer, Naudè and Van Niekerk (2009:90) emphasize the important role of the work environment in the creation of optimum learning opportunities.

36.3 The greater part of respondents (n=45/79%) agreed that the unit manager created an environment that nurtures professional development. However, n=12 (21%) disagreed. This result is in line with the results of question 35.4 that indicate that the unit manager has a motivational function regarding attendance of in-service training sessions. A statistically significant difference (p = 0.05) was found between between age and that unit manager's nurture professional development; the younger nurses were more in agreement than the older nurses that unit manager's nurture professional development (see Table 4.29). As mentioned in the previous paragraph (question 36.2), nurse leaders assist with professional growth and development of employees. The results of a study by Mokoka, Ehlers and Oosthuizen (2011:9) demonstrated that professional development and training of employees tend to enhance the retention of staff.

36.4 Various respondents (n=43/75%), agreed that the unit manager created a work environment that fosters teamwork. Other respondents, n=14 (25%), disagreed. Muller *et al.* (2011:331-332) emphasize the advantages of team work in creating a sound working environment. In a qualitative study done by Rosengren, Athlin and Segesten (2007:525), it was found that leaders, who are present and available to assist with daily work in the unit, create feelings of enthusiasm and joy in staff. Thus a satisfactory work environment that assists with the retention of staff can be cultivated.

36.5 Most respondents (n=33/58%) agreed that the unit manager created a working environment that incorporates participative decision-making and fairness. Almost half of the respondents, n=24 (42%) disagreed. Bally (2007:145) states that factors such as participative decision-making and supportive relationships with management are viewed

as influential to job satisfaction. A healthier work environment can be created that is beneficial for the retention of staff.

36.6 A little more than half of the respondents (n=30/53%) agreed that the unit manager created a work environment that promotes harmony; a little less than half of the respondents (n=27/47%) disagreed. Bally (2007:145) writes that issues such as gossiping, intimidation and devaluing of staff members can be diminished by collective leadership practices. Furthermore, the author proposes that managers utilize mentoring practices and empowerment to strengthen relationships among nurses (Bally, 2007:145).

Howeverno association could be found between the age of the respondents and the question as a whole, that is, the efforts of the unit manager to minimize work related stress and to create a sound work environment (Spearman r = -0.22 p= 0.11).

Table 4.29: Working environment (N=57)

Variable	**The unit manager creates a working environment that:**	**Number of responses and percentages**			
		Disagree n/%	**Agree n/%**	**Total N/%**	**Spearman *p*-value**
36.1	Encourages innovative thinking e.g. allow staff to introduce new ideas	17/30%	40/70%	**57/100%**	0.21
36.2	Is conducive to learning for all categories of staff e.g. in-service training is available for both enrolled and registered nurses	15/27%	42/73%	**57/100%**	0.90
36.3	Nurtures professional development e.g. reminds staff to attend training sessions	12/21%	45/79%	**57/100%**	0.05
36.4	Fosters team work e.g. assist with patient care when the unit is very busy	14/25%	43/75%	**57/100%**	0.11
36.5	Incorporates participative decision-making and fairness e.g. consults with all staff members before making decisions regarding who will be off-duty over Easter weekend / Christmas	24/42%	33/58%	**57/100%**	0.31
36.6	Promotes harmony e.g. does not engage in gossiping with staff members	27/47%	30/53%	**57/100%**	0.37

Question 37: I experience work-related stress due to...

Question 37 addresses staff shortages, complexity of care and work-related stresses. The results are displayed in Table 4.32.

37.1 The majority of respondents (n=38/67%) reported that they had experienced work-related stress due to an unrealistic nurse-patient ratio. Only n=19 (33%) disagreed. According to the South African Nursing Council (Geographical Distribution, 2011), the ratio of patients per RPN in the Western Cape is 357:1. The new graduate nurses in a study completed by Mc Donald and Ward-Smith (2012:E17) ascribed the work-related stress that they experienced to a high patient acuity accompanied by unsafe staffing ratios. The respondents in the study stated that they experienced those circumstances as very stressful and that they intended to quit their first employment because of the stressfulness thereof.

37.2 More than half of the respondents (n=35/61%) agreed that they had experienced work-related stress due to a high absenteeism rate among nurses. Less than half of the respondents (n=22/39%) disagreed. Lu, Barriball, Zhang and While (2012:1020) confirm that absenteeism amongst staff may cause the remaining staff to experience work overload, burnout and a decrease in job satisfaction which will ultimately impact retention negatively.

37.3 Various respondents (n=31/54%) agreed that they experienced work-related stress due to unresolved conflict with individual staff members in the unit, whereas only n=26 (46%) disagreed. Muller, Bezuidenhout and Jooste state that conflict is one of the major causes of work-related stress. In a systematic review done by Lu, Barriball, Zhang and While (2012:1021), nurses foremost reasons for intending to leave their jobs were work overload and conflict in interpersonal relationships at work.

37.4 According to table 4.32, most respondents (n=33/58%) agreed to having experienced work-related stress due to the absence of participative decision-making with regards to task allocation. However, n=24 (42%) respondents disagreed. In a study done by Mrayyan (2004:327) it was found that nurses reported low levels of participative decision-making with regards to operational decisions. On the contrary, nurses reported higher levels of participative decision-making with regards to patient care decisions. The authors report that the lack of participative decision making with regards to operational decisions creates feelings of frustration which lead to higher levels of work-related stress, impacting retention negatively.

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37.5 Most respondents (n=31/54%) reported that they had not experienced work-related stress due to a lack of resources, whereas n=26 (46%) agreed that they had. In a qualitative study done by Mokoka *et al.* (2010:5) on the retention of professional nurses in South Africa, nurse managers reported that a shortage of supplies and dysfunctional equipment are key issues that organizations should address in order to enhance retention.

37.6 A little more than half of the respondents (n=29/51%) indicated that they had not experienced work-related stress due to the allotment of traumatic tasks or tasks that were not within their scope of practice. However, n=28 (49%) respondents agreed that they had. According to Regulation 2598 (The South African Nursing Council, Regulation 2598, 2005), which stipulates the scope of practice of registered nurses, nurses are only allowed to perform tasks that are contained in Regulation 2598. In a study by Bell (2005:159,164) on the scope of practice for registered nurses, it was found that nurses were often required to function outside their scope of practice as contained in R2598. The nurses reported that they had to fulfill the needs of the employer as well as those of the attending medical practitioner.

However none of the variables explored in this section were significantly associated with age. For example there was no relationship between age and whether the respondents experienced work-related stress due to the allotment of tasks that were not within their scope of practice.

Table 4.30: Work-related stress (N=57)

Variable	I experience work-related stress due to:	Number of responses and percentages			
		Disagree n/%	**Agree n/%**	**Total N/%**	**Spearman *p*-value**
37.1	An unrealistic nurse-patient ratio	19/33%	38/67%	**57/100%**	0.89
37.2	A high absenteeism rate among the nurses	22/39%	35/61%	**57/100%**	0.67
37.3	Unresolved conflict amongst unit staff or individual staff members in the unit	26/46%	31/54%	**57/100%**	0.85
37.4	The absence of participative decision-making with regards to task rotation e.g. duties is decided on without consulting the various staff members involved	24/42%	33/58%	**57/100%**	0.72
37.5	A lack of resources	31/54%	26/46%	**57/100%**	0.24
37.6	Being assigned to traumatic tasks or tasks that is not within your scope of practice	29/51%	28/49%	**57/100%**	0.50

Question 38: I feel unhappy about...

Question 38 concerns issues that relate to staff shortages and satisfaction in the workplace. The results are displayed in Table 4.33

38.1 The majority of respondents (n=35/61%) were satisfied with issues relating to annual leave. However, n=22 (39%) respondents were unhappy with issues relating to leave planning. Acree (2006:36) found that nurse leaders need to optimize their consideration skills and concern for staff members; that they need to involve staff members in all decision-making processes in order to add to satisfaction in the work place and, consequently, retention.

38.2 Most respondents (n=33/58%) were not satisfied with the allocation of menial tasks to new graduates. However, n=24 (42%) respondents reported the converse. Previous research relating to the retention of new nurse graduates found that new graduates should be exposed to all nursing activities in the unit, including leadership, and not merely to clinical duties (Wagensteen, Johansson & Nordström, 2008:1877).

38.3 More than half of the respondents (n=31/54%) reported unhappiness relating to unfair scheduling of off-duties, including night duty, however, n=26 (46%) respondents

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disagreed. Mokoka *et al. (*2010:4) reported that work schedules, long shifts and inflexible hours may result in diminished levels of retention among nurses in South Africa.

Table 4.31: Staff shortages and satisfaction in the workplace (N=57)

Variable	I feel unhappy about:	Number of responses and percentages		
		Disagree n/%	Agree n/%	Total N/%
38.1	The granting of annual leave (unfair leave planning)	35/61%	22/39%	**57/100%**
38.2	The delegation of menial tasks to junior (newly qualified) professional nurses	24/42%	33/58%	**57/100%**
38.3	Unfair scheduling of off- duties including night duty	26/46%	31/54%	**57/100%**

Question 39: Should you decide to resign or quit employment at your current place of work, would you ascribe your decision to any of the following?

Question 39 concerns issues that might influence the new nurse graduate to resign from their current employment. The results are displayed in Table 4.34.

39.1 A little more than half of the respondents (n=29/51%) agreed that inadequate numbers of trained staff, especially in specialized units, could motivate them to quit their current employment. However, n=28 (49%) respondents disagreed that inadequate numbers of trained staff, especially in specialized units, could motivate them to quit their current employment. Although not significant there was a tendency detected between age and that the respondents will resign due to inadequate numbers of trained staff, especially in specialized units (p=0.09). The older nurses, those older than 40 years, were more negative on this issue. The statistics of The South African Nursing Council (SANC), confirm shortages of nurses of all categories in the country (Geographical Distribution, 2011).

39.2 The majority of respondents (n=32/56%) agreed that inadequate support and direction in the workplace would motivate them to resign from or quit their current employment. However, n=25 (44%) respondents disagreed. Mokoka *et al.* (2010:4) confirm that the shortage of staff has a negative impact on the availability of in-service training and orientation of, specifically, the new nurse graduate. Moreover, they report that a lack of in-service training for new graduates causes these nurses to experience feelings of insecurity and to not always be equipped to render safe nursing care.

39.3 Less than half of the respondents (n=23/40%) agreed that they would resign or quit their current employment due to poor management of bed allocation and n=34 (60%) disagreed in this regard. In question 37, option 37.5, n=26 (46%) respondents agreed that they had experienced work-related stress due to a lack of resources. Considering the response to the current question it is clear that a lack of resources could influence the stability of the workforce, in other words, retention.

39.4 A smaller part of respondents (n=18/32%) agreed that they would resign or quit their current employment due to the lack of or poorly functioning equipment (for example, ventilators and infusion pumps) while the majority, n=39 (68%) respondents disagreed. Mokoka *et al.* (2010:5) found that dysfunctional equipment as well as a shortage of equipment creates feelings of job dissatisfaction and that these circumstances motivate staff to quit their current employment.

39.5 Most respondents (n=35/61%) agreed that they would resign from their current employment due to poorly motivated staff and a high incidence of burnout among staff; however, n=22 (39%) respondents disagreed. The results of the current question are aligned with the results of other issues such as staff shortages, absenteeism and unrealistic nurse-patient ratios as reflected in question 37.1 and 37.2. The results from the three aforementioned questions confirm that an unrealistic nurse-patient ratio, work overload and high absenteeism rates amongst nurses, are causes of dissatisfaction. Moreover there was a strong correlation between age and whether the respondents will resign due to poorly motivated staff and a high incidence of burnout among staff (p=0,04). The older nurses were more likely to state that they would resign due to poorly motivated staff and burnout among staff. The results from previous studies have indicated that these issues are related to a decrease in retention (MacKusick & Minick, 2010:337; Mokoka *et al.,* 2010:4).

39.6 The majority of respondents (n=34/60%) agreed that they would resign from their current employment due to resistance to change in the workplace,whereas n=23 (40%) disagreed in this regard. An association was therefore made with the characteristics of the Generation Y cohort as reflected in chapter 2 (see paragraph 2.5). This cohort of nurses has the ability to multitask, is well educated, technologically sophisticated and has shown an ability to make changes to the workforce as they take greater risks (Swenson, 2008:65). According to Figure 4.1, most of the participants (n=31) in the current study were born during the period 1980 to 2000 and are therefore classified as generation Y.

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39.7 A little more than half of the respondents (n=30/53%) agreed that they would quit their current employment due to the unwillingness of staff to work in other departments in an effort to address the operational needs of the organization. However, n= 27 (47%) respondents disagreed. Mokoka *et al.* (2010:6) found that the more experienced or older nurses in the organizations would have to adjust to current trends in health care delivery in order to retain new graduates. They should be open to new ideas and be open to changes to their usual approach and manner of doing things. Mokoka et al (2010:6) aver that nurse leaders should be trained in issues such as conflict management, budget and labour relations.

39.8 Most respondents (n=31/54%) agreed that a rigid managerial process would motivate them to quit their current employment. However, n=26 (46%) respondents disagreed. Tomey (2009:406) confirms that flexibility in managerial processes will contribute to the retention of the younger generation of nurses.

39.9 Most respondents (n=33/58%) disagreed that shift work would motivate them to quit their current employment, whereas n=24 (42%) disagreed. Jamieson (2009:19) reports that the younger generation value flexible work hours and flexibility in the workplace.

Table 4.32: Decision to resign or quit current employment (N=57)

Variable	Should you decide to resign or quit employment at your current place of work; would you ascribe your decision to any of the following?	Number of responses and percentages			
		Disagree n/%	Agree n/%	Total N/%	Spearman *p*-value
39.1	Inadequate numbers of trained staff (especially in specialised units)	28/49%	29/51%	**57/100%**	0.09
39.2	Not enough direction and support	25/44%	32/56%	**57/100%**	0.67
39.3	Poor management of bed allocation (not enough beds)	34/60%	23/40%	**57/100%**	0.10
39.4	Lack of or poorly functioning equipment (ventilators, infusion pumps)	39/68%	18/32%	**57/100%**	0.56
39.5	Poorly motivated staff and high incidence of staff burnout in organisation	22/39%	35/61%	**57/100%**	0.04
39.6	Resistance to change (new methods, procedures implemented)	23/40%	34/60%	**57/100%**	0.96
39.7	Unwillingness of staff to work in other departments in an effort to address the operational needs of the organisation	27/47%	30/53%	**57/100%**	0.69
39.8	Rigid managerial processes	26/46%	31/54%	**57/100%**	0.46
39.9	Shift work	33/58%	24/42%	**57/100%**	0.38

4.7 Summary

This chapter described the data analysis and the interpretation of the factors influencing the retention of new nurse graduates. The demographic data demonstrated that the new graduate nurses consist of both generation X (born between 1966 and 1979) and generation Y (born between 1980 and 2000) nurses. The results showed that, despite the need to retain the younger generation, little effort is made to assist with their transition in the clinical field by means of a formal mentoring programme. In addition, the sample of new nurse graduates gave valuable insight regarding experiences that relate to orientation, mentoring, leadership in the workplace, workload pressure and stress associated with staff shortages as well as to the complexity of patient care.

The results of this study are mostly aligned with the results of previous studies in that the respondents also consider issues such as absenteeism, lack of resources, a heavy

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workload, staff shortages and resistance to change as motivators to resign from current employment. These issues are thus contributing factors to diminished retention.

The following chapter, chapter 5, provides a description of the attainment of the various objectives of the study as well as recommendations with regard to the retention of new nurse graduates.

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CHAPTER 5: CONCLUSIONS AND RECOMMENDATIONS

5.1 INTRODUCTION

The preceding chapters contain a description of the rationale for this study as well as an in-depth literature review regarding the retention of new nurse graduates. Furthermore, the research methodology and the analysis and interpretation of data were described and presented.

In this chapter the conclusions drawn from the findings are summarized and recommendations are proposed.

5.2 CONCLUSIONS AND RECOMMENDATIONS

The objectives set for this study were to determine whether the retention of new nurse graduates (RPNs) is influenced by:

- the mentoring programme
- leadership in the workplace
- workload pressure and stress
- complexity of patient care
- staff shortage

A discussion is presented on the achievement of these objectives and how these factors influence the retention of new nurse graduates in the public sector of the Cape Winelands district of the Western Cape.

However, since staff shortages are embedded in most of the objectives, the individual discussions and accompanying recommendations might overlap between the respective objectives.

The objectives of the study (see 5.2 above) are also included in the conceptual framework (see Conceptual Framework Figure 2.2). Therefore the conceptual framework is continuously integrated in the discussion on the achievement of the objectives.

5.2.1 Objective 1: Mentoring

5.2.1.1 Orientation as a subdivision of mentoring

Mentoring was addressed in section B of the questionnaire, questions 18-27. However, orientation, which is embedded in mentoring, was addressed separately in section B, questions 12-17. Since new nurse graduates enter the workforce directly after

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qualification, moving from being a student straight into the role of a registered professional nurse, they may experience great fear, role shock and insecurity in the work place (Lampe, Stratton & Welsh, 2011:E6).

With reference to orientation, the results to question 12 (as illustrated in Table 4.10) reveal that most of the respondents (n=43/75%) were exposed to an orientation programme. It is, however, a concern that the remaining respondents (n=14/25%) were not included in an orientation programme.

The conceptual framework (see Figure 2.2) illustrates how orientation assits with the retention of staff. Moreover 56% of the respondents indicated that they will resign due to a lack of support and guidance that further confirms that the respondents in this study were not adequately orientated at the participating hospitals.

Spence Laschinger (2012:474) confirms the value of orientation programmes for new graduates as orientation programmes assist with the transition from student to registered (professional) nurse. Moreover, Ulrich, Krozek, Early, Ashlock, Africa and Carman (2010:373-374) emphasize orientation programmes of at least one year as these result in lower turnover rates, improved clinical knowledge, higher levels of job satisfaction and consequently, retention. Spence Laschinger (2012:474) writes that due to the shortage of nurses every effort should be made to create sound work environments for new graduates. The author purports that a positive work environment stimulates a commitment to their place of employment and enhances the retention of the new graduate.

The majority of respondents were orientated with regards to the physical environment of the institution and the basic rules pertaining to employment. Furthermore, more than half of the respondents (n=35/61%) revealed that they had been orientated with regard to disaster management and emergency evacuation. The majority (n=40/70%) had been orientated to the vision and mission of the institution. In addition, in the open-ended question (question 17), respondents requested that the orientation programmes on entering the workplace be extended. Furthermore, the development of a structured in-depth orientation programme was also requested.

Previous studies have found that the new nurse graduate requires nurturing and quality orientation when entering the workplace (Lampe *et al.,* 2011:E6; McDonald & Ward-Smith, 2012:E16; Leners *et al.,* 2006:653). Lampe *et al.* (2011:E7-E8) completed a study on the orientation preferences of the generation Y new graduates (those born in or after

1980). The authors, Lampe *et al.* (2011:E7-E8), reported that a supportive work environment and the existence of structured orientation programmes, with the input of an orientation programme coordinator, enhance job satisfaction amongst new graduates. Furthermore, the new nurse graduates expressed the need for continuous feedback regarding their orientation experience. Since the respondents in the above-mentioned study, who had been included in orientation programmes, experienced high levels of job satisfaction, they were easier to retain (Lampe *et al.,* 2011:E8).

5.2.1.2 Recommendations with regard to orientation

Based on the outcomes of questions 12-17 (regarding orientation programmes) and the supportive literature, all new nurse graduates should be included in an orientation programme on entering the service. New graduates should be orientated to their new physical environment as well as to the rules pertaining to employment. Furthermore, it is essential that they be orientated to disaster management and emergency evacuation as well as to the vision and mission of the institution.

However, Mokoka *et al.* (2010:4) state that staff shortages hamper orientation and induction programmes for newly appointed and newly qualified nurses. Even though McDonald and Ward-Smith (2012:E19) and Ulrich *et al.* (2010:373-374) recommend that the optimal orientation period for the new nurse should be one year, this is not always possible due to work-related factors such as work overload and staff shortages. The authors do, however, recommend longer orientation programmes with the help of a dedicated mentor. According to McDonald and Ward-Smith (2012:E19) and Ulrich *et al.* (2010:373-374), an extended orientation programme has proven to be necessary to ensure job satisfaction, productivity and high levels of motivation amongst new nurse graduates. The latter is in line with the conceptual framework (see Figure 2.2) that illustrates that the retention of generation Y nurses, will improve with the assistance of an orientation programme.

5.2.1.3 Mentoring

Questions 18 to 30 in Section B of the questionnaire relate to the actual mentoring programme. The results in Table 4.14 reveal that more than three quarters of the respondents (n=48/84%) in the current study had not been included in an official mentoring programme. The few respondents (n=9/16%) who had been exposed to a mentoring programme had received a booklet explaining the mentoring process and had had a mentor assigned to them. However, the respondents had not been introduced to all possible mentors (illustrated in Table 4.16). Participative decision making that relates

to the appointment of the mentor had not been practised as none of the respondents had been allowed the opportunity to choose their own mentors (see Table 4.17). Nevertheless, the few respondents that had been exposed to a mentoring programme had felt comfortable with their mentor (see Table 4.18) and most of them experienced the total programme as rewarding.

More than half of the respondents (n=35/61%) agreed that they had received appropriate day-to-day guidance in the workplace. The latter suggests that, although a mentor was not officially assigned to all new graduates involved in this study, the respondents had not been totally deprived of mentorship, as some form of guidance had been provided.

The responses to the open-ended question on mentoring (question 30) reveal that the respondents ascribe the non-existence of mentoring programmes to staff shortages. Other suggestions made were that the mentee should be able to choose their own mentors and that mentors should be open to new suggestions and ideas. The responses to question 30 also included the viewpoint that new graduates learnt more from senior non-professional nurses than from the unit managers and other professional nurses at the respective institutions. However, the respondents (n=32/56%) indicated that they might resign due to a lack of mentoring in the workplace (variable 39.2). It is therefore deduced that the relatively low existence of a mentoring programme in the Cape Winelands District is new evidence produced by this study. The relatively low presence of mentoring programmes may influence retention negatively.

The benefits of a mentoring programme are wide-ranging as is illustrated in Figure 2.1. Leners e*t al. (*2006:653) as well as Butler and Felts (2006:211) aver that mentorship programmes for new graduates assist with the adjustment of the new graduate in the work place. The advantages of the mentoring programmes in terms of retention are also demonstrated in Figure 2.2, The Conceptual Framework; particularly that a mentoring programme assists to improve the retention rates of these nurses. The latter is confirmed by Leners *et al. (*2006:653) and Butler and Felts (2006:211).

Dunham-Taylor *et al.* (2008:343) state that randomly assigned mentors may affect the mentoring relationship negatively. DeCampli, Kirby and Baldwin (2010:134) state that mentors and mentees classically self select each other. In addition, Fawcett (2002:951) states that mentors are not always assigned to mentees but that new graduates, based on their individual values, may seek their own mentor for knowledge, guidance and professional growth. Furthermore, the facilitation of a positive mentor-mentee

relationship requires that mentors possess and exhibit a variety of characteristics such as patience, enthusiasm, knowledge and respect (Fawcett, 2002:951).

Prior to commencement of the mentoring programme, Dunham-Taylor *et al.* (2008:343) advise that each institution consider the individual needs of the new graduate. The authors also propose that the mentor and mentee work the same shifts as this increases the availability of the mentor and improves the effectiveness of the mentoring process. The mentor and mentee should form a partnership and should be comfortable with each other. Persaud (2008:1174) suggests that once a trusting relationship is developed certain goals and objectives be set for professional growth and improvement. Since mentees value constructive feedback, open discussions are proposed (Dunham-Taylor *et al.,* 2008:343).

The latter is confirmed by Beecroft *et al.* (2006:740) who found that new nurse graduates esteemed guidance, advice and support from their mentor and senior staff members in the unit. They concluded that this increases job satisfaction and retention.

5.2.1.4 Recommendations with regard to mentoring

With reference to the results in question 18 (see Table 4.14, indicating whether the new nurse graduates had been assigned to a mentor or not), it became evident that mentorship programmes with dedicated mentors are required in institutions in the public sector of the Cape Winelands District in the Western Cape. Furthermore, information booklets concerning the mentoring process and goals to be attained are necessary to facilitate an effective mentoring programme. Based on the results in previous studies, as explained under the previous heading on mentoring, it is advised that new nurse graduates be introduced to all available mentors. They should be given a chance to choose their own mentor. Therefore, participative decision making relating to the assignment of a mentor is advised as this assists in strengthening the mentor-mentee relationship (DeCampli *et al*., 2010:134; Fawcett, 2002:951). In addition, as proposed by Dunham-Taylor *et al. (*2008:343) and Fawcett (2002:951), adequate time should be available for feedback. Open discussions and good communication should exist between mentors and mentee. Furthermore, appropriate support and guidance from mentors, unit managers and senior staff should be available (Beecroft *et al.,* 2006:740).

5.2.2 Objective 2: Leadership in the workplace

Leadership in the workplace was explored through questions 31-36 in the questionnaire. The results show that the majority of unit managers provide guidance that relates to the

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development of leadership, problem-solving and conflict management skills. Furthermore, more than half of the respondents (n=40/70%) agreed that the unit manager had exposed them to responsibility in the ward and n=38 (67%) had been exposed to management of the ward. It was, however, found that new graduates are not adequately exposed to managerial duties such as planning that concerns the budget and annual leave and the chairing of meetings. Additionally, n=2 (4%) of the respondents reported that only senior professional nurses are involved with the planning of the budget and duty schedules.

The responses to the open-ended question (question 34) regarding additional issues concerning leadership in the workplace revealed that some respondents (n=16/28%) are indeed interested in exposure to all leadership activities. However, many respondents (n=41/72%) did not offer additional comments in response to this question.

The majority of respondents experienced the performance appraisal tool as effective and agreed that it had supported them in achieving various goals and objectives (see Table 4.30). Furthermore, most respondents agreed that the performance appraisal system was fair and unambiguous and that it had motivated them to attend in-service training sessions to develop personal growth. With regard to the interviewing process that accompanies the performance appraisal procedure, more than half of the respondents (n=31/56%) agreed that the interviews that they had experienced consisted of an encouraging dialogue between the unit manager and themselves. Of great concern is that some respondents (n=10/18%)reported that they had been asked to sign the performance appraisal tool without having being interviewed.

With reference to the working environment, as illustrated in Table 4.31, the majority of respondents agreed that the unit manager created a favourable working environment that encourages innovative thinking, is conducive to learning for all categories of staff, nurtures professional development and fosters teamwork. Moreover, most respondents agreed that the unit manager created a working environment that incorporates participative decision-making and that the unit manager does not engage in gossiping with staff members.

Wieck *et al.* (2002:284, 286-287) found that new graduates prefer helpful and intelligent leaders who invest their time in providing mentoring and skills training. The authors purport that new graduates value frequent feedback from their leaders and need to be trusted with, and recognised for the work that they carry out. Moreover, new graduates valued characteristics such as honesty, a positive attitude and approachability.

Grossman (2007:57) avers that, just as nurses require skills development to perform nursing interventions, they also require coaching and exposure to leadership tasks as well as opportunities to practice and attain leadership ability. Therefore, the more management and leadership practice an individual acquires, the greater the ability to lead. Grossmann (2007:64) states that each nurse from entry level to chief executive benefits from skills development that relates to leadership and management functions and is ultimately empowered in this way. Empowerment increases their sense of job satisfaction and motivates further professional development.

Furthermore, Rosengren *et al.* (2007:525-526) found that nurse leaders who are available to assist with day to day clinical encounters and who provide professional acknowledgement, are viewed as a potential power for creating a positive work environment. Respondents in this particular study regarded supportive communication and feedback as tools to promote professional development. Germain and Cummings (2010:435) confirm that supportive managers assist with the establishment of a healthy and productive work environment and ultimately, a motivated workforce.

With reference to motivation in the workplace, the two-factor theory of Herzberg on motivation (see Conceptual Framework, Figure 2.2) describes recognition by managers as a motivational factor (Herzberg's Two-Factor Theory of Motivation, 2012). The theory implies that, in order to create a motivated workforce, nurse managers should establish the presence of both the hygiene and motivational factors. This will lead to increased job satisfaction, productivity and retention of nurses.The latter is explained in, Section 2.8.2, Herzberg Two-Factor Theory. Previous studies suggest that the transformational leadership approach is the ideal managerial model in the workplace (Rosengren *et al.,* 2007:528; Acree, 2006:38-39). The transformational leadership approach (see Conceptual Framework Figure 2.2) brings about positive change and high levels of motivation in the new graduate. Acree (2006:38) found that transformational leadership has a constructive impact on job satisfaction as it underpins the empowerment of each employee. Therefore, transformational leadership is regarded as an effective leadership approach as it assists with the retention of staff.

5.2.2.1 Recommendations with regard to leadership in the workplace

Based on the previous discussion, the results of this study and the literature, it is advised that unit managers provide guidance to new nurse graduates with regards to the development of leadership skills, problem-solving and conflict management skills. Leadership development should also include responsibility in the workplace and general

management duties such as the budget planning, leave planning, chairing of meetings and maintenance of resources, as supported by Muller *et al.* (2011:448) and Van der Heever (2008:67). Performance appraisal systems should consist of an encouraging dialogue between the unit manager and the new nurse graduate (Van der Heever, 2008:51). Unit managers should create a favourable working environment that enhances motivation among new graduates, as advised by Germain and Cummings (2010:435). Lastly, it is recommended that in-service training on the transformational leadership approach be provided for all nurse leaders. The practical application thereof increases retention of staff members (Acree, 2006:38).

5.2.3 Objective 3: Workload pressure and stress

Question 37 of Section B relates to workload pressure and stress. The majority of respondents (n=38/67%) reported that they had experienced work-related stress due to an unrealistic nurse-patient ratio.

Most respondents (n=35/61%) agreed that they had experienced work-related stress due to a high absenteeism rate among nurses. Consequently, an unrealistic nurse-patient ratio as well as the high absenteeism rate results in an increased workload.

The majority of respondents reported that they had experienced work-related stress due to unresolved conflict amongst unit staff as well as to the absence of participative decision-making, as illustrated in Table 4.32. Furthermore, respondents reported that a lack of resources in the work setting and the assignment of new nurse graduates to tasks which are not within their scope of practice result in new graduates experiencing work-related stress.

Several research studies have indicated that heavy workloads which result in physical and emotional exhaustion cause stress in the workplace setting (Kwak *et al.,* 2010:1296-1297; Lavoie-Tremblay *et al.,* 2008:725; McDonald & Ward-Smith, 2012:E17). This ultimately leads to new graduates leaving the clinical setting (MacKusick & Minick, 2010:337; Mokoka *et al.,* 2010:4). Lu *et al.* (2012:1020-1021) acknowledges that absenteeism is related to work stress and is a problem for healthcare providers. Furthermore, the authors found that unresolved conflict amongst staff members is a frequently mentioned reason why hospital nurses plan to resign. Mrayyan (2004:327) purports that nurses report low levels of participative management concerning decision-making in the workplace. This results in higher levels of work-related stress which influences staff retention negatively. Furthermore, Mokoka *et al.* (2010:5) found that a

shortage of supplies and a lack of equipment contributed to a decrease in job satisfaction, also eventually affecting staff retention levels negatively.

5.2.3.1 Recommendations with regard to workload pressure and stress

With reference to the results in 37.1, as illustrated in Table 4.32 (Staff shortages, complexity of care and work-related stresses), it is advised that current staffing management issues be reviewed to ensure manageable nurse-patient ratios and higher levels of job satisfaction. This should ultimately assist in a decrease in nurse absenteeism. In addition, as mentioned under the recommendation for 'leadership in the workplace', nurse leaders should be knowledgeable and competent with regard to transformational leadership practices as the latter serves to improve retention among nurses (Acree, 2006:38). Moreover, Kelly (2006:27) proposes that nurses be trained in emotional intelligence as well as conflict management strategies. Alspach (2005:12) advises that participative decision-making be a standard operating practice. This will consequently lead to empowerment of new graduates and increased job satisfaction. Participative decision-making is embedded in transformational leadership practices and the sustained practicing thereof contributes to job satisfaction (Bally, 2007:146). Transformational leadership is incorporated in the conceptual framework (see Figure 2.2, chapter 2) which demonstrates that the practicing of this leadership style contributes to the retention of the new graduate nurse.

5.2.4 Objective 4: Complexity of care

Questions 37.1; 37.4; 37.6; 39.1,2 and 39.4,5 of Section B, as illustrated in Table 4.32 and Table 4.34 respectively, relate to the factors concerning complexity of care. The results show that the respondents are confronted with an unrealistic nurse-patient ratio, are not always consulted with regard to task allocation and are assigned to tasks that are not within their scope of practice. Moreover, the respondents agreed that they had experienced inadequate numbers of trained staff as well as inadequate support and guidance in the work place. They acknowledged experiencing a lack of or functional equipment as well as lower levels of motivation and the presence of burnout among staff.

The results of a study by Van der Heever (2008:44, 81) revealed that nurses value a participatory approach and consideration of the experience and qualifications of the individual employee prior to task allocation.

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Spence Laschinger (2010:474) affirms that new graduates experience an unmanageable workload and inadequate clinical knowledge as stressors and indicators of burnout. Mokoka *et al.* (2011:4-6) state that increased workloads, poorly-resourced workplaces and lack of support from colleagues and managers motivated registered nurses to leave their place of employment.

New nurse graduates have a negative experience of the above-mentioned stressors in the workplace which in turn contributes to the complexity in the workplace and subsequently influences retention negatively.

Ebright *et al.* (2003:637) found that work complexity has the potential to decrease work satisfaction amongst nurses. Furthermore, Hutchinson *et al.* (2012:448) state that new graduates expect to be respected, valued, stimulated and supported in the workplace. New nurse graduates may not be dedicated to their workplace if they are not adequately supported.

5.2.4.1 Recommendations with regards to complexity of patient care

Based on the results of question 38 and 39, and the supporting literature, new nurse graduates' opinions should be considered with regards to task allocation. Bally (2007:147) advises that the individual needs and abilities of each registered nurse should be considered since individualised consideration contributes to job satisfaction and ultimately retention. Individualized consideration is part of transformational leadership which is included in the conceptual framework of this study (see Conceptual Framework, Figure 2.2).

Furthermore, managers need to focus on the strengths of new graduates and a structured workforce that will support the new graduate with professional duties. Burger, Parker, Cason, Hauck, Kaetzel, O'Nan and White (2010:508) write that new graduates rely heavily on the more experienced nurses for guidance and support when managing patient care issues. It is therefore recommended that new graduates and their mentors be on the same shift, as mentioned previously.

Mokoka *et al.* (2011:8) further propose that factors relating to adequate supplies and equipment in the workplace be addressed and that a safe work environment is established. The authors also advise the urgent occupation of vacant posts.

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5.2.5 Objective 5: Shortage of staff

Issues that relate to staff shortage were addressed throughout the study in questions 10, 29, 37 and 39. This objective was also addressed by objective 3 (workload pressure and stress), as described in section 5.2.3. Workload pressure and stress was in most cases associated with shortage of staff, which resulted in an increased workload, burnout and decreased job satisfaction, ultimately influencing retention negatively. Workload pressure and stress, as mentioned in question 10, is closely related to staff shortages. The results to question 29 shows that various respondents had not received appropriate guidance in the workplace due to the unit being too busy, as illustrated in Figure 4.6. Question 37.1 concerning nurse-patient ratios, revealed that most respondents had experienced work-related stress due to an unrealistic nurse-patient ratio. Table 2.1 illustrates a 357:1 ratio of patients per RPN in the Western Cape (Geographical Distribution, 2011). In addition, the results to question 37.2 reveal that most respondents had experienced work-related stress due to a high absenteeism rate among nurses. Lastly, half the respondents (n=29/51%) admitted that inadequate numbers of trained staff, especially in specialized units, could motivate them to quit their current employment, as illustrated in Table 4.34 (question 39.1).

Spence Laschinger (2012:472) states that nurse managers need to employ strategies to enhance quality work environments that promote the retention of new graduates and thereby lessen the nursing workforce shortage.

5.2.5.1 Recommendations with regard to shortage of staff

In an effort to address the shortages of health care professionals, especially nursing professionals, the South African government implemented the Occupational Specific Dispensation (OSD) in June 2007. The OSD aimed at improving the conditions of service and remuneration for public service workers in South Africa. Despite the implementation of the OSD, staff shortages remain problematic as there is still a wage gap between health care professionals in South Africa and the rest of the world (George & Rhodes, 2012:618).

Furthermore, compulsory community service was introduced by the Department of Health (DOH) in January 2007 for all nursing professionals. Community service refers to the compulsory service that healthcare professionals are compelled to perform in public health facilities on completion of undergraduate training (Kruse, 2011:2). In addition, the training of nurses in rural areas was commenced to address staff shortages.

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However, despite various interventions introduced by government, staff shortages remain problematic. The results of the current study reveal that new nurse graduates experience various stressors in the clinical area which can be attributed to staff shortages. Therefore, more nurses should be employed to address issues such as work overload, burnout and unrealistic nurse-patient ratios.

As proposed by Van Der Heever (2008:101), recommendations to address staff shortages include operational interventions such as maintaining a sound work environment and in-service training for managers on participative decision-making skills. Moreover, since the issue of staff shortages was contained in most of the questions in the questionnaire, the recommendations that were proposed under all the other objectives are also applicable to the issue of staff shortages.

5.3 LIMITATIONS

During the data collection process, various nurse managers and respondents communicated that cultural aspects and language barriers were a concern with regard to the retention of new graduates, especially in the rural areas. The Cape Winelands District has a predominantly Afrikaans speaking population. Xhosa and Zulu speaking graduates from the Eastern Cape and Kwazulu-Natal are often deployed to this area to complete their compulsory community service. According to the nurse managers, integration of the new graduates is problematic due to the Afrikaans speaking community and especially the Afrikaans speaking farm workers who constitute the majority of patients at these hospitals. Consequently, these nurses tend not to continue working in the Winelands district on completion of their community service duties. The possibility that language and culture might influence the retention of the new graduates was not addressed in the current study. Therefore, a suggestion for further research is '*The influence of cultural aspects and language barriers in the retention levels of new nurse graduates in the South African context'*.

5.4 SUMMARY

The discussion in chapter 5 is based on the achievement of the various objectives of the study. The results reveal inadequate mentoring and orientation programmes for new graduates in rural areas. Consequently, suggestions were made that mentoring and orientation processes of new graduates should be reviewed.

On the issue of leadership in the work place, the respondents were in favour of increased exposure to all leadership activities as well as in-service training and

development. Heavy workloads, an unrealistic nurse-patient ratio and a lack of resources (trained staff as well as equipment) seem to influence retention negatively.

With reference to workload pressure and stress, it is advised that current staffing management issues be reviewed to ensure manageable nurse-patient ratios and higher levels of job satisfaction. In addition, a diminished presence of participatory decision making relating to task allocation, together with a lack of trained staff seems to aggravate the aspect of complexity of care.

Lastly, staff shortages in the Cape Winelands district are evident and require attention.

Recommendations were proposed which correspond with the results of each objective. The limitations of the study were explained and suggestions for further research were proposed.

5.5 CONCLUSION

Clear, purposeful recommendations pertaining to the retention of new nurse graduates were made throughout the discussion. The theoretical framework of the study (see Figure 2.2) illustrates that the transformational leadership approach and the principles of Herzberg's Two-Factor Theory of Motivation should be implemented to ensure motivation, productivity and job satisfaction among new graduates. Hopefully the implementation of the various recommendations will assist with the retention of new nurse graduates in the public sector of the Winelands District of the Western Cape.

"Healthcare systems [globally] cannot afford to lose a single provider from the workforce, especially the new and young nurses for the future of healthcare. As healthcare institutions face a nursing shortage and a new generation of young nurses enters the workforce, it is essential that we know the factors that influence turnover so that we can create a working environment that will retain nurses" (Lavoie-Tremblay et al., 2008:725).

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ANNEXURES

ANNEXURE A: PARTICIPANT INFORMATION LEAFLET AND CONSENT FORM

TITLE OF THE RESEARCH PROJECT:

Factors that influence the retention of new nurse graduates currently employed within the public sector.

Reference number: S12/05/121

Principal investigator: Verena Lucia Neethling

Address: 18 Queen Street, Worcester, 6850

Contact number: 084 055 1160

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

This study has been approved by the **Health Research Ethics Committee (HREC) at Stellenbosch University** and will be conducted according to the ethical guidelines and principles of the international Declaration of Helsinki, South African Guidelines for Good Clinical Practice and the Medical Research Council (MRC) Ethical Guidelines for Research.

What is this research study all about?

The study will be conducted at 6 provincial hospitals in the Cape Winelands District in the Western Cape. 73 respondents will be asked to participate in the study. Worcester Hospital (48), Brewelskloof Hospital (6), Stellenbosch Hospital (2), Ceres Hospital (6), Robertson Hospital (6) and Montagu Hospital (5).

The aim of this study is to investigate the factors which influence the retention of new nursing graduates currently employed within the public sector. The objective of study is to determine whether the retention of new graduate nurses is influenced by: the mentoring programme, leadership in the workplace, workload pressure and stress, complexity of patient care and staff shortage.

A self administered questionnaire was designed and is based on the objectives of the study, the literature and the researchers' personal experience. Questionnaires will be delivered by hand in a sealed envelope to all respondents. The questionnaires will be collected later the same day.

Why have you been invited to participate?

All nurses with a four year undergraduate nursing degree or a diploma, nurses who completed the bridging course to become a registered nurse and nurses who are currently doing community service at the specific hospitals is asked to partake in the study.

What will your responsibilities be?

You will be asked to complete the questionnaire and hand it in with the researcher on the same day it was handed out.

Will you benefit from taking part in this research?

There are no personal benefits for participating in the study. Information gained from this research will help determine why new nursing graduates tend to leave the profession and the hospital setting. This may help improve the nursing profession in the future.

Are there in risks involved in your taking part in this research?

No risks have been identified.

If you do not agree to take part, what alternatives do you have?

The alternative is not to partake in this study.

Who will have access to your medical records?

Personal privacy, confidentiality of all information obtained and anonymity will be ensured at all times. Confidentiality will be ensured by non-disclosure of your name. Anonymity will be ensured by providing the data collection instrument to you in a sealed envelope and you are advised to return the instrument nameless in the sealed envelope. Only I, the statistician, supervisor and co-supervisor will have access to the collected data. All questionnaires will be kept in a locked cabinet for at least 5 years once analysis is completed. Publications of the findings after completion of the research will be done as accurately and objectively as possible

Will you be paid to take part in this study and are there any costs involved?

No, you will not be paid to take part in the study. There will be no costs involved for you, if you do take part.

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Is there anything else that you should know or do?

You can contact Verena Neethling at Tel: 084 055 1160 if have any further queries or encounter any problems. You can contact the **Health Research Ethics Committee** at 021-938 9207 if you have any concerns or complaints that have not been adequately addressed by your study doctor. You will receive a copy of this information and consent form for your own records.

Declaration by participant

By signing below, I …………………………………...…………. agree to take part in a research study entitled: Factors that influence the retention of new nursing graduates currently employed within the public sector.

I declare that:

- I have read or had read to me this information and consent form and it is written in a language with which I am fluent and comfortable.
- I have had a chance to ask questions and all my questions have been adequately answered.
- I understand that taking part in this study is **voluntary** and I have not been pressurized to take part.
- I may choose to leave the study at any time and will not be penalized or prejudiced in any way.
- I may be asked to leave the study before it has finished, if the study doctor or researcher feels it is in my best interests, or if I do not follow the study plan, as agreed to.

Signed at (place) ....…........…………….. On (date) …………....……….. 2012.

....

Signature of participant **Signature of witness**

Declaration by investigator

I, Verena Neethling, declare that:

- I explained the information in this document to …………………………………..
- I encouraged him/her to ask questions and took adequate time to answer them.
- I am satisfied that he/she adequately understands all aspects of the research, as discussed above
- I did/did not use an interpreter. (If an interpreter is used then the interpreter must sign the declaration below.

Signed at (place) ....…........…………….. on (date) …………....……….. 2012.

....

Signature of investigator **Signature of witness**

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Declaration by interpreter

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

- I assisted the investigator (name) ……………………………………… to explain the information in this document to (name of participant) ……………..…………………………….. using the language medium of Afrikaans/Xhosa.
- We encouraged him/her to ask questions and took adequate time to answer them.
- I conveyed a factually correct version of what was related to me.
- I am satisfied that the participant fully understands the content of this informed consent document and has had all his/her question satisfactorily answered.

Signed at (place) ....…........……………. On (date) …………....……………….2012

....

Signature of interpreter **Signature of witness**

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ANNEXURE B: RESEARCH QUESTIONNAIRE

Title: Factors that influence the retention of new nurse graduates currently employed within the public sector.

Instructions:

Please respond to all questions that apply. Choose the correct answer by placing a cross (X) next to the appropriate questions below. Please add a comment where appropriate.

1.	Indicate your age

____

2.	Gender	
2.1	Male	
2.2	Female	

3.	Basic qualification	
3.1	Degree in nursing	
3.2	Diploma in nursing	

4.	Year of achievement

____

5.	Post basic qualifications	
5.1	Nursing administration	
5.2	Nursing education	
5.3	Other (please specify)	

6.	Indicate how long you have been practising nursing (months)

____

7.	Is this your first employment post- registration? If your answer is no, ignore question 8 and proceed to question 9.	
7.1	Yes	
7.2	No	

8.	If this is your first employment, how long have you been working here?

____

9.	If this is your second or third employments, how long have you been working here?

____

10	What is the main reason for leaving your previous employer?	
10.1	Workload pressure and stress	
10.2	Complexity of patient care	
10.3	Not exposed to leadership activities	
10.4	Management of personnel in the unit not fair	
10.5	Other (please specify):	

11. What would motivate you to stay in your current position?

____

____

12.	On entering this workplace, were you included in an orientation programme?	
12.1	Yes	
12.2	No	

13.	Were you orientated to your physical environment with regards to:	
13.1	Structure of building	
13.2	Different departments (for e.g. pharmacy, radiology)	
13.3	Layout of wards	
13.4	Not applicable	

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14.	**Were you orientated to the following rules pertaining to your employment:**	
14.1	Salary	
14.2	Leave (annual, sick, compassionate, study)	
14.3	Service benefits	
14.4	Retirement Fund	

15.	**Were you orientated with regards to disaster management and emergency evacuation?**	
15.1	Yes	
15.2	No	

16.	**Were you introduced to the vision and mission of the institution?**	
16.1	Yes	
16.2	No	

17. Additional comments and suggestions with regards to orientation.

____

____

18.	**On entering this workplace, were you assigned a mentor? If your answer is no, ignore questions 20-27 and proceed to question 28.**	
18.1	Yes	
18.2	No	

19.	**Did you receive a booklet explaining the mentoring process and goals to be attained?**	
19.1	Yes	
19.2	No	

20.	**Were you informed on how many mentors are available and were you introduced to all of the mentors?**	
20.1	Yes	
20.2	No	

21.	**Were you given a chance to choose a mentor?**	
21.1	Yes	
21.2	No	
21.3	Not applicable	

22.	Did you feel comfortable with your mentor?	
22.1	Yes	
22.2	No	
22.3	Unsure	

23.	If your answer to the above question is no or unsure, did you feel comfortable enough to discuss it with the unit manager?	
23.1	Yes	
23.2	No	
23.3	Not applicable	

24.	Were the goals and objectives contained in the professional development plan clear?	
24.1	Yes	
24.2	No	
24.3	Not applicable	

25.	After a certain period, did you and your mentor assemble to assess your achievement of the goals and objectives contained in the professional development plan?	
25.1	Yes	
25.2	No	
25.3	Not applicable	

26.	Please rate the relationship that you had with your mentor?	
26.1	Poor	
26.2	Good	
26.3	Excellent	
26.4	Not applicable	

27.	Please rate the total mentoring process that you underwent?	
27.1	Poor	
27.2	Good	
27.3	Excellent	
27.4	Not applicable	

28.	**Did you receive the appropriate day to day support and clinical guidance in the workplace?**	
28.1	Yes	
28.2	No	

29.	**Should your answer to the above be no, what would you ascribe as the possible reasons?**	
29.1	Unit too busy	
29.2	Mentor not on the same shift as you	
29.3	Non- supportive attitudes of senior staff	

30. **Additional comments and suggestions with regards to mentoring.**

____

____

31.	**Were you orientated with regards to the basic rules of employment including the leave process, off duties etc?**	
31.1	Yes	
31.2	No	

32.	**The unit manager provides appropriate guidance that relates to:**	**Strongly disagree**	**Disagree**	**Agree**	**Strongly Agree**
		1	**2**	**3**	**4**
32.1	The development of leadership skills				
32.2	The development of problem solving skills				
32.3	Conflict management and resolution				
32.4	Responsibility in the workplace				
32.5	The management of the ward				

33.	**The unit manager involves me in the following managerial duties:**	**Strongly disagree**	**Disagree**	**Agree**	**Strongly Agree**
		1	**2**	**3**	**4**
33.1	Budget planning for the department				
33.2	Ordering and management of consumables and medication				
33.3	Maintenance of resources (equipment)				
33.4	Leave planning				
33.5	Off-duty planning				
33.6	Chairing of meetings				
33.7	Other (please specify)				

34. Any additional comments regarding exposure of new nursing graduates to leadership activities as mentioned above.

____

____

35.	**My experience of the Performance Appraisal System is that it:**	**Strongly disagree**	**Disagree**	**Agree**	**Strongly Agree**
		1	**2**	**3**	**4**
35.1	Is an effective tool for providing constructive feedback on professional development				
35.2	Supports me in attaining my various goals and objectives for personal growth and becoming more competent				
35.3	Is fair and unambiguous				
35.4	Motivated me to attend in-service training sessions				
35.5	Consisted of an encouraging dialogue between the unit manager and myself				

35.6	Consisted of a monologue where the unit manager spoke mostly				
35.7	I was asked to sign the performance appraisal tool without being interviewed				

36.	**The unit manager creates a working environment that:**	**Strongly disagree** **1**	**Disagree** **2**	**Agree** **3**	**Strongly Agree** **4**
36.1	Encourages innovative thinking e.g. allow staff to introduce new ideas				
36.2	Is conducive to learning for all categories of staff e.g. in-service training is available for both enrolled and registered nurses				
36.3	Nurtures professional development e.g. reminds staff to attend training sessions				
36.4	Fosters team work e.g. assist with patient care when the unit is very busy				
36.5	Incorporates participative decision-making and fairness e.g. consults with all staff members before making decisions regarding who will be off-duty over Easter weekend / Christmas				
36.6	Promotes harmony e.g. does not engage in gossiping with staff members				
36.7	Other (please specify)				

37.	**I experience work-related stress due to:**	**Strongly disagree** **1**	**Disagree** **2**	**Agree** **3**	**Strongly Agree** **4**
37.1	An unrealistic nurse-patient ratio				
37.2	A high absenteeism rate among the nurses				

37.3	Unresolved conflict amongst unit staff or individual staff members in the unit				
37.4	The absence of participative decision-making with regards to task rotation e.g. duties is decided on without consulting the various staff members involved				
37.5	A lack of resources				
37.6	Being assigned to traumatic tasks or tasks that is not within your scope of practice				
37.7	Other (please specify)				

38.	**I feel unhappy about:**	**Strongly disagree** **1**	**Disagree** **2**	**Agree** **3**	**Strongly Agree** **4**
38.1	The granting of annual leave (unfair leave planning)				
38.2	The delegation of menial tasks to junior (newly qualified) professional nurses				
38.3	Unfair scheduling of off- duties including night duty				
38.4	Other (please specify)				

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39.	**Should you decide to resign or quit employment at your current place of work; would you ascribe your decision to any of the following?**	**Strongly disagree**	**Disagree**	**Agree**	**Strongly Agree**
		1	**2**	**3**	**4**
39.1	Inadequate numbers of trained staff (especially in specialised units)				
39.2	Not enough direction and support				
39.3	Poor management of bed allocation (not enough beds)				
39.4	Lack of or poorly functioning equipment(ventilators, infusion pumps)				
39.5	Poorly motivated staff and high incidence of staff burnout in organisation				
39.6	Resistance to change (new methods, procedures implemented)				
39.7	Unwillingness of staff to work in other departments in an effort to address the operational needs of the organisation				
39.8	Rigid managerial processes				
39.9	Shift work				
39.10	Other (please specify)				

Thank you for your time and participation. **The Researcher: Verena Neethling**

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ANNEXURE C: CONSENT FROM WESTERN GAPE GOVERNMENT

17/09/2012 09:46 0214839895 FINANCE PAGE 01/01

STRATEGY & HEALTH SUPPORT
healthres@pgwc.gov.za
tel: +27 21 483 9907: fax: +27 21 483 9895
1st Floor, Norton Rose House,, 8 Riebeek Street, Cape Town, 8001
www.capegateway.gov.za)

REFERENCE: RP 86/2012
ENQUIRIES: Dr Sikhumbuzo Mabunda

18 Queen Street
Worcester
6850

For attention: Miss Verena L Neethling

Re: Factors that influence the retention of new nurse graduates currently employed within the public sector

Thank you for submitting your proposal to undertake the above-mentioned study. We are pleased to inform you that the department has granted you approval for your research.
Please contact the following people to assist you with any further enquiries.

Paarl Hospital	**Dr B Kruger**	**(021) 860 2508**
Brewelskloof Hospital	**Dr D Theron**	**(023) 348 1329**
Robertson Hospital	**Dr P Spiller**	**(023) 626 8045**
Montagu Hospital	**Dr P Spiller**	**(023) 614 8102**
Worcester Hospital	**Mrs W Driver**	**(023) 348 1113**

Kindly ensure that the following are adhered to:

1. Arrangements can be made with managers, providing that normal activities at requested facilities are not interrupted.
2. Researchers, in accessing provincial health facilities, are expressing consent to provide the department with an electronic copy of the final report within six months of completion of research. This can be submitted to the provincial Research Co-ordinator (healthres@pgwc.gov.za).
3. The reference number above should be quoted in all future correspondence.

Yours sincerely

DR NT Naledi
DIRECTOR: HEALTH IMPACT ASSESSMENT
DATE: 13/7/2012

CC **DR L PHILLIPS** **DIRECTOR: CAPE WINELANDS**

Stellenbosch Univeristy http://scholar.sun.ac.za

09/10/2012 14:52 0214839895 FINANCE PAGE 01/01

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Please contact the following people to assist you with any further enquiries.

Ceres Hospital	**Dr C Prins**	**(023) 316 9600**

Kindly ensure that the following are adhered to:

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Yours sincerely

DR NT Naledi
DIRECTOR: HEALTH IMPACT ASSESSMENT
DATE: 9/10/2012

CC **DR L PHILLIPS** **DIRECTOR: CAPE WINELANDS**

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01/11/2012 11:27 0214839895 FINANCE PAGE 01/01

STRATEGY & HEALTH SUPPORT
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Please contact the following people to assist you with any further enquiries.

Stellenbosch Hospital	**Dr R Davids**	**(021) 887 0310**

Kindly ensure that the following are adhered to:

1. Arrangements can be made with managers, providing that normal activities at requested facilities are not interrupted.
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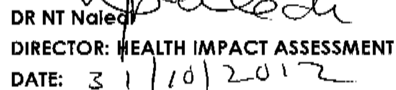
3. The reference number above should be quoted in all future correspondence.

We look forward to hearing from you.

Yours sincerely



DR NT Naledi
DIRECTOR: HEALTH IMPACT ASSESSMENT
DATE: 31/10/2012

CC **DR L PHILLIPS** **DIRECTOR: CAPE WINELANDS**

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ANNEXURE D: ETHICAL APPROVAL

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jou kennisvennoot • your knowledge partner

Approved with Stipulations

New Application

08-Jun-2012
NEETHLING, Verena Lucia

Ethics Reference #: S12/05/121
Title: Factors that influence the retention of new nurse graduates currently employed within the public sector.

Dear Sister Verena NEETHLING,

The **New Application** received on **07-May-2012**, was reviewed by members of **Health Research Ethics Committee 2** via Expedited review procedures on
24-May-2012.

Please note the following information about your approved research protocol:

Protocol Approval Period: **08-Jun-2012 -08-Jun-2013**

The Stipulations of your ethics approval are as follows:
1. The applicant did not sign the conflict of interest form.

2. Research questionnaire:
Please correct the numbering of the questionnaire. Many overlapping numbers appear.

3. Question 10 - add a section for "other"
Question 11 - change "why" to "what"
Add "Not applicable" to questions where relevant
The researcher should refrain from referring to herself as "I". Use the words "The researcher".

4. Please use the correct headings for the information provided in the consent form. It helps to guide the discussion. Currently most of the headings were left out.

5. Afrikaans translation of Informed Consent Form should be submitted to the HREC before study can commence.

Please remember to use your **protocol number** (**S12/05/121**) on any documents or correspondence with the REC concerning your research protocol.

Please note that the REC has the prerogative and authority to ask further questions, seek additional information, require further modifications, or monitor the conduct of your research and the consent process.

After Ethical Review:
Please note a template of the progress report is obtainable on www.sun.ac.za/rds and should be submitted to the Committee before the year has expired.

The Committee will then consider the continuation of the project for a further year (if necessary). Annually a number projects may be selected randomly for an external audit.

Translation of the consent document in the language applicable to the study participants should be submitted.

Federal Wide Assurance Number: 00001372
Institutional Review Board (IRB) Number: IRB0005239

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

Provincial and City of Cape Town Approval

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

We wish you the best as you conduct your research.

For standard REC forms and documents please visit: www.sun.ac.za/rds

If you have any questions or need further help, please contact the REC office at 0219389207.

Sincerely,

Mertrude Davids
REC Coordinator
Health Research Ethics Committee 2

Included Documents:
Application Form
Protocol
Investigators cv
Checklist
Investigators declaration
Consent Form

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ANNEXURE E: DECLARATION BY LANGUAGE EDITOR

Jeanne Santovito Language Editing
24 Fuchsia Road
Wellway Park East
Durbanville
7550

05 December 2012

To Whom it May Concern

Dear Sir/ Madam

Language Editing Confirmation

This letter serves to confirm that I, Jeanne Santovito, the undersigned, have proofread and edited the following document for language correctness. This was completed and returned to Verena Neethling on the 04 December 2012.

Thesis: **The factors influencing the retention of new nurse graduates currently employed within the public sector of the Cape Winelands District of the Western Cape.**

Author: **Verena Neethling.**

Yours faithfully

....
Jeanne Santovito
084-8822004
021-9751544
jeanneh@telkomsa.net

Stellenbosch Univeristy http://scholar.sun.ac.za

ANNEXURE F: DECLARATION BY TECHNICAL FORMATTER

Lize Vorster Communication

To whom it may concern

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

Yours sincerely

Lize Vorster

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