

**FACTORS AFFECTING THE RETENTION OF PROFESSIONAL NURSES IN THE
GAUTENG PROVINCE**

by

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Dedication

This study is dedicated to my children, Thate and Bonolo for their support and belief in me. A big thank you for all the cyber lessons.

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ABSTRACT

Professional nurses comprise the largest number of health care professionals in South Africa. High turnover rates contribute to shortages of nurses in South Africa, aggravated by the emigration of nurses, inadequate recruitment of student nurses, and the expected retirement of many baby boomer nurses by 2016. This study addressed factors influencing the retention of professional nurses in the Gauteng Province of South Africa.

In phase 1, postal questionnaires were completed by 101 registered nurses while semi-structured interviews were conducted with 21 nurse managers in phase 2. Personal, organisational and managerial factors influenced the retention potential of the professional nurses. In terms of Maslow's Hierarchy of Needs Theory, most factors influencing nurses' retention operated on the lowest (physiological) level and concerned remuneration. Safety needs were compromised by the lack of equipment and supplies, the shortage of nurses and unsafe working places. Esteem needs included respect from doctors, managers and colleagues as well as recognition for outstanding performance. In terms of Vogt et al's Theory of Nurse Retention Theory, the constrictions caused by inadequate remuneration and safety aspects should be addressed. Lewin's Force-Field Analysis Theory recommends that the factors that influence nurses' retention negatively should be unfrozen, changed and refrozen, including communication. Based on these results guidelines were compiled for enhancing the retention rates of professional nurses (Annexure G).

Keywords: baby boomer nurses, generation X, generation Y, Lewin's Force-Field Analysis Theory, Maslow's Hierarchy of Needs Theory, multi-generation nursing workforce, retention of nurses, Vogt et al's Theory of Nurse Retention.

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List of abbreviations

CEO	Chief executive officer
EAP	Employee assistance programme
EU	European Union
ICN	International Council of Nurses
ICU	Intensive care unit
LLUMC	Loma Linda University Medical Centre (Southern California in the USA)
OCS	Organisational Culture Survey
OT	Operating theatre
RSA	Republic of South Africa
SA	South Africa
SANC	South African Nursing Council
SPSS	Statistical package for Social Scientists
SSA	Sub-Saharan Africa
TURP	Trade Union Research Project
UK	United Kingdom
Unisa	University of South Africa
USA	United States of America
WHO	World Health Organization

CHAPTER I

ORIENTATION TO THE STUDY

1.1 INTRODUCTION

Turnover rates in the nursing profession are at an all-time high, plummeting health care delivery into a crisis of immeasurable proportions. Hospitals everywhere are experiencing nursing shortages. This is a phenomenon that seems to be occurring not only in the Republic of South Africa (RSA), but globally (Barney 2002:154). In the case of South Africa, the shortage is due to migration and also to nurses deciding to abandon the nursing profession.

Migration occurs in two ways: internally and externally. Internal migration occurs when there is movement by professional nurses or other health care providers from the organisation they work for to another, within the borders of the RSA. This movement can be from rural to urban areas or from the public to the private sector. Some nurses leave the profession to pursue other careers or professions. External migration occurs when health care professionals leave the country to practise elsewhere as nurses (Geyer 2004:34; Hospersa 2002:8).

South African professional nurses seem to be targeted by the more affluent countries, which have much more to offer in terms of rewards or competitive incentives, professional growth, better resources and working conditions, safety, decreased workloads and lower prevalence of HIV/AIDS. This also impacts negatively on the remaining nurses, who have to bear the brunt of increased workloads under trying circumstances. They subsequently become despondent and may even suffer from work-related stress, burnout, and a feeling of disillusionment, not only with themselves,

but with the authorities as well. This may lead to these nurses deciding to leave, further exacerbating the problem of the shortage of nurses.

The possibility of filling vacancies left by departing nurses seems very small, as seen from the low number of recruits entering the nursing profession. Whereas in the past nursing seemed to be an attractive and noble profession, it has been surpassed by other careers and professions such as information technology, media studies and engineering which have become accessible to women and also recruit from the same ranks as nursing, but offer better incentives, working hours and conditions.

Statistics show that between 1998 and 2001, 5259 nurses were recruited by the United Kingdom (UK) from South Africa alone, with the number increasing every year (Lephalala 2006:3). Other countries such as Australia, New Zealand, Canada and the Middle East also recruit professional nurses from South Africa. If this situation continues, South Africa's health care delivery system will collapse. There is therefore an urgent need to develop strategies to retain professional nurses in their current posts and, more importantly, in the country.

Another source of depletion occurs when professional nurses discontinue practising. Ehlers (2003: 81) conducted a study to identify reasons why professional nurses requested that their names be taken off the South African Nursing Council's (SANC's) register, as well as the factors which could facilitate or prohibit their re-entry into the profession. While a large number of these nurses did so because they had reached retirement age, 15,4% chose to remain in their non-nursing jobs which offered better salaries, more job satisfaction and better working hours. Some of the recommendations

made entailed encouraging professional nurses to delay or postpone their retirement, and investigating benefits that might attract nurses back into the profession.

As the issue of nursing shortages is a global problem, countries offering better remuneration, incentives, opportunities for growth and better working conditions will continue to recruit nurses from countries that offer fewer benefits. Unless strategies are developed to keep nurses in their posts, the crisis will deepen, not only in South Africa, but also in other economically weak countries (Geyer 2001:5).

In a study commissioned by the World Health Organization (WHO), Buchan, Parkin and Sochalski (2003:1) identified two groups of countries in terms of nurse emigration and mobility. The one group is termed "destination countries" and the other group "source countries". "Destination countries" are countries to which nurses are drawn or attracted and include Australia, Ireland, Norway, the UK and the United States of America (USA). The other group, "source countries" comprises Ghana, the Philippines and the RSA, and it is from these that nurses are drawn. Reasons for selecting these countries as likely recruitment sources include familiar language and culture and also because the destination country can offer recruits opportunities to examine different options in their career paths, which are much better than those their countries of origin offer.

Fletcher (2001:324) found that nurses change their work environment due to dissatisfaction with their current situation, but not with the profession itself. Professional nurses stated categorically that they "love their work but hate their job". This and other similar statements imply that creating a favourable environment in the workplace situation could help retain professional nurses in their posts, thus enhancing the quality of patient care. It then becomes imperative that retention strategies be developed. Such

strategies must take into account the needs and constraints within the South African health care environment, in order to successfully retain professional nurses and thus secure this scarce resource. There is an urgent need to create a retention culture, which will ensure not only that the supply for professional nurses remains continuous, but also that the end product is a highly skilled professional who will provide high-quality care.

In response to the crisis of nursing shortages in Ontario, Canada, a model for recruitment and retention was developed. Pullman and Lorbergs (2001:19) describe the model, identifying its key points and impact on relieving the crisis. Of the key factors identified, offering education and clinical opportunities as a means of recruiting and retaining nurses, was one of the most important factors. Another factor which facilitated successful recruitment and retention was the development and implementation of strategies that incorporated the goals and objectives of the organisation with the needs of individual nurses (Perry in Pullman & Lorbergs, 2001:20). Retaining nurses in their positions or within organisations was seen to rest on an extensive orientation and education programme.

The South African situation does not differ much from that of other countries with regard to nursing shortages and the urgent need to address the problem. Statistics from the SANC show a worrying image of factors that could compound the problem of nursing shortages.

Between 1996 and 2005, there was a decline in the number of nurses who completed their training. According to the SANC, statistics from these years show the decline in the number of students who completed the four-year programme from training institutions,

including universities, from all nine provinces of the RSA (Table 1.1). The period shows a decline of nearly 42%.

In the meantime, the population of South Africa between 1996 and 2006 had grown by 14,36% from 40 583 573 to 47 390 900 (www.statssa.gov.za). This discrepancy is bound to have serious consequences for health care delivery. Potentially, all members of this population will be health care consumers at some point in their lives. This imbalance in growth between professional nurses and health care consumers increases the already heavy workload of professional nurses, which might lead to disillusionment and subsequent emigration or resignation and exit from practice. Statistics further show that the ratio of professional nurses to population in the country is 1:471 on average, with marked differences between the various provinces (www.sanc.co.za).

Table 1.1

Output of four-year programmes from all South African nurse training institutions 1996-2005 (www.sanc.co.za accessed 17.01.2006)

PROVINCE	1996	1997	1998	1999	2000	2001	2002	2003	2004	2005
Eastern Cape	197	357	369	304	308	245	248	287	354	360
Free State	277	337	257	200	216	200	214	111	79	76
Gauteng	1001	914	738	683	608	680	483	362	368	356
KwaZulu-Natal	421	380	339	387	488	312	253	305	441	243
Limpopo	115	152	129	134	161	165	119	131	114	142
Mpumalanga	27	31	41	43	73	65	47	73	95	52
North West	188	212	215	137	266	159	130	100	70	133
Northern Cape	25	23	38	35	7	16	25	21	19	11
Western Cape	378	276	245	339	367	199	133	163	176	160
TOTAL	2629	2682	2371	2262	2494	2041	1652	1553	1716	1533

1.2 BACKGROUND INFORMATION AND RATIONALE FOR THE STUDY

Current nursing shortages are identified as not only being worse than experienced previously, but also different, more complex and projected to intensify in future.

Reasons for the shortages (Kimball & O'Neil 2003:6) include:

- An ageing workforce, with the average age of nurses currently in practice being between 44 and 46 years old. Also, the majority of practitioners are baby boomers - people born between 1946 and 1964 - who will start retiring by 2011.
- A decline in the number of enrolments in nursing schools.
- Fewer men entering the nursing profession, while women leave nursing for other professions.
- The fact that the younger generation do not find nursing attractive.

On the other hand, the demand for nursing care seems to be increasing, causing a strain on the remaining number of professional nurses still in practice. Reasons cited for these increased demands are:

- Advances in medical technology and improved medical practices which prolong life.
- An ageing population and ever-increasing costs of health care, which also worsens the problem of too few nurses caring for too many patients.
- The impact of HIV/AIDS, which increases the number of patients entering health care settings, as well as the seriousness of their conditions.
- The public's increasing awareness of health care issues as well as an enhanced awareness of their rights as health care consumers (Geyer 2001:4; Hospersa 2003:5; Nel 2001:8).
- The increasing number of practising nurses and potential nurse recruits who are already HIV/AIDS infected. According to Brannigan, in 2000, 24% of South African women between the ages of 15 and 49 were infected with HIV. It was extrapolated that 34 793 nurses of all categories were infected (Brannigan 2000:23). This number could be increasing.

The spokesman for health in the Democratic Alliance Party, Ryan Coetzee, has expressed concern over the worsening health staff crisis that the country is experiencing (*Medical Chronicle* 2004:11). He quotes a large number of vacant posts in the health care sector, as specified by the Health Systems Trust. Reasons which are repetitive in literature include low pay, especially in the public sector, poor working conditions, dirty, dilapidated and unsafe hospitals, especially in the rural areas, as well as poor support and lack of competence by management. Poor relations between the health services and government also compound the problem. Coetzee identifies the need to address the crisis as a matter of urgency, and cites six steps which could be followed, namely convening a conference for discussion of solutions by the Minister of Health and the relevant parties, reviewing health professionals' salaries, improving working conditions and benefits which will enhance job satisfaction, assisting foreign health care professionals, capacity building, especially in training and facilities and constructive talks between government and health care professionals (Annexure B).

If these conditions do not improve, the loss of professional nurses from South African health services will not abate but will increase. Nurses who are not leaving also get caught in the middle of this state of events. They could be demotivated due to increased workload caused by increased numbers of vacant posts and low remuneration, or alternatively having to work longer hours in the form of overtime, as a way of augmenting their poor salaries.

This compels health care organisations to start regarding retention of a stable workforce as their priority goal, in order to provide high-quality patient care. However, this is not easy, considering that the shortage is global, which makes it difficult to curb nurse mobility (Buchan et al 2003:6).

While this imbalance between supply and demand currently exists, it could worsen with the looming retirement of baby boomers. Ehlers (2003:65) indicates that the South African nurse shortage could be exacerbated by the retirement of the baby boomers, people born between 1946 and 1964. The baby boomers who are currently practising nurses should be ranging between 40 and 60 years of age. The latter group, aged 60, will be retiring as from 2006 if they retire at age 60, or by 2011 if they retire at 65. The youngest of the baby boomers will reach retirement age in 2020.

The problem of baby boomers is not only confined to South Africa, but is evident in other countries as well. O'Brien-Pallas, Duffield and Alksnis (2004:298) conducted a study in New South Wales, in Australia, with the aim of determining what effect the retirement of baby boomers would have on the already ailing nursing workforce. Results of their study showed that by the year 2004, approximately 4130 nurses would retire at 65 years of age in Australia. Should retirement age be 58 years, the figure would be 7328 nurses in that same year. Also, more than 61% of Australia's total population of nurses were 40 years of age and older in 2004. As in South Africa, retirement can occur between 55 and 65 years of age. It was then proposed that nurses be allowed to work beyond 65 years of age as a strategy to relieve the shortage of nurses. This would, however, require sound retention strategies from employers and nursing managers. Strategies to retain nurses beyond the 60 to 65 retirement age must be aimed at minimising stressors evident in the workplace, which in the RSA include poor remuneration, unrealistic workloads, unsafe work environments, lack of support from management, lack of recognition, and lack of control over work schedules. This would not only expand the numbers of the nursing workforce, but also in experience – thus enhancing the quality of patient care, considering the experience and stability that these nurses would collectively have. This, however, needs to be rewarded. Although South

African nurses' salaries cannot be compared to those of countries such as the UK, USA and the Middle East, some concessions could be made to enhance pay packages. These concessions could be in the form of tax relief or lower taxes for nurses older than 60 years of age.

According to the SANC (2005:1), approximately 48 996 or 49% of the practising professional nurses and midwives are baby boomers. In the meantime, nurses of the next generation, generation X, number only 45 032 or 45% of the force. Based on Brannigan's statistics of 2000, it could be assumed that some of the nurses infected with HIV/AIDS are from generation X. These are nurses who should remain in practice after the baby boomers retire. A further reduction in their number due to HIV/AIDS will only exacerbate the problem of nurse shortages (Brannigan 2000:23).

If this current situation continues, where entry into nursing seems outweighed by exit, with nurses either emigrating or discontinuing practice, the crisis will deepen. It is therefore imperative that strategies be developed which will not only retain these nurses, but will also attract new recruits into nursing and entice those nurses who stopped practising to return.

Table 1.2

Age distribution of all nurses on SANC's register as at 2005-12-31(www.sanc.co.za accessed 17.012006.

Age group	RN/RM	EN/EM	ENA
24 or younger	59	668	2035
25 – 29	3249	3225	6879
30 – 34	10034	4644	7514
35 – 39	14071	6186	7743
40 – 44	17678	6991	7821
45 – 49	18517	6222	7700
50 – 54	13874	4365	5790

55 – 59	9866	2338	4218
60 – 64	6739	1267	2280
65 – 69	3454	523	803
> 69	1591	147	173
Not Reported	1072	546	1708
TOTAL	100204	37122	54664

RN = Registered nurse RM= Registered midwife EN= Enrolled nurse EM=Enrolled midwife
 ENA= Enrolled nursing auxiliary.

In a study commissioned by the Robert-Wood Johnson Foundation (2002:23) in the USA, the current nursing shortage is seen as one that does not resemble past shortages, neither qualitatively nor quantitatively. Factors that result in this shortage are regarded as being beyond the control of the nursing profession. This study argues that the solutions that were found to alleviate previous shortages were short-term and will therefore not solve the current problems. With previous shortages, there used to be a surplus of trained nurses, unlike in the current situation. Factors influencing the decline include the demography of the ageing workforce, fewer workers entering the market; issues of diversity; values of different generations; the work environment which has to be more accountable in terms of results and outcomes and yet managed with limited resources; health care consumers who become more demanding as they become aware of what to expect versus what they receive; empowerment of previously disadvantaged groups such as women, gays and lesbians, as well as people living with HIV/AIDS and other disabilities; technology within the health care system; and managed health care (Kimball & O'Neill, 2002:14).

Apart from recruiting from less developed countries, strategies and recommendations for action were put forward, which included re-inventing the nursing profession, its practices, education and leadership, research into the nursing workforce to ensure better planning, more effective strategies to change the culture of nursing, involving

consumers and creating partnerships with communities. Solving the crisis requires a concerted effort to address, firstly, problems that result in nurses wanting to leave, and secondly, attracting more recruits into the profession. Once the recruits are in a profession that they choose because they love it and want to be part of it, and once they find a conducive workplace environment, there will be a greater chance of retaining them (Kimball & O'Neill, 2002:58).

While previous shortages consisted of inadequate numbers of nurses in certain areas and in specific countries, the current shortage is global (Kimball & O'Neil 2002:6). This means that the availability of nursing posts outweighs the number of nurses in circulation to fill them. The potential danger herein is that nurses may become more easily dissatisfied as they become aware that jobs are plentiful, thus making it extremely difficult for them to be retained within specific organisations. This further emphasises the need to develop strategies that will curb or stall the shortage, which in turn will limit nurse mobility and enhance retention. While this might help to relieve the first problem, the second part of the solution might be to enhance health care organisations to an extent that nurses must just not feel they "have to" remain with the organisation for lack of alternative jobs, but that they will "want to" remain because working conditions are ideal and attractive. This can be made possible by identifying causes of mobility or turnover in terms of what nurses need, and working towards meeting those needs in order to retain nurses.

Huston and Marquis (1989:11) point out that, in order to understand and meet these needs, nurse managers and organisations need to realise that nurses are unique and so are their needs. They need to identify physical, intellectual and emotional factors that are inherent to nursing practice. Physical factors include the fact that nursing entails

hard work, unreasonably long hours and inconvenient times, necessitating reorientation of one's biorhythms. There is also a risk of exposure to diseases and a lack of safety in the work environment. Intellectual challenges entail a broad base of knowledge and skills required to provide quality patient care, while decision making and autonomy seem to remain limited. Emotionally, nurses go through periods of great emotional stress as they watch varying degrees of infirmity, illness and death, sometimes feeling frustrated and inadequate as they battle with increased workloads and at the same time, try to fulfil patient's needs (Vogt, Thames, Velthouse & Cox 1983:3).

1.3 STATEMENT OF THE PROBLEM

The high turnover rate in South African healthcare services compared with the low number of recruits entering nursing poses a threat to health care delivery. As the nursing shortage is said to be global, and recruitment continues unabated, health care services might be forced to compete in recruiting nurses that are currently in circulation and also in keeping them in their organisations. This will require organisations and nurse managers to urgently formulate strategies that will attract nurses to stay. What could further complicate the task is the current multigenerational nursing workforce, which comprises four different generations, namely, the silent generation, baby boomers, generation X and generation Y. Greatly influenced by occurrences during the era in which they were born, the different generations display different characteristics, values, needs, attitudes and work ethic. It is therefore critical that retention strategies must be tailored to accommodate these differences in order to retain these multigenerational nurses. This will not only enhance stability and retention of the multigenerational workforce, but will also enhance patient care in health care services.

The research problem thus pertains to what the multigenerational nursing workforce need in order to be retained, and what nurse managers and organisations can do or require to nurture a culture of retention.

1.4 RESEARCH QUESTIONS

Based on the problem statement, the following research questions arise:

- What elements of individual needs, if strengthened in the workplace, can enhance the retention of a multi-generational nursing workforce?
- What actions can organisations take to create conditions and a work environment that will enhance the retention of professional nurses from all generations?
- What attributes do nurse managers need in order to create a work environment where professional nurses of all generations will want to stay?
- How can ongoing nurse retention be ensured and sustained?

1.5 SIGNIFICANCE OF THE PROBLEM

All employers, including the health sector, are concerned with employee retention for several reasons. These include the costs related to high turnover in terms of recruitment and training, as well as the loss of productivity that can result from discontinuity in the level of performance while new recruits are being trained. The morale of staff remaining with increased workloads is also a concern. While the work environment contains factors that might cause staff to leave in search of greener pastures, employers need to start focusing on issues within the workplace which, if addressed, will enable nurses to

stay within those organisations. Nurses comprise the largest number of all health care practitioners in South Africa (ANC 1994:31), specifically professional nurses. In the rural areas, primary health care (PHC) services are mainly provided by nurses, with the professional nurse being in overall charge of these services.

According to literature reports, research has been conducted globally, with much being written about nursing shortages, emigration and turnover (Andrews 2003: Strachota et al 2003; Hirschfield, Henry & Griffith 1993; Xaba & Phillips 2001: Fletcher 2001). However, fewer reports appear to concentrate on the retention of nurses within the professionally active ranks.

It is therefore hoped that this study will add to the existing body of knowledge on human resource planning in nursing, by suggesting a programme for professional nurse retention which, if implemented, might improve nurse retention within the South African health care services. This would in turn:

- Enhance the quality of patient care through the retention of skilled professional nurses
- Reinvigorate the morale of those professional nurses remaining in the services and encourage them to stay
- Improve the quality of life of all South Africans who are potential health care consumers by providing skilled practitioners at their service
- Contribute towards attracting more recruits from the younger generation into nursing, as well as encourage non-practising nurses to return to practice.

1.6 AIM AND OBJECTIVES

The overall aim of this study is to investigate and explore factors within the workplace and from the point of view of professional nurses and nurse managers which affect nurse retention, and to propose guidelines for professional nurse retention which, if implemented, might enhance their retention in the health care service organisations (see Annexure A).

The following objectives are stated in order to achieve the aim of the study:

- To determine elements of individual needs which, if strengthened, will enhance the retention of a multi-generational nursing workforce
- To explore and describe actions which organisations could take to create a workplace environment that would promote the retention of professional nurses of different generations
- To determine and explore the views of nurse managers regarding factors that could influence professional nurse retention.
- To develop and recommend guidelines that could enhance and sustain ongoing professional nurse retention in health care service organisations.

1.7 DEFINITIONS OF CONCEPTS

The following concepts are defined in the context of their application to this study:

- **Change**

The process of making something different from what it was (Sullivan & Decker 2005:217). In this study it will mean replacing established practices with new ones in order to enhance nurse retention.

- **Generations**

All the people born at a particular time and collectively grouped by those years when they were born. These people share birth years, age location and significant life events at critical developmental stages (Duchscher & Cowin 2004:494).

- **Health care service**

A facility or institution that offers health care service to patients, be it a clinic or hospital. In this study, the two concepts will be used interchangeably with “hospital” and “organisation” where professional nurses are employed.

- **Job satisfaction**

Attitudes and feelings that individuals have about their jobs. It includes the extent to which the individual's felt needs are fulfilled by the job that he or she performs (Ma, Samuels & Alexander 2003:294).

- **Leadership**

The process of influencing and inspiring others by getting them to act willingly (Tappen 2001:5).

- **Nursing**

According to Virginia Henderson, nursing is a unique function which entails assisting the individual, whether ill or not, in performing activities that will contribute to health,

recovery or peaceful death, that the individual would have performed unaided if he or she had the necessary strength, will or knowledge to do so (Swansburg & Swansburg 2002:82).

- **Nursing Management**

The process of preparing functions of planning, organising, staffing, leading or directing and controlling or evaluating the activities of nursing in an organisation or its units, to deliver health care to patients (Swansburg & Swansburg 2002:27).

- **Nursing Service Manager (NSM)**

A professional nurse in a management position in a public or private health care organisation who is responsible for the practice of nursing in that organisation. The terms “nursing service manager” and “nurse manager” will be used interchangeably in this study.

- **Nursing shortage**

A deficiency or lack in the numbers of nurses to fill existing posts in the health care service.

- **Nurses**

Personnel with a nursing qualification who are entrusted with the health care of patients. Such a qualification must be registered with the SANC.

- **Professional Nurse**

As used in South Africa, a person registered with the SANC as a nurse under article 16 of the Nursing Act, No 50 of 1978, as amended. In this study, the concepts “professional nurse and “registered nurse” will be used interchangeably.

- **Recruitment**

The process of adding new individuals to a population or group; or to attract someone to work for a company or become a member of an organisation. It consists of activities that are interrelated to identify sources of talent to meet the organisation’s needs by “attracting the right number and type of people for the right jobs at the right time in the right places” (Rothwell & Kazanas 1994:283).

- **Retention**

An organisation’s ability to keep employees in their positions for as long a time as possible is known as retention.

- **Turnover**

Turnover refers to the voluntary separation from an organisation by an individual who receives compensation from that particular organisation. If an employee leaves it is called “turnover” and if the employee stays it is called “retention” (Gurney 1990:12).

1.8 FOUNDATIONS OF THE STUDY

This section will address the assumptions underlying the study and the theoretical framework used to contextualise the research results.

1.8.1 Assumptions

According to Mouton (1996:174), the current philosophy of science generally accepts that no research findings can be conclusively proven by being based on empirical data. A researcher, during the course of a study, will be obliged to make assumptions about specific theories which are not tested in the study concerned. The importance of these assumptions, though, is that the researcher's study falls within the context of such theories. They direct research decisions and must therefore be stated explicitly. The characteristics of assumptions, unlike those of hypotheses, are neither testable nor meant to be tested (Mouton & Marais 1990:21).

The following assumptions relate to this study:

- Unsatisfied personal needs in health care organisations influence professional nurses' intention to stay or leave.
- Professional nurses will remain in an organisation where they get personal recognition.
- Different generations have different needs, which influence their retention potential.
- Professional nurses' needs and wants change over time.

1.8.2 Theoretical framework

Three theories which relate to retention and factors leading to retention will serve as a theoretical framework for this study. These theories are:

- Maslow's Hierarchy of Needs Theory.
- Vogt, Thames, Velthouse and Cox's Theory of Nurse Retention.
- Lewin's Force-Field Analysis Theory.

The three theories relate to workplace behaviour and human relations, and are concerned with needs, desires or drives which, if satisfied, will enhance the possibility of nurses remaining in their jobs.

1.8.2.1 Maslow's Hierarchy of Needs Theory

Maslow identified a hierarchy of needs that he proposed as the basis of motivation for individuals. These needs are divided into five categories in a hierarchy, in order of priority. Physiological needs are, according to the theory, first-level needs and include elements such as air, water, food and shelter. The second level consists of safety needs. These are needs for a secure, predictable, habitable, non-threatening environment. The third-level needs are termed social needs and consist of needs to affiliate or to have friends, to be liked and to be accepted (Furnham 1997:248; Gurney 1990:23). According to Maslow, a lower level need has to be gratified before a need on the next level can be attained. Physiological, safety and social needs are regarded as deficiency needs. Unless these needs are satisfied, an individual will not develop into a healthy person, neither physically nor psychologically. Satisfying deficiency needs serves as a basis for the development and fulfilment of the next two levels, namely esteem needs on the fourth level and self-actualisation needs on the fifth and highest level. Esteem needs refer to an individual's desire to develop self-respect and to gain the approval of others. This includes the need for recognition and reward, being given praise where it is due, being promoted accordingly and being respected and appreciated by others. The highest level is that of self-actualisation, which is associated with the desire to become all that one is capable of being, to develop one's own potential to the fullest (Booyens 1998:458; Furnham 1997:250; Gurney 1990:23).

1.8.2.2 Vogt, Thames, Velthouse and Cox's Cork-Top (Bottle-Neck) Theory of Nurse Retention.

Vogt et al built their theory of nurse retention using Maslow's constructs regarding human needs to explain factors that affect nurse retention. The figure of a champagne bottle cork is used to depict the different levels or categories of needs. These needs are also in a hierarchy; but unlike Maslow's theory, this is a theory of nurse retention and not motivation (Vogt et al 1983:130). The shape of the champagne bottle cork signifies the levels and how they vary and differ in size, severity or complexity. Where the cork is narrow, it signifies areas of constrictions or limitations in fulfilling those needs, while wider areas indicate expanded opportunities. According to this theory, retention of nurses is affected by the availability or unavailability of means to meet needs. A bottleneck signifies a stage or place where progress is blocked or impeded in fulfilling needs or in attaining gratification.

1.8.2.3 Lewin's Force-field Analysis theory

Kurt Lewin (1951) introduced the force-field analysis technique to examine what he termed "forces" in the workplace. According to this theory, each work setting has forces which have influences, not only on the organisation, but also on the people working within the organisation. These forces are divided into two categories, namely, driving forces and restraining forces. Driving forces are seen as motivating and positive in nature, while restraining forces are regarded as negative (Schwering 2003:362). When driving and restraining forces are equal, the situation remains as is, with change occurring when the relative strength of opposing forces changes. In order to effect change, driving and restraining forces need to be identified and their strength assessed.

Once assessed, balance must be shifted towards the direction of change. This requires a process which occurs in three steps: unfreezing, moving and refreezing. The first step of unfreezing entails the initiation of movement or “thawing” the current situation, targeting entrenched behaviours. This can be done through motivating participants by getting them ready for change. The next step is that of movement, where the change process is introduced. The third step of refreezing entails the reinforcement of new patterns of behaviour. During this step, there is stabilisation and integration of change so that it becomes normal behaviour (Sullivan & Decker 2005:219; Tappen 2001:209).

The application, use and significance of the theories to this study will be discussed in detail in Chapter 2.

1.9 RESEARCH METHODOLOGY

Burns and Grove (2001:223) describe research methodology as the entire strategy for a research study, starting from the identification of the research problem to the final plans of data collection.

In this section the research methodology of the study will be briefly outlined. A detailed discussion of the methodology is given in chapter 4 of this study.

1.9.1 Research design

An exploratory and descriptive in nature, was conducted, with both quantitative and qualitative approaches used to identify, describe and explore factors that influence professional nurse retention, from a point of view of professional nurses and nurse managers functional in healthcare organisations, using the survey method. Quantitative studies are aimed at describing variables and examining relationships. This approach incorporates logistic deductive reasoning, as the researcher will examine the data

collected and draw generalisations from it Qualitative approaches are used to generate knowledge which is concerned with meaning and discovery(Burns & Grove 2001:28).

Descriptive studies provide accuracy in that they describe what exists, the frequency with which it exists, assign new meaning to a phenomenon and put information into categories. Furthermore, descriptive studies have as their main objective the portrayal of that which is being studied; be it persons, situations or groups (Burns & Grove 2001:30; Polit & Hungler 1991:643).

Exploratory studies are designed to increase knowledge in a specific field of study. They are conducted in cases where little previous research has been conducted. Exploratory studies are also suitable in surveys of people who are practically experiencing the problem under study (Babbie & Mouton 2003:80; Mouton 1998:102).

The survey method was chosen. This method is, according to Babbie & Mouton (2003:232), probably the best method that can be used to describe a population that is too large to be observed directly.

The study was divided into two phases:

During phase 1, a quantitative study is conducted to describe and explore factors that determine the retention of professional nurses of different generations

In phase 2 a qualitative approach is used to describe and explore the factors which nurse managers consider as having an influence on professional nurse retention, as well as attributes they felt will enhance their role in retention.

Findings of both phases 1 and 2, together with an in-depth literature study and theoretical framework, will then be used to develop and recommend guidelines that

could be implemented to enhance the retention of professional nurses within the healthcare service or organisations.

1.9.2 Population and sample

The population in a study means all the elements, which could be objects or people, that meet certain criteria in a given situation (Burns & Grove 2001:47). Based on various definitions, a population in this context is not a naturally given entity, but always consists of elements that are constructed or defined. A target population is that defined group to which the researcher wishes to generalise the results of a specific study (Mouton 1996:134).

1.9.2.1 Target Population

Two target populations are chosen for this study, one for each phase.

Phase 1

The target population for this phase comprised professional nurses with addresses in Gauteng, employed in public and private hospitals, who are registered with the South African Nursing Council (SANC) and therefore licensed to practise. The SANC was requested to draw a computerised representative sample of this target population from their records (see Annexure C for this request).

Phase 2

The target group in this phase comprised nursing service managers from both the public and private sectors who perform human resource functions in health care organisations in the Gauteng Province.

1.9.2.2 Sampling

Sampling refers to the procedure followed to select a group of objects or people from the population of the study. A sample refers to the subset of the population selected for the study, with members of the sample referred to as subjects (Burns & Grove 2001: 48).

A population in the context of research is always defined and not a given entity; it is constructed for a specific research project or study (Mouton 1998:134). In this study, two sets of samples are selected from two respective target populations namely professional nurses and nurse managers, for phases 1 and 2 respectively.

Representativeness is a key concept in sampling, which implies that a sample drawn from a population has the same properties or traits as that of the population from which it is drawn (Mouton 1996:136). Sampling in this study will proceed as follows:

Phase 1

Probability sampling was used. A computerised random sample of the total population of registered professional nurses with addresses in the Gauteng province was drawn, with the assistance of the SANC's statistics department

Phase 2

A purposive, probability sample of nursing service managers in charge of human resources in public and private health care organisations in the Gauteng Province was selected. Nurse managers had to meet selection criteria, which are discussed in chapter 4 of this study.

1.9.3 Data collection and instruments

For phase 1, data was collected by means of self-administered questionnaires. After an intensive literature review, existing tools relevant to retention and related terms were identified, which formed the basis for the questions. Data for phase 2 was collected by means of a semi structured interview schedule. Questions in the schedule were formulated by the researcher, based on professional nurses' responses from phase 1 and the literature review.

Phase 1: questionnaire

The questionnaire was pre-tested for clarity with ten professional nurses employed at hospitals in the North West province and therefore not included in the sample, but who have the same elements as the target population and sample. This was done to

evaluate whether the questions were relevant to the problem and also comprehensible to the respondents. After the pre-test, the questionnaire was dispatched to respondents, together with a covering letter which specified the return date and instructions for the completion of the questionnaire. The researcher's contact details as well as a self-addressed stamped envelope were also enclosed. Respondents were also asked to contact the researcher if they desired a copy of the completed research report after completion of the study. They were requested to send such request in a separate envelope, to uphold anonymity of their questionnaires (Annexure D).

Phase 2: semi-structured interview schedule

After formulation and approval by the two study promoters, the semi-structured interview schedule was tested for clarity with three nursing service managers who were not part of the selected sample, but had the same elements as nurse managers in the sample. This was to test if the questions were understandable and would therefore yield relevant information.

The researcher also requested permission from hospital and organisational authorities to conduct interviews with the nurse managers in their organisations.(Annexure E). The authorities and later the participants were also be informed that they could request a copy of the research report after completion of the study, should they so desire.

After a literature study and analysis of data from phases 1 and 2 have been completed, guidelines for professional nurse retention will be developed.

1.9.4 Reliability and validity for phase 1 of the study

Mouton (2003:119) regards reliability and validity as two technical considerations that researchers pay special attention to in the construction and evaluation of measurements.

Reliability

Babbie and Mouton (2003:119) refer to reliability as “a matter of whether a particular technique, applied repeatedly to the same object, would yield the same result each time.”

Three methods of reliability testing are referred to in the literature, namely: stability, equivalence and internal consistency. The method of choice in testing reliability of the measuring tools used in this study will be internal consistency.

Validity

Validity refers to the extent to which a measuring instrument accurately reflects the real meaning of the concept it is supposed to measure (Babbie & Mouton 2003:123). In this study, the instrument will be evaluated for content, face and construct validity.

The validity and reliability of phase 1’s quantitative research instrument (questionnaires) will be discussed in detail in Chapter 4.

1.9.5 Trustworthiness of the data obtained in phase 2 of the study

The truth value of phase 2 data was measured against the four constructs which are described by Lincoln and Guba (in Marshall & Rossman 1995:143) as canons that stand as criteria against which the trustworthiness of a study can be measured. The four constructs, namely, credibility, transferability, dependability and conformability are discussed in detail in chapter 4 of this study.

1.9.6 Data analysis

Quantitative inferential and descriptive statistical procedures will be used to analyse collected data. Inferential statistics, according to Polit and Hungler (1991:429), provide information for drawing conclusions about a population, considering the actual data generated from the sample. Descriptive statistics are useful in the description and synthesis of data (Polit & Hungler 1991:405). In this study, data collected during phase 1 was analysed with the assistance of a statistician from Unisa's Department of Statistics

The qualitative data obtained during the semi-structured interviews with the nurse managers was analysed according to the steps proposed by Marshall and Rossman(1995:115) and Creswell (2003:191). The steps entail organising and preparing data for analysis, reading and rereading through data to obtain a general sense of the information and its overall meaning and then to commence coding of data according to the major and sub categories. Data analysis for phases 1 and 2 will be discussed in more detail in chapters 5 and 6 respectively.

1.9.7 Ethical considerations

Upholding ethical guidelines refers to whether the researcher shows competency, maintains honesty in managing resources, acknowledges sources and supporters during the study and gives an accurate report of findings. Brink (1999:39) maintains that should a researcher fail in his or her responsibility to uphold ethics in a study, he or she will be undermining the whole scientific process.

The Democratic Nursing Organisation of South Africa (Denosa1998:2.3.2) sets ethical standards for nurse researchers as a framework for and criteria against which nurses can practise the research they conduct or in which they participate. These standards include the fostering of justice, beneficence and the exclusion of harm and exploitation; the right to subjects' self determination; ensuring anonymity and confidentiality and following certain criteria in conducting the study.

To uphold ethical standards, the researcher in this study proceeded as follows:

- Approval was obtained from the Research and Ethics Committee of the Department of Health Studies, Unisa. (See Annexure F)
- Permission to conduct the study was obtained from all nurse managers participating in phase 2 of the study.(see Annexures G) .
- Relevant information regarding details of the study and the expectations of the researcher was supplied, together with the questionnaires, to all respondents in phase 1 to all participants in phase 2 of the study (see Annexures H and I) .
- The researcher furnished respondents and participants with her contact details where she may be reached.

- Informed consent was obtained from all nursing managers who were interviewed.(see Annexure J).
- Confidentiality was ensured by protecting all data collected during the study from unauthorised persons.
- Subjects remained anonymous to ensure that responses are not linked to particular individuals. Their privacy was also respected.
- The researcher was guided by a promoter and co-promoter experienced in the field of nursing research. This will enhance adherence to research principles.

1.10 SCOPE AND LIMITATIONS OF THE STUDY

The literature describes retention as going hand in hand with recruitment or attracting nurses to health care organisations (Schmelling 1992:178; Chan, McBey, Basset, O'Donnell & Winter: 2004:45), implying that one cannot be studied without the other. This study focused only on retention (Shimkus 2005:1), as it was felt that including recruitment would make the study unmanageably wide and costly.

Another limitation could be that the study was conducted in only one province of South Africa, excluding eight other provinces, which could possibly limit the generalisability of findings. Should there be any other limitations arising during the course of the study, the researcher will try to address them and also report on these in the final chapter.

1.11 DIVISION OF CHAPTERS

The organisation of the chapters of this thesis is presented in Table 1.3.

Table 1.3 Organisation of chapters.

Chapter 1	Orientation to the study
Chapter 2	Theoretical framework
Chapter 3	Literature review
Chapter 4	Research methodology
Chapter 5	Discussion of results – Phase 1: professional nurses
Chapter 6	Discussion of results – Phase 2: nursing service managers
Chapter 7	Conclusions, limitations and recommendations. Guidelines for professional nurse retention, formulated from findings of this study, will be included as an annexure.

1.12 CONCLUSION

This chapter gave an orientation to the study. The background and rationale, problem statement, research questions, aim and objectives and research methodology were discussed. The chapter included a brief introduction to the theoretical framework, as well as an outline of the chapters' organisation.

In chapter 2 will the theoretical framework within which this study is contextualised and its application to professional nurse retention.will be discussed.

CHAPTER 2

THEORETICAL FRAMEWORK

2.1 INTRODUCTION

In trying to maximise the explanation of nurse retention, there was a need to identify and select the theories most appropriate to forming the basis or framework for this study. A theoretical framework explained in a separate chapter enables readers to clearly distinguish this section from other components of the research process and provides a complete explanation of how the chosen theoretical framework or theories will be used or related to the study (Creswell 2003:127).

The theoretical framework of this study was based on three theories;

- Maslow's Hierarchy of Needs Theory
- Vogt, Thames, Velthouse and Cox's Cork-Top (bottleneck) theory of Nurse Retention
- Lewin's Force-Field Analysis Theory

The three theories, although classic, form a basis from which the phenomenon of nurse retention can be explained, explored or described. Maslow's Hierarchy of Needs Theory looks at human needs and motivation, with emphasis on the fact that employees are motivated by different things at different times in their lives. The theory of Vogt et al builds onto Maslow's theory, but goes a step further by addressing areas where the flow of human needs might be blocked or inhibited, with special emphasis on nursing. Lewin's

model of change identifies driving and retaining forces, which might require change to bring balance or an ideal climate in the workplace. Due to the structure of fractioning of organisations as systems which are orderly, the theory further describes the steps that need to be followed to implement change.

A brief overview of these theories has been given in Chapter 1. This chapter will provide a description and discussion of these theories in relation to professional nurse retention.

2.2 MASLOW'S HIERARCHY OF NEEDS THEORY

Abraham Maslow developed a theory of motivation, focusing on human needs. His assumption is that human beings have needs that are arranged in a hierarchy and based on development patterns. These patterns are said to be encouraged by outside forces as well as the individual's capabilities, efforts and courage. Another assumption is that motivation comes from within the individual and cannot be imposed. The theory is further based on the assumption that motivation is an internal process directed towards achieving external goals. Human beings seem to be continually striving to find ways of satisfying their needs. These needs, according this theory, are arranged in a hierarchy, ranging from the lowest or most basic to the highest levels. Lowest level needs are physiological, followed by safety, then love and belonging, esteem and then the highest level, of self actualisation (Maslow 1970; Tappen 2001:33).

2.2.1 Physiological needs

Physiological needs are basic needs such as water, air, food and sleep. According to Maslow, these needs lie at the bottom of the hierarchy and dominate human behaviour if any of them are not satisfied. Needs are regarded as organisers of behaviour. Physiological needs have to be satisfied before other higher-level needs emerge as important and become the focus of an individual's behaviour. As soon as a need is satisfied, it stops motivating behaviour, unless the need becomes re-activated (Cardin & Ward 1989:142; Maslow 1954:87).

Certain physiological needs may be satisfied in most working people. While professional nurses can afford food and water and therefore satisfy these needs, it is doubtful whether the need for rest can be satisfied, given the current situation in which nurses work mandatory overtime and face increased workloads due to nurse shortages and high nurse-patient ratios.

Physiological needs can often be satisfied mainly through money. Financial rewards are said to afford the satisfaction of most physiological needs. Although physiological needs form the basis of higher needs, Cardin and Ward (1989:133) argue that professional people tend to place more emphasis on higher-level needs than do people who are not professional. They are likely to be motivated more by needs for development, higher education, work challenges, assuming responsibility and decision making, than by higher salaries. However, low salaries and failure to meet financial obligations can force individual nurses to seek alternatives to augment their salaries. In nursing, this can be likened to moonlighting. Nurses work long hours, double and even back-to-back shifts to get more money and improve their lifestyles. They get tired and stressed, but have to continue for the sake of getting more money. Tappen (2001:33) uses an example of a person choking

on a piece of steak in a restaurant to demonstrate how some physiological needs require immediate attention to avoid life-threatening situations. Choking is a life-threatening experience. An individual might take any action possible to relieve this feeling, no matter how gross or unappealing, such as sticking a finger down your throat or peeling part of your clothes off just to find relief. When such a need arises, a person does not think of anything else, but focuses all the attention on achieving this particular need to survive, ignoring everything else around. The motivation to meet this physiological need through more money forces nurses to continue working long, unsocial hours, overriding other needs such as rest, which is also a physiological need, and social needs, because their survival is being threatened. Other situations in the workplace that may represent life-threatening, urgent needs that require immediate attention include ventilation or temperature, sleep, stimulation or pain (Tappen 2001:24).

2.2.2 Safety needs

These needs pertain to physical safety, a sense of security, stability and dependency. Safety needs could relate to either the work itself or situations around the work environment. Being assigned a task one is not proficient in, lack of orientation or lack of transparency are all situations that can also threaten safety in the workplace. A stable workplace is seen as enhancing safety. Stability is indicated by an environment where change is planned and kept in balance, neither occurring too frequently nor totally lacking. It is ideal to create regularity in terms of working hours, job expectations, standards and work performance. Dependency refers to a human need to be able to ask for assistance from others regarding matters such as new tasks, grieving after loss, solving problems, lifting or performing hearing tests (Tappen 2001:35).

Although needs are characterised by the satisfaction of certain elements at a specific level, different individuals can classify the satisfaction of needs at different levels, according to Maslow's Hierarchy of Needs Theory. Smith (1995:15) demonstrates this in a study conducted on ancillary staff regarding motivation, where the theory was applied. Catering staff, porters and male staff at the university where the study was conducted regarded promotional prospects in the workplace as a source of safety in terms of need satisfaction. They also saw promotion as a means to a salary increase, while on Maslow's Hierarchy of Needs Theory, promotion is placed on a higher level of needs, namely self actualisation. This was interpreted as indicating the few opportunities that ancillary staff had in their environment to reach this highest level and therefore not being familiar with the activation of the need to self-actualisation, despite having aspirations for growth. They therefore associated promotions with higher salaries and safety, both lower-level needs, rather than needs on higher levels.

Gwynne (1997:2) regards safety needs as having to do with stability and consistency. In cases where safety is threatened through any form of abuse, victimisation or violence, there is failure by the individual to move to the next, higher level of needs due to concerns about his or her own safety. Violence in the workplace can pose a threat to safety and therefore lead to a lack of satisfaction of these needs, which in turn can affect nurse retention negatively. Geyer (2005:42) describes the different forms of violence in South African workplaces to which nurses are exposed. The author identifies a specific type of violence: lateral or horizontal violence, which is defined as covert or overt direction of nurses' dissatisfaction. This dissatisfaction is directed towards self, colleagues or those less powerful than themselves, with the perpetrator not always being confronted. Some of

the factors influencing violence in the workplace include dangerous location of facilities, the lack of security in facilities which is common in public hospitals, the bringing of firearms on to health care facilities and patients and relatives who might act irrationally towards health care personnel. Nurses are the most common victims of violence, because they are the people mostly in contact with patients and their next of kin and nurses are mostly female and defenceless.

Vogt et al (1983:127) expanded on Maslow's concepts and divided safety needs into three categories: emotional, job and financial security. Emotional security refers to an individual's freedom from danger and feeling of being safe in the workplace. It is also about freedom from threat, job loss, unemployment, or any form of discrimination, favouritism, consistency and unfairness in management practices. Examples of job and financial security relate to tenure, savings, compensation and insurance possibilities.

2.2.3 Belongingness and love needs

The need for love and belongingness in a work environment relates to relationships with colleagues and other fellow employees. Interacting with colleagues, accepting and being accepted by them, forming friendships, opportunities to receive love and affection, are some of the elements within this level (Cowin 2002:7; Gwynne 1997:2).

There tend to be certain difficulties experienced in workplaces where there is a lack of acceptance or warmth within the group members. Interpersonal problems are cited as one of the reasons people get dismissed from their jobs, simply because they are not accepted, liked or made to feel welcome as part of an organisation. While love and belongingness are regarded as a level of human need that also requires satisfaction, it is sometimes argued

(Tappen 2001:35) that this category of needs is unimportant and that satisfying these needs would, on the contrary, represent time wasted on socialising. However, Maslow supports the importance of satisfying this need. According to Gwynne (1997:3), human beings need friendship, love and have a desire to belong, be it to a team, gang, church group or otherwise. Nurses, as human beings, also have this need to belong, be appreciated, accepted and given support in the workplace. Fabre (2002:2) regards an environment that promotes satisfaction of needs on this level as being resonant with a spirit of warm support and friendliness, where nurses feel appreciated. Such an environment will enhance retention of nurses and improve the quality of care provided to patients and clients.

In the previously mentioned study evaluating the applicability of Maslow's theory to ancillary staff, good relations amongst co-workers, a friendly working atmosphere, the management style of leaders and pride displayed by workers were factors that were found to be desirable in fulfilling the need for belongingness and love (Smith 1999:13).

One of the complaints that eventually contributes to nurses' intentions to leave is increased workload due to understaffing, forcing nurses to work long hours of mandatory overtime. This in turn leads to nurses losing closeness with family and friends and also has a negative influence on their social lives. Overwork sometimes leads to irritability and increased conflict, affecting this level of need for love and belongingness, both at home and at the workplace. On the other hand, overtime brings more money, which allows the nurse to meet financial obligations and thus satisfy basic physiological needs. This might also bring some measure of satisfaction and happiness to this nurse, making it easier for colleagues to get along with someone they experience as a rather pleasant person.

Appreciation by colleagues, as well as regaining a sense of group identity or belongingness in a work environment, leads to satisfaction of this need (Cardin & Ward 1989:131; Fabre 2002:2). Sound relationships with co-workers, and an opportunity to be regarded as an equal amongst team members or colleagues, as well as a friendly atmosphere in the workplace, all contribute to satisfying the need to belong (Smith 1999:10).

2.2.4 Esteem needs

Champoux (2003:94) describes self-esteem as a judgment that an individual makes about himself or herself. This judgement can either be positive or negative and plays an important role in defining one's behaviour. People with a low self-esteem tend not to be successful, while those whose self-esteem is high achieve more.

According to Maslow's theory, esteem needs are about a person's self worth and self-confidence. Esteem needs are divided into two, namely esteem from others and self-esteem. Esteem from others refers to the respect and the valuing of one's worth by others. Self-esteem is what a person thinks about himself. (Cowin 2002:7) divides esteem needs into two areas: needs for self-esteem and self-respect. These needs are said to be derived from a sense of being necessary and useful in the world, when individuals achieve self-confidence, status, recognition, appreciation by others and competence in their work.

In the study on the applicability of Maslow's theory to ancillary staff, Smith (1999:15) made a distinction between needs satisfaction and needs importance. What satisfied individual workers and how important the worker regarded the factor as being were considered

separately. This was done in order to identify any underlying patterns or relationships between individuals' responses and Maslow's needs. Esteem needs in ancillary staff related to trusting management, communication through being listened to, having systems to channel complaints, being kept informed, maintaining satisfactory relationships with management and functioning as part of a team. The importance of the need is related to interaction with supervisors, managers and customers. The need is also enhanced by pride in one's service, as well as the management style adopted.

According to Osguthorpe (in Cardin & Ward 1989:130), a nurse can only start to focus on long-term ambitions, such as specialisation in a field of nursing, after starting to feel recognised by both peers and management as a mentor. In turn, this will lead to activation of the need to achieve self-actualisation in the workplace.

Maslow (1970:74) further classified esteem needs into two subsets firstly, the need for independence, freedom and a personal sense of confidence in one's competence in dealing with things. The second subset is the need to have this competence recognised and appreciated by others.

2.2.5 Self-actualisation needs

When all the needs are satisfied, the final one to emerge is the need for self-actualisation. Self-actualisation refers to needs or desires for self-fulfilment. As the highest need category, self-actualisation refers to the need to develop one's full potential, increasing one's competence and "to become everything that one is capable of becoming" (Maslow 1954:91). Maslow further asserts that self-actualisation is not so much a state of being, but rather a process of being.

According to Fabre (2002:2), organisations where nurses are enabled to reach and achieve self-actualisation also benefit substantially in terms of the value that these nurses add to their functioning. Through their positive image, innovativeness and efficiency, they have a positive influence over their peers and subordinates, encouraging peak performance by them. This, in turn, gives the organisation a good reputation and leads to growth and profitability in the case of private institutions, as patients notice this efficiency in practice. Nurses working in this environment are more likely to be retained as they will be enjoying ongoing professional as well as personal growth.

Organisations can also contribute towards their employees' meeting of their self-actualisation needs by providing opportunities for creativity, growth, advancement, merit, training and development. This will lead to workers improving themselves both personally and professionally (Daft & Noe 2001:165). Maslow, in his initial writings, focused on the need to self-actualise, concentrating on the picture or characteristics displayed by a person who is self-actualising. These characteristics are honesty, awareness, freedom and trust. Honesty entails trusting one's feelings or perceptions of living in the real world, repeatedly appreciating the basic things in life, experiencing feelings of power and limitless horizons opening up and displaying strong ethical and moral standards. Freedom is displayed by the ability to detach and enjoy privacy, to be creative and inventive; to be spontaneous by behaving simply and naturally, and not being artificial. Trust relates to the ability to trust self and others, having a mission or goal in life, not depending on culture and environment, but on oneself for further development and continued growth, as well as accepting human nature's fallibilities.

Furham (1997:250) identifies four key principles or assumptions of Maslow's theory. These are:

- **The deficit principle.** A need that is not satisfied results in tension and also brings about the drive to act. Once a need has been satisfied, it ceases to motivate.
- **The prepotency principle.** Needs are hierarchally placed, with some needs being more vital and important than others. These important and vital needs must be satisfied first, before the other needs can start to motivate human behaviour.
- **The progression principle.** Needs are met according to the hierarchy, from the lowest to the highest level.
- **The need structure is open-ended.** Self-actualisation is never fully attained. As an individual continues to grow and develop, his or her potential increases, with the need arising time and time again to reach self-actualisation. This is seen as a necessary mechanism. Should all needs of an individual be gratified, such an individual, according to this theory, will no longer be motivated to act.

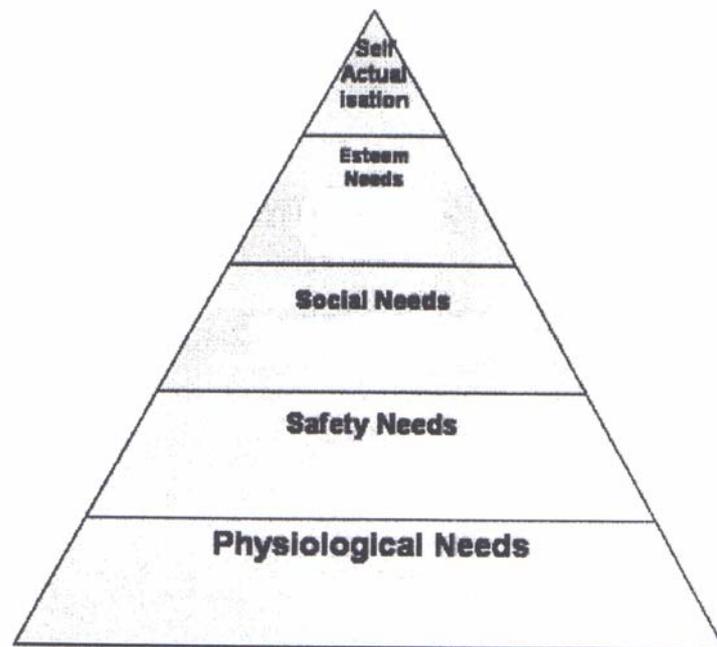


Figure 2.1: Maslow's Hierarchy of Needs

The Hierarchy of Needs Theory has been used throughout various disciplines to investigate human needs and motivation, especially in the workplace. In this study, the theory is utilised because of its focus on human needs. Nurses, like all other workers, engage in various positions of work as individuals with certain needs. As one level of needs is satisfied, for example money, which initially motivated performance, they strive to achieve the next level, of safety. Needs that are met cease to motivate and new needs are evoked. At any point, should these needs become unfulfilled, the nurse might think of leaving the organisation. Lack of fulfilment might even be at more than one level and affect more than one individual nurse, further exacerbating the situation and affecting the retention of nurses within a specific organisation.

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2.3 VOGT, THAMES, VELTHOUSE AND COX'S CORK TOP (BOTTLENECK) THEORY OF NURSE RETENTION

Despite the widely publicised nursing shortages and urgent need to develop strategies to retain nurses, Vogt, Thames, Velthouse and Cox's Cork Top (bottleneck) Theory of Nurse Retention (See figure 1.2) was not found to be widely utilised. This was evidenced by the exhaustive literature search that was conducted by the researcher, as well as the Unisa subject librarian who conducted searches on databases of southern African material, periodical articles, books, MAGNET and CINAHL, Google, as well as other Internet sites. None of these elicited any references to or application of the theory in any of the texts or studies searched. The strength of the motivation for using the theory is the fact that it is specific to nurse retention, which is the focus of this study.

The Cork-Top (bottleneck) Theory of Nurse Retention was formulated by Vogt et al (1983). According to the authors, Maslow's Hierarchy of Needs Theory drew their attention to retention and led them to identify that motivation and retention are separate and distinct processes; they are both managerial functions, but require different methods of planning and implementation strategies. Motivation and retention are also

said to be equally interdependent with two factors: the individual's ability to take responsibility for self knowledge and "seeking after"; and the actions that are taken by management in their functioning. The authors further regard Maslow's theory as supportive of the nobleness of character inherent in the individual, the manager and the organisation in terms of the workplace (Vogt et al 1983:130).

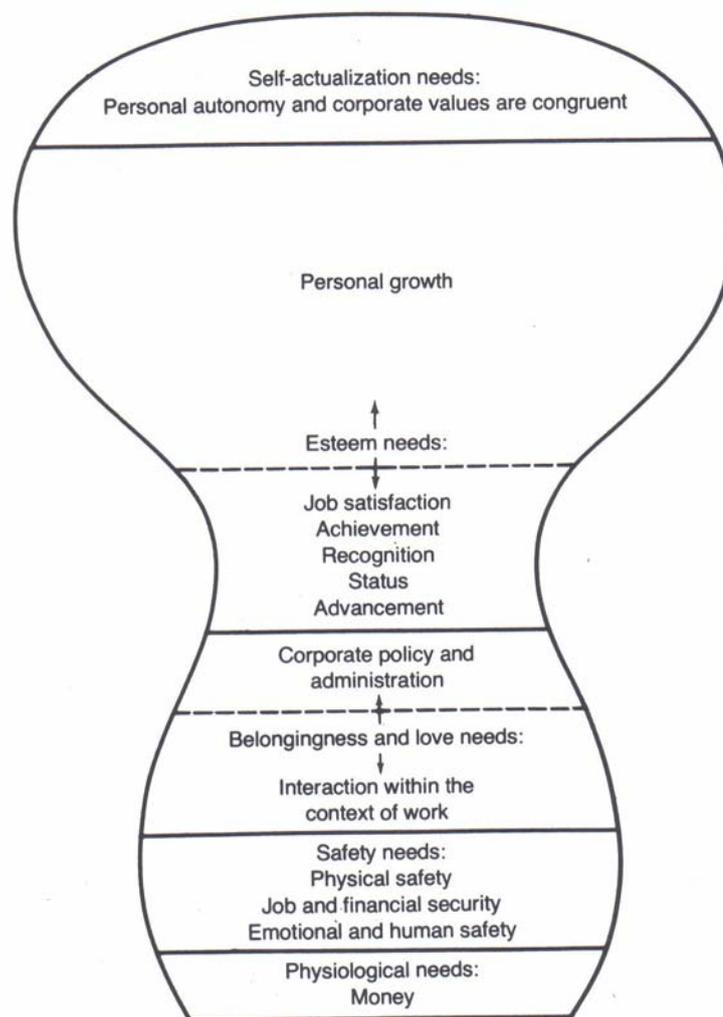


FIG. 4-5

The cork top (bottleneck) in retaining nurses. Cork top design: Korbel Champagne Cellars. (Vogt, Thames, Velthouse, Cox.)

Figure 2.2 The Cork Top (Bottleneck) in Retaining Nurses (Vogt et al 1983:131)

The theory builds and expands on Maslow's Needs' Hierarchy Theory. The hierarchy levels are "fitted" into the "cork top" shape, the form of which is said to depict the areas of "wide flow", where there is abundance, and "constriction", where there is limitation (Vogt et al 1983:131).

2.3.1 Physiological needs

At the base of the cork lies 7 the physiological level. The key element on this level is, according to the theory, concerned with remuneration. Furthermore, the physiological level is considered as the base where the cork fulfils its retention duties. Looking at the shape of the cork, this area is narrow and constricted (Fig 1.2). This is said to represent the limited financial opportunities that are available to nurses in the workplace. As in Maslow's Theory, the physiological level lies at the base or lowest part of the cork top and needs at this level have to be satisfied before the next level of needs is activated. This, according to the theory, is the area on which management needs to focus. Nurses leave their jobs to go to better-paying organisations, both nationally and internationally. The physiological level or base is regarded as the place where retention actions could be exercised. Oosthuizen (2005:155) found that unsatisfied needs on the lower level, as well as on the higher level of the hierarchy of needs, motivated expatriate South African nurses' decisions to leave the country and continue practising in foreign countries.

2.3.2 Safety needs

Next is the safety level. Elements on this level refer to physical safety, job and financial security, emotional and human safety. At this point, the cork begins to widen. According to the theory, this indicates that, as far as safety is concerned, nurses have achieved

some significant measures of safety, especially with regard to discrimination, favouritism and threats in the workplace.

2.3.3 Belongingness and love needs

The third level of belongingness and love needs manifests itself just as the cork begins to narrow. According to the theory, this indicates that nurses may have formal and informal opportunities of interaction in the work environment. However, there are two elements within this level, namely, corporate policies and administration, where the cork starts to narrow. Management and workplace policies are elements which are lacking and subsequently impede nurse retention. Interacting, on the other hand, is not a problem as indicated on the cork-top, as nurses seem to interact sufficiently in the workplace.

2.3.4 Esteem needs

The next level is the esteem needs level. Vogt et al (1983:131) classify elements under esteem in two forms. The first form refers to needs such as job satisfaction, achievement, recognition, status and advancement. The second form pertains to needs centred on the self, to instigate personal growth or mechanisms to obtain satisfaction. According to the theory, this is where the major bottleneck in management's efforts to achieve nurse retention lies. Nurses are said to have achieved little in terms of esteem and job satisfaction, their efforts being unrecognised and their status disregarded. This could be interpreted to mean that organisations and management seem to play a less significant role in fulfilling the needs or functions that will ensure esteem and subsequently enhance nurse retention, leaving the nurse to play the major role towards

self-fulfilment. Management's responsibilities here also seems to be limited. The authors question whether this is acceptable or not.

2.3.5 Self-actualisation needs

The highest and final level on the cork top is that of self actualisation. This level is symbolised as being large but flat, indicating limitations in the workplace which promote self-actualisation. Elements refer to the acts of continued growth, and the congruence between personal autonomy and corporate values. Vogt et al (1983:132) regard opportunities to experience self-actualisation and achievement to be limited in most organisations. This could be attributed to the fact that achieving self-actualisation requires real commitment to the interdependence of individual nurses and the organisations they work for. According to the theory, "nurses are motivated, but not maintained," have opportunities to allow fulfilment of intrinsic needs, but have failed to secure extrinsic factors such as adequate remuneration, job satisfaction, recognition and achievement. These are factors that are mainly reliant on organisational and managerial decisions, which seem to be lacking. Referring to Maslow, there are lower level needs which require gratification before the higher level needs could be activated.

For management and organisations to retain professional nurses, the theory suggests the following actions (Vogt et al 1983:132):

- ◆ The bottleneck or blockage areas should be recognised, as they impede a climate that promotes nurse retention.
- ◆ Nurses should be assisted to understand sources that lead to constraints in terms of fulfilling their needs and to recognise areas where they experience abundance in the flow and achievement of needs.

- ◆ Focus must be directed towards areas of extreme limitation or excessive constriction, where the cork top is at its narrowest. This, on the schematic presentation of the model, looking at the shape of the cork, implies areas of physiological needs and self-esteem.
- ◆ The cork top needs to be removed to facilitate interaction between the individual nurse, management, colleagues, patients and their environment.

As mentioned, the Cork Top (bottleneck) Theory has not been widely used in literature, but its relevance is evident. Except for theories related to nursing practice and patient care, there were no other theories found that focused specifically on the retention of nurses. On the other hand, human resources or organisational development theories tended to focus on the general workplace and not on nursing, with its uniqueness. This theory further identifies the specific areas where there are limitations in creating an environment in which nurses would like to remain working. In concluding their description of the theory, Vogt et al (1983:132) maintain that a theory is intended to help conceptualise information, to bring data into perspective. The cork-top theory of retention presented here makes a contribution to that end. We encourage our readers to consider it, expand it, alter it, use it, and/or toss it.

In an effort to formulate strategies for nurse retention, the Cork Top (bottleneck) theory could be adopted to add to the body of existing knowledge on nurse retention, be tested against implemented strategies or even be used as the basis for further research on nurse retention.

2.4 LEWIN'S FORCE-FIELD ANALYSIS THEORY

Kurt Lewin (1957) developed a management technique which was known as force-field analysis to manage change. With force-field analysis, Lewin suggests that stability among elements in a social system is maintained by balancing opposing forces. Bringing disruption in these forces, by shifting them, can result in changes in the system. Lewin (1951) introduced the force-field analysis technique to examine what he termed "forces" in the workplace. According to this theory, each work setting has forces which influence not only the organisation, but also the people working within the organisation. These forces are divided into two categories: driving forces and restraining forces. Driving forces are said to be positive in nature as they motivate or push towards a desired direction. Restraining forces are negative, pushing in the opposite direction and impeding change (Schwering 2003:362; Sullivan & Decker 2005:217).

Lewin regards human behaviour as a dynamic balance of these forces which work in opposite directions. A field is regarded as a place or space within which these forces are present, for example an organisation. Organisations are seen as being in a state of equilibrium as a consequence of these forces, which differ in prominence from one organisation to another. Forces may pertain to persons within the organisation, their attitudes, habits and values, as well as to the organisation itself. Lewin's technique called on organisations to attempt to identify all these forces or elements, especially those that are controllable. Once identified, controllable forces then need to work, with driving forces being strengthened and restraining forces removed or weakened (Furnham 1997:633).

Controllable forces are those that, if implemented, will enhance retention. This will require disruption, where driving forces are further strengthened and restraining forces are further weakened, which implies change. Addressing problems that inhibit nurse retention requires a measure of change in the workplace, within individuals and even in the profession itself. In order to effect such change, forces must be identified and analysed (Kumar 1999:17). Once forces have been analysed, a process must be put in place to bring about planned change, which will enhance the retention of nurses.

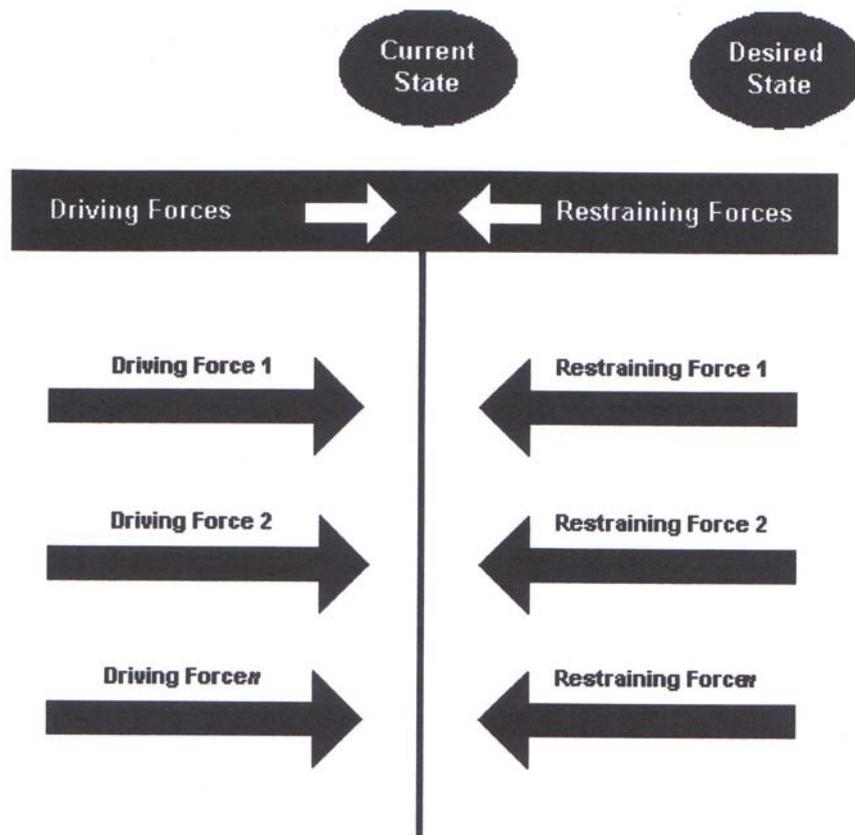


Fig 2.3 Kurt Lewin's Force- Field Analysis Theory (Schwering 2003)

In studying work performances, Steers (Vogt et al 1983:110) utilised Lewin's theory to examine a variety of forces that affect productivity among nurses. The author identified two sets of opposite forces that might be weighed when deciding whether to leave or stay in an organisation. These forces could be within the nurse, who is the sole decision maker on whether to stay or leave. Forces could also be within all management levels, in the job and within the organisation. Driving forces within the nurse include strong work values, goals, traits and abilities required to perform; while restraining forces within the nurse include a weakness in a performance-reward linkage and a lack of job involvement. With regard to management, positive driving forces might be associated with perceptions of equitable treatment, while restraining, negative forces relate to distrust in management. The job might present positive forces such as role clarity, while on the negative side restraint might be influenced by a desire to have more control over one's job. Within the organisation, driving forces might be related to valued rewards contingent on performance, while restraining forces are associated with weighing potential rewards' appeal to the specific nurse.

Another important factor is that there should be a combination of contributory forces at a given time. No one force can influence the decision to leave or stay, or even change its impact (Lewin 1952:256). Effects of various factors in one's environment depend largely on the state in which a person is at a specific time, as both the person's state and that of the environment are interdependent. From this interdependence stems certain behaviour. If a nurse experiences deprivation or restriction in any one of the needs which cannot be provided in his or her workplace environment, thoughts of intending to leave might become manifest. On the other hand, positive feelings about his or her environment and experiences of a measure of satisfaction, especially in higher level needs, might enforce the intention to stay and enhance retention (Lewin 1952:239).

Furthermore, Lewin states that a situation which seems to be continuing over an extended period of time needs to be analysed in order to understand the forces and plan change as necessary. This could be applicable to the problem of nurse retention. Strategies which could enhance nurse retention need to be implemented in the workplace. This calls for change in organisational behaviour. According to Lewin, change seems to refer to driving forces rather than restraining forces. Driving forces compel movement or action towards or away from certain actions, thus bringing about change. Restraining forces, on the other hand, are regarded as static barriers and merely oppose driving forces and ultimately, change. Driving forces may even result from external occurrences and compel change. External forces, in terms of nurse retention, could refer to occurrences within the profession or organisation. Issues within the profession might relate to training and development, and in the organisation, low salaries or management's leadership style. Addressing factors that contribute to turnover compels planned change. According to Lewin's theory, change is a process that consists of three steps: unfreezing, moving and refreezing (Lewin 1952).

According to Lewin, a situation needs to be examined in its entire context, and not only isolated elements, in order for it to be analysed. During analysing, driving and restraining forces must be identified in their contexts. This pertains to forces affecting individual nurses, managers, the organisation and the job itself. In analysing nurse retention, this entails analysis of nurses' needs, managerial or leadership roles, functions and management style, organisational culture and design. Decision-making factors also need to be taken into consideration before change is implemented. According to Lewin, three steps are considered when describing the process of change: unfreezing, moving and refreezing. Unfreezing involves identifying the problem and its related elements in its entirety, identifying both driving and restraining forces. It entails

being motivated by the need to change the status quo. This involves “stirring things up” to unfreeze the situation (Tappen 2001:207). Problems in the workplace are identified, including restraining forces that impede necessary change.

The next phase is that of moving. This phase entails the implementation of the change process, which follows after attitudes or behaviours have been unfrozen and set to move towards change. The third phase of refreezing occurs when changes are integrated and stabilised, becoming regular practice in an organisation. These new patterns of behaviour become institutionalised through the establishment of policies and communication channels, to facilitate acceptance by all in the organisation. (Sullivan & Decker 2005:219; Swansburg & Swansburg 2002:272).

Regarding nurse retention, it could be said that unfreezing is already an occurrence. Factors that enforce nurses’ leaving or retention have been widely established. These are negative experiences that have been cited. Although not largely focused on, driving forces could refer to reasons why nurses remain in the health service, as experienced in their practices. In a survey of critical care nurses at a hospital in Massachusetts, in the USA, important factors mentioned pertain to practical issues, education and work scheduling. Factors mentioned included reputation, professional environment, opportunities and benefits, closeness to home, respect for nurses, professional growth, autonomy, length of shifts, flexibility in scheduling and amount of weekend work (Cardin & Ward 1989:95). These driving forces need to be strengthened in order to retain nurses. The second stage entails moving and changing. This step entails the process of planning and implementing new system practices. In retaining nurses, this stage could involve selecting factors such as work schedules, allocation of responsibilities,

delegating autonomous functioning and decision-making, increasing salaries and benefits.

Refreezing, which is the final step in the change process, entails a period of stability and ongoing evaluation. In their theory on nurse retention, Vogt et al (1983:) also call for change in human resources planning, management and organisation. The authors recommend steps which can be followed to bring about planned change. These steps are: the systematic diagnosis of possibilities and limitations; development of action plans; and continuous evaluation of the change process. These steps equate to Lewin's three steps of planned change, namely unfreezing, changing and refreezing (Fig1.4).

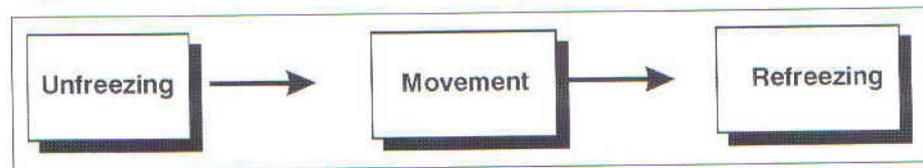


Figure Kurt Lewin's Three Step Model (Schwering 2003)

2.5 SUMMARY OF THE THREE THEORIES COMPRISING THE THEORETICAL FRAMEWORK FOR THIS STUDY ON THE RETENTION OF PROFESSIONAL NURSES

The theories of Maslow, Vogt et al as well as Lewin will be summarised in table 2.1.

Table 2.1 Summary of theoretical framework

	MASLOW	VOGT ET AL	LEWIN
NAME OF THEORY	Hierarchy of Needs Theory	Cork-Top (Bottle-Neck) Theory	Force Field Analysis Theory
CLASSIFICATION OF THEORY	Human Needs Motivation	Nurse Retention	Change
ELEMENTS OF THEORY	Hierarchy of Needs: <ul style="list-style-type: none"> • Physiological • Safety • Love and belongingness • Esteem • Self-actualisation 	(i) Hierarchy of Needs: <ul style="list-style-type: none"> • Physiological • Safety • Love and belongingness • Esteem • Self-actualisation (ii) Areas of Narrowing (Bottleneck)	Two types of forces: <u>Driving forces:</u> Positive <u>Restraining forces:</u> Negative <u>Three steps in the Change Forces:</u>
ELEMENTS OF THEORY		<ul style="list-style-type: none"> • Physiological needs • Loving and Belonging (on management side) • Esteem (major bottleneck) • Self-actualisation 	<ul style="list-style-type: none"> • Unfreezing • Moving/ Changing • Refreezing
APPLICATION (Working environment and conditions)	<u>Physiological Needs:</u> Environment related, food, water, heating, air conditioning, basic salary <u>Safety:</u> Salary, insurance, benefits, safety policies and regulations, job security	<u>Physiological Needs:</u> Money <u>Safety:</u> <ul style="list-style-type: none"> • Physical safety • Job and financial security • Emotional and Human safety 	<u>DRIVING FORCES</u> <u>Within the nurse:</u> <ul style="list-style-type: none"> • Strong personal work values • Personal goals • Required abilities and traits

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APPLICATION (Working environment and conditions)	<u>Love and Belongingness:</u> <ul style="list-style-type: none"> • Social activities • Team work • Professional associations and friendships <u>Esteem:</u> Promotion, titles, certificates of achievement, position, status, recognition	<u>Belongingness and Love needs:</u> <ul style="list-style-type: none"> • Interaction with the context of work. • Corporate policy and administration (Cork begins to narrow) <u>Esteem:</u> (Compromise the major bottle-neck in retention) <ul style="list-style-type: none"> • Job satisfaction • Achievement • Recognition • Status • Advancement • Self centred esteem needs (wider) 	<u>Within Management:</u> Equitable treatment perceptions <u>With the job:</u> Role clarity <u>Within the Organisation:</u> Valued rewards depending on performance <u>RESTRAINING FORCES</u> <u>Within the nurse:</u> <ul style="list-style-type: none"> • Weak performance/reward linkage • Lack of job involvement
APPLICATION (Working environment and conditions)	<u>Self actualisation:</u> <ul style="list-style-type: none"> • Challenging work, autonomy, achievement, advancement 	<ul style="list-style-type: none"> • Personal growth <u>Self actualisation:</u> <ul style="list-style-type: none"> • Personal autonomy and corporate values, congruence. 	<u>Within all Management levels:</u> <ul style="list-style-type: none"> • Distrust of management <u>Within the Organisation:</u> <ul style="list-style-type: none"> • Potential rewards appealing. <u>Goal:</u> Nurse's intension to stay or leave
ACTION OR STEPS TO ENHANCE NURSE RETENTION	Need fulfilment Staff motivation	Identify, address or Expand bottlenecks or areas of narrowness	<u>Change Unfreezing</u> Identifying problems and adopting strategies to strengthen and enhance driving forces

	MASLOW	VOGT ET AL	LEWIN
ACTION OR STEPS TO ENHANCE NURSE RETENTION			<p><u>Moving</u>-Planning and implementing</p> <p><u>Refreezing</u>-stability and evaluation with continued support</p>
RESPONSIBILITIES IN ENHANCING RETENTION	<p><u>Organisation:</u></p> <ul style="list-style-type: none"> • Define environments' role with regard to need fulfilment • Create a culture and climate where need satisfaction is promoted by being aware of market standards, salaries, benefits and reward systems 	<p><u>Organisation:</u></p> <ul style="list-style-type: none"> • Create a climate free of bottlenecks • Open channels of communication through policies and systems • Examine salaries and perks if market related 	<p><u>Organisation:</u></p> <ul style="list-style-type: none"> • Set policies to address restraining forces. • Put plans in place to bring about change. • Be committed to change. • Support change. • Provide adequate resources

<p>RESPONSIBILITIES IN ENHANCING RETENTION</p>	<ul style="list-style-type: none"> • Conduct ongoing assessment of the workplace <p><u>Managers:</u></p> <ul style="list-style-type: none"> • Identify roles and responsibilities with regard to nurses' need fulfilment • Create conditions in the workplace that satisfy employee needs • Identify deficiencies and address them to enhance job satisfaction and subsequently, 	<p><u>Managers:</u></p> <ul style="list-style-type: none"> • Assist nurses to understand sources of constraint and freedom • Promote interaction between nurses and employer • Identify areas of narrowness and confinement • Recognise the role that nurses play within the organisation 	<ul style="list-style-type: none"> • Create well-formulated strategies. <p><u>Managers:</u></p> <ul style="list-style-type: none"> • Show commitment to driving changes • Support and encourage the strengthening of driving forces. • Identify managerial restraining forces and set systems to eliminate them. • Involve nurses in the steps of unfreezing and moving.
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	MASLOW	VOGT ET AL	LEWIN
<p>RESPONSIBILITIES IN ENHANCING RETENTION</p>	<p>Retention</p> <ul style="list-style-type: none"> • Coach and support • Provide continuous feedback <p><u>Individuals (Nurses):</u></p> <ul style="list-style-type: none"> • Examine and identify needs and how they are being met • Enhance capabilities through self development, training • Take responsibility to know "self" • Seek ongoing professional and personal development 	<p><u>Individuals (Nurses):</u></p> <ul style="list-style-type: none"> • Identify and address own deficiencies and limitations • Enhance own capabilities • Examine own attitudes and needs • Identify own areas contributing to constrictions 	<p><u>Individuals (Nurses):</u></p> <ul style="list-style-type: none"> • Support organisational and managerial goals. • Be open to change. • Identify own concerns and fears. • Seek support and assistance from management and peers • Examine own attitudes and needs.

2.6 JUSTIFICATION FOR USING THE CHOSEN THEORETICAL FRAMEWORK

The three classic theories chosen are considered to be appropriate to supporting the focus of this study, and most importantly, providing a possible framework within which nurse retention could be discussed, as well as adding to the field of evidence already gathered around retention issues. According to Lewin (1952:241), theories make it possible for any science to proceed beyond collection and description of facts. It is also impossible to handle effects of phenomena or any problem without dynamic properties, such as one will find in theories through theoretical constructs. Constructs in turn characterise facts, which offer explanations.

Maslow's theory was found to be suitable because it is one of the most popular theories used to explain why people display different needs at different times, specifically in the workplace. Nurses have various needs, which differ from time to time. If these needs are not satisfied, the nurse might find himself or herself starting to weigh options whether to leave or stay. Physiological needs are vital for a person to survive, and are related to salary and working conditions. Earning enough will enable nurses to live above the breadline, as well as afford things that will satisfy this need, such as clothes, decent houses or dwellings and other basics which will make their lives easier. A safe environment, where there are no personal threats from violence, intimidation and hazards, and the provision of safe working equipment will also enhance nurse retention. Managers also have a role to play in making nurses feel accepted, practising open-door policies and also by appreciating and acknowledging the nurses' role in health care provision. Giving feedback and communication will also show nurses that they belong and therefore keep them in an organisation (Booyens 1998:460; Fabre 2002:2; Smith 1999:264).

Recognising nurses as competent, professional persons and involving them in decision making where possible will fulfil nurses' esteem needs. Failure to feel recognised and be afforded opportunities to show initiative, as well as having no confidence shown in them, will enforce nurses' experience of non-fulfilment of esteem needs and drive them out of these organisations.

Although it may sometimes be difficult to fulfil their staff's self-actualisation needs, organisations can contribute to this fulfilment by providing them with opportunities to advance and develop in their field of practice. Creating opportunities that enable a nurse to be what she has set out to bring about self-actualisation, which in turn creates a feeling of being comfortable in her job and hence a desire to be retained in this particular job. Depriving nurses of self-actualisation opportunities leads to self-doubt, uncertainty and dissatisfaction, which will ultimately lead to the intent to leave.

Thus, apart from explaining the different needs that nurses as humans display from time to time, Maslow's theory can be used by management. Recognising these needs and implementing ways to facilitate their satisfaction might well in turn promote nurse retention. Organisations can also be structured and run in such a way that they become workplaces of choice, where nurses want to remain and continue in service. This will not only save costs in terms of staff replacement, but will ensure quality patient care.

Vogt et al's theory on nurse retention is also found to be relevant to this study, because it is specifically a theory of nurse retention. The theory incorporates Maslow's Hierarchy of Needs Theory into positions or situations within management and organisations, where nurses' needs, from physiological to self actualisation, meet with limits or constriction. These are the areas on which management needs to focus in order to

retain nurses (Vogt et al 1983:131). According to the theory, there are two types of needs, extrinsic and intrinsic in nature. Intrinsic needs are motivations which seem to be present and activated amongst nurses, because nurses initiate and maintain fulfilment within and among them, through self development. Extrinsic needs or maintainers refer to factors outside of the nurse and are largely in the working environment (Vogt et al 1983:132). Examples of these factors are job satisfaction, salary and recognition. According to the theory, the lack of satisfactory provision of these maintainers supports the statement that “nurses are motivated but not maintained”. The role that management plays in the workplace is seen as being smaller than that played by nurses in their employment, instead of the other way round. This undermines commitment to an interdependent relationship between the nurse as a professional, management and the organisation (Vogt et al 1983:132).

The use of Kurt Lewin's Force Field Analysis Theory is justified in this study for two reasons. Firstly, the theory identifies forces or events in the workplace which can either be positive or negative. Such forces influence the work environment and the people that work in this environment. An ideal working environment exists when driving, positive forces are increased and restraining forces are either eliminated or minimised. With regard to nurse retention, the restraining forces are those factors that force nurses to leave or strengthen their intention to do so.

Secondly, the theory calls for change. In order to enhance the retention of professional nurses, it might be essential to bring about some change within the elements affecting nurse retention, namely the nurses, nurse managers, work and working methods, and the organisation itself (Cardin & Ward 1989:124). Force field analysis can be useful as a guideline in identifying different forces in the workplace, describing what situation is

desired as an outcome and planning strategies to address the situation and implementing those strategies. This entails increasing the driving forces, which in turn can be attained through bringing about change. In the case of nurse retention, restraining forces need to be minimised by bringing about change. Such change needs to be planned. Lewin (1952) describes the three steps of planned change as unfreezing, changing and refreezing. Practices which inhibit retention need to be unfrozen and strategies for retaining nurses need to be changed or strengthened, and once in place, need to be kept there to enhance long-term retention (Bozak 2003:85; Cardin & Ward 1989:124).

2.7 SUMMARY

This chapter has discussed three theories which form the basis for this study and pointed out their relevance to nurse retention. Maslow's Hierarchy of Needs Theory provides the framework for the different needs that professional nurses are likely to have at some point during their stay in an organisation. Meeting these needs will lead to satisfaction and subsequent retention. Vogt et al also identify these needs, but go a step further by pointing out the areas on the hierarchy where there is restriction and limitation on the fulfilment of these needs. This can give nurse managers guidelines on areas to work on in order to retain professional nurses. Once those areas are identified, there might arise a need for change, where the positive factors in organisation can be strengthened, while the negative factors, which inhibit retention, can be weakened or removed, thus enhancing nurse retention. In the next chapter, literature on nurse retention and related factors will be reviewed.

CHAPTER 3

LITERATURE REVIEW

3.1 INTRODUCTION

The purpose of a literature review is to present an overview of what is already known about retention, specifically nurse retention, managerial attributes that impact on retention and organisational factors that are essential for enhancing retention. Also addressed in this chapter is a description of factors that influence the retention of professional nurses. Research instruments for data collection were also based on the literature review.

The researcher chose the topics and subjects of the literature study on the basis of the research questions and objectives. The literature search included recent available literature in the University of South Africa (Unisa) library. The researcher went through journals and other publications, and identified and used articles which were related to retention, and specifically nurse retention. The assistance of the Unisa subject librarian for Social Sciences was also sought. The following databases were searched by both the researcher and the subject librarian:

- OASIS for books in the Unisa library
- MAGNET for references in South Africa libraries
- NEXUS for research projects current and completed

- CINAHL (R) Databases 1999 – 2001/07
- Healthnet for health research
- Internet – various sites
- MEDLINE

The keywords used for the search were, *attrition, retention, professional nurses, generations, baby boomers, generation X, millennials, Vogt, corktop and bottle neck, Maslow, Lewin, change and nurse retention*. In the search the keywords were used singularly and in various combinations.

3.2 RESEARCH QUESTIONS

Based on the problem statement, the following research questions arise:

- What elements of individual needs, if strengthened in the workplace, can enhance the retention of a multi-generational nursing workforce?
- What actions can organisations take to create conditions and a work environment that will enhance the retention of professional nurses from all generations?
- What attributes do nurse managers need in order to create a work environment where professional nurses of all generations will want to stay?
- How can ongoing nurse retention be ensured and sustained?

3.3 THE NURSING SHORTAGE

Before discussing nurse retention, a brief overview of the nursing shortage globally and in South Africa will be given.

3.3.1 The global perspective

It has been indicated in the literature that the nursing shortage is not only confined to South Africa, but is global (Barney 2002:53; Buchan, Parkin & Sochalski 2003:1; Kimball & O'Neil 2002:5). However, commonalities seem to end with the experience, with each country having its own unique features and implications resulting from this shortage, and therefore requiring different strategies to address the crisis.

Nursing shortages in the People's Republic of China resulted from the closure of nursing schools during the Cultural Revolution; while in the United States of America (USA) nurses left the profession due to working conditions such as undesirable working hours, lack of supervision and support, as well as strain brought about by looking after severely ill patients with minimal staff. Shortages in Australia resulted when nurses left the profession, citing reasons such as poor working conditions, stress and failure to involve nurses in decision-making processes (Hirschfield 1992:2).

In a study commissioned by the Robert-Wood Johnson Foundation to study the crisis of nursing shortages in the USA (Kimball & O'Neil 2002:23), the current shortage is seen as one that does not resemble past shortages, either qualitatively and quantitatively, the reason being that it is driven by more factors than previous shortages. Letvak (2002:387) also states two reasons why the current US shortage is different, namely, the declining number of nurse recruits and the ageing nursing workforce. These factors are regarded as being beyond the control of the nursing profession and will therefore not be solved by previously adopted, short-term solutions and strategies. With previous shortages, there was a surplus of nurses who were trained, whereas in the current situation a decline in the number of students in training is evident. Factors such as the

demography in relation to the ageing workforce, fewer workers entering the market and issues of diversity, values of different generations, more accountability in terms of results and outcomes of care, are among the factors that are said to drive the current shortage (Kimball & O'Neil 2002:14).

Apart from recruiting nurses from less developed countries, strategies and recommendations for action were put forward, which included reinventing the nursing profession, its practices, education and leadership, research into the nursing workforce to ensure better planning, effective strategies to change the culture of nursing and involving consumers and creating partnerships with communities (Kimball & O'Neil 2002:58).

Solving the crisis requires a concerted effort to address, firstly, problems that result in nurses wanting to leave, and secondly, attracting more recruits into the profession. Once the recruits enter a profession that they choose because they love it and want to be part of it, and once they find an ideal workplace environment, there will be a greater chance of retaining them.

In a study conducted by Fletcher in the USA, it was found that nurses changed their work environment due to dissatisfaction with their employment situation, and not with the nursing profession itself. In their responses, professional nurses stated categorically that they "love their work but hate their job" (Fletcher 2001:234). This and other similar statements imply that creating a conducive work environment could help towards retaining professional nurses in their posts, thus enhancing the quality of patient care. It then becomes imperative that retention strategies be developed. Such strategies must take into account the needs and constraints within the health care environment in order

to successfully retain professional nurses and thus hang onto this scarce resource. A retention culture that will promote the supply of professional nurses needs to be reinforced. This culture must not only remain continuous, but must also ensure that the end product is a highly skilled professional who will provide high quality care.

In response to the crisis of nursing shortages in Ontario, Canada, a model for recruitment and retention was developed. Pullan and Lorbergs (2001:19) describe the model, identifying its key points and impact on relieving the crisis. Of the key factors, offering education and clinical opportunities as a means of recruiting and retaining nurses was one of the most important. Another factor that facilitated successful recruitment and retention was the development and implementation of strategies that incorporated the goals and objectives of the organisation into the needs of individual nurses (Perry in Pullan & Lorbergs 2001:20). Retaining nurses in their position or within organisations requires an extensive orientation and education programme.

In their study on strategies for improving nurse retention and recruitment levels in Southampton, UK, Shobbrook and Fenton (2002:534) identified problem areas which compounded nursing shortages: increased workload, low staffing levels, skills mix and poor working conditions. Recruiting from other countries proved to be a short-term solution, with a limited ongoing effect. In order to address the problem in the long term, a nursing modernisation project was established, which would look at required changes. The project identified five key areas that would lead to the development of a new structure. This entailed conducting a literature review in order to understand the national picture, benchmarking, reviewing best practices within the department, analysing exit interviews and consulting internally with nurses and midwives.

3.3.2 Nursing shortage in the Republic of South Africa (RSA)

South Africa's nursing shortage does not differ from that of other countries. What makes the situation worse in South Africa is the successful recruitment of its nursing staff by countries that can and do offer more in terms of benefits and better working conditions (Xaba & Phillips 2001:4). In South Africa migration seems to be taking place on three levels:

- from rural to urban areas
- from the public to the private sector
- out of the country to first-world, industrialised countries.

At all these levels, professional nurses are moving from services where they are desperately needed as front-line care givers to destinations to which they are drawn (Hospersa 2002:8). The number of nurses entering the profession has also been decreasing over the years. The nursing profession competes for recruits for other careers such as engineering, information technology, media studies and finance. Also, the number of men practising nursing is not growing considerably. This leaves health care organisations or institutions with vacancies that cannot be filled and also increases the workload of nurses remaining in the health care services (Staiger, Auerbach & Buerhaus 2001:185).

Most South African nurses emigrate to destinations such as the UK, Saudi Arabia, New Zealand, Australia and the USA (Xaba & Phillips 2001:5). In a study commissioned by the World Health Organisation (WHO), Buchan et al (2003:1) identified two groups of countries in terms of nurse emigration and mobility. "Destination countries" are those to which nurses are drawn, while "source countries" are those that nurses are drawn from.

Destination countries include five countries, namely Australia, Ireland, Norway, the UK and the USA. The other group, referred to as source countries, includes Ghana, the Philippines and the RSA. Reasons for selecting these source countries include familiar language, culture and also the fact that the host country can offer the recruits opportunities to examine and choose different options in terms of their career paths.

Reasons cited by emigrating South Africa nurses include lack of incentives, especially in the public sector, long working hours, poorly resourced hospitals, high nurse-patient ratios, lack of professional growth and career development, including promotion, escalating crime with lack of protection from potential harm and the increased number of HIV/AIDS patients (Xaba & Phillips 2001:6; Buchan et al 2003:38).

3.4 RETENTION AND RELATED FACTORS

Several factors that are related to retention are discussed, with the aim of bringing nurse retention into perspective. These include general factors, recruitment, employee retention and theories and models of retention.

3.4.1 General factors

As the nursing shortage appears to be a global phenomenon, hospitals and health care organisation management authorities are seeking solutions to staffing problems. Methods adopted by some organisations include measures such as rescheduling overtime and using in-house staffing pools, agencies and scheduling nurses to work flexi-time on an on-call basis. Financial rewards have also been increased or revised to include sign-on and retention bonuses. However, these strategies are regarded as short

term “band-aid” solutions, which do not seem to affirm and guarantee ongoing retention (Fabre 2005:10; Zimmerman 2002:83).

Turnover need not always be seen as having a negative impact and consequences. It does have cost implications and cause work disruption. Turnover can, however, have a positive impact if it happens early in the employment relationship, where a mismatch occurs between the employee and job requirements. Such a mismatch is evidenced in the knowledge, skills, abilities and other characteristics of the employee. It is therefore in the interests of the organisation to address dysfunctional turnover by critically identifying various aspects of the employment situation and targeting specific strategies towards specific settings (Chan, McBey, Basset, O'Donnell & Winter 2004:32).

In a study to determine whether there are differences in job satisfaction, burnout and desire to leave among employed full-time nurses, Kane (1999:1) identified job-sharing as a strategy that could be adopted to enhance nurse retention. Various authors (Daft & Noe 2001:565; Kane 1999:2; Yate 1991:94) regard job sharing as an option in job design, where two people jointly do one job. Tasks and hours are split as preferred by the two employees. This is done to attract and retain people and it is seen as an option for employees seeking to balance their work life with their private/family lives.

According to Neuhauser (2002:470), there are six trends in the USA which affect retention of employees. This applies not only to health care, but to other professions and industries as well. The trends include an increasing demand for workers with technical and scientific knowledge; a rising trend of trying to keep a balance between workers' personal and professional lives; a rise in a superclass type of employee in the latest two generations, Xers and millennials, who prefer more autonomy and less

bureaucracy; and collaborative management, which displays flattened hierarchies and encourages team structures in the workplace. The trends are incorporated into 15 tips identified to build a culture of high retention. Tips broadly pertained to employee recognition, empowerment and enhancing the workplace and work practices.

Cox (2005:1) identifies three questions that are frequently asked by organisations that experienced high and frequent turnover. These questions ask how to become a place where people want to work; what needs to be done differently for recruitment efforts to pay off; and how to get people to stay. According to the author, the answer is about engagement of staff. Engagement must start with the development of middle managers as top priority. Developed middle managers are said to have tools that will make them effective in their role. The second step entails staff surveys in order to determine the level of job satisfaction. These two steps are said to be effective in providing a baseline for developing a culture of engaging staff. Taken further, meeting with staff on a regular basis and asking work-related questions can teach managers a great deal about workplace dynamics, especially issues related to generational differences and needs.

In a study commissioned by the Robert Wood Johnson Foundation to report on nursing shortages in the USA (Kimball & O'Neil 2005:57), recommendations were made for a Forum of Advanced Nursing to be created. This forum should require active participation from a wide spectrum of people who are affected by the nursing shortage. This group would include nurses, the nursing profession's leaders, people in education and the health care industry, unions, the government, community organisations and consumers. The forum's focus was to be on four areas, namely the creation of new nursing models; the reinvention of nursing education and work environment; data collection systems to establish the national nursing workforce; and strategies to

encourage cultural change within the nursing profession. These areas would hopefully develop lasting solutions to the nursing shortage and to cycles of shortage and oversupply, as experienced when past strategies were used.

In order to retain nurses currently in practice and bring non-practising nurses back into the profession, more long-term strategies will be required that are not only focused on specific health care organisations, but also sustainable (Sochalski 2002:1; Fabre 2005:5; Institute for Healthcare Improvement 2002:2). The current short-term fixes, referred to as “band-aid solutions”, which are used by most health care organisations, are found to be ineffective. What is required is long-term solutions that include factors such as building relationships and effective communication strategies.

Thio (2000:135) suggests various strategies that can be adopted to address issues of retention and attrition of staff in voluntary welfare organisations. The suggestions include strategic planning, participative management, a non-punitive environment, communication and organisational development.

Goldman (2006:1) proposes what organisations should do in order to retain staff. According to this author, organisations should review compensation levels and pay more for certain positions, implement employee retention programmes which include training and development, be in constant recruitment mode and use flexible or temporary employees while seeking out the ideal people to employ.

3.4.2 Recruitment

Although the topic of recruitment is beyond the scope of this study, literature attests to the close relationship and interdependence that exists between recruitment and retention (Chan, McBey, Basset, O'Donnell & Winter 2004:45; Shimkus 2005:1).

Recruitment is regarded as the first step towards retention, be it short term or long term. Supplying job candidates with all information related to the job, ensuring that managers select candidates that are best suited for the job and applying effective human resource policies, set recruitment as the first step in the right direction (Shimkus 2005:4).

In some cases, retention can also be seen to be in competition with recruitment. If an employer decides, for example, to adjust working hours and introduces morning or afternoon shifts as a way of retaining staff, recruitment might be negatively affected. In this example, employees will be retained in the desirable morning shifts, while the late shifts suffer, as employees might not be interested in working these unsociable hours. If such a situation arises, managers might be forced to review their decisions and subsequently strike a balance between departmental goals and the existing demand for employment (American Society of Health-system Pharmacists 2003:684).

Schmeling (1992:178) does not see recruitment and retention as two separate and different entities, but rather as being the same. The author cites the conventional definition of recruitment as the act of attracting nurses who are not yet in your employ to certain positions, while retention entails recruiting nurses already in your employ on a daily basis.

According to Netswera, Rankhumise and Mavundla (2005:37), retention is reflected from the time that the employer identifies the need to recruit. Before recruitment takes place, the post and its job description are defined, in order to attract the right candidate for the advertised position. This also has a financial implication. Costs start when advertisements for the vacant posts are placed and continue until the new employee is competent. The chance is also that the employee might cost more than the person who vacated the post, in terms of salary and other benefits.

3.4.3 Employee retention

The high cost that comes with turnover has highlighted the need for organisations to make retention of staff their number one priority. This is not the case in nursing only but also applies to other careers and industries where shortage of staff is experienced. According to Maxwell (2005:316), retention entails preventing people from leaving an organisation to work elsewhere. Preventing people from leaving, according to this author, is not an easy task. It requires organisations and management to give attention to the employee market and to understand what people are seeking from the work environment in order to retain them.

According to Rhule (2004:16), there is no easy solution to retaining personnel, especially top talent, due to the numerous factors that affect employees' reasons for staying with an organisation. The importance of these factors also influences the employee's decision to stay or leave. It therefore becomes imperative that organisations develop retention strategies that will reduce the number of people leaving organisations for reasons that are avoidable. Organisations will need to identify these reasons and address them. This will enhance the retention of employees. These reasons will

probably differ from one organisation to the next and will be influenced by individual and group characteristics, the culture of the organisation and the nature of that organisation's core business (Maxwell 2004:1).

In the health care industry, the challenge to retain professional nurses is ongoing due to the global nursing shortage and factors that are related to the health care environment such as working hours, increased workload, poor salaries and working conditions, which make retention efforts even more futile and likely to fail than in other industries. To address this problem, health authorities are faced with a challenge to come up with strategies, policies and legislation that will direct the recruitment and retention of nurses (Kaestner 2005:8). The responsibility then lies with managers and individual organisations to create or develop strategies that fit their circumstances, implement these and be assured of retaining an experienced nursing workforce, which will also enhance the quality of patient care in their organisations.

3.4.4 Retention models and theories

High rates of employee turnover are not only confined to nursing, but have been experienced across a wide spectrum of professions, careers and occupations. This has led to the development of strategies and models which differ from one group to another, but with a similar goal. It entailed the construction of retention models, which were based on data collected by respective groups.

In discussing retention in the military forces in the USA, Weiss, MacDermid, Strauss, Kurek, Le and Robbins (2003:2) give an overview of different theoretical frameworks that have been studied in the military to understand processes that are involved when

an employee decides to stay or leave an organisation. Based on these previous studies, Weiss et al proposed a conceptual model to study military retention. The model identifies the construct “commitment” as its focal point, which is depicted as a process that influences an individual’s decision to leave or stay. Another construct that is identified in this model is termed “random environment shocks”. Shocks are identified as events that can be minor or major, but have an impact on waking up thoughts within the individual of whether to leave or stay. The decision depends on the implication of shocks and the level of an individual’s commitment to the organisation. A third construct was the time structure of the individual’s contract for a term of service, which influences how shocks may be interpreted and their impact on commitment (Weiss et al 2003:29).

The integration model by Tinto (1993:7) is often cited in studying student retention. The model suggests that retention is related to the student’s actions and ability to become involved in his or her institution’s activities. The model also suggests the need for a match between the institutional environment and the student’s commitment. If the match is good, it will lead to higher student integration and possible retention. Where the match is poor, there is a greater chance of student dropout (Tinto 1993:89; Borglum & Kubala 2000:572).

Domino’s, a fast-food chain store, chose and applied a theory which focused on retaining store managers and reducing staff turnover rates. According to this theory, manager turnover has a negative effect on employees. The Domino’s policy was to keep employers focused on ensuring that their store managers were of better quality, had better tools and received more meaningful incentives. Applying the theory led to their turnover rate dropping remarkably (Brand Autopsy 2005:2).

When retaining student nurses posed a challenge, the Associate Degree Nursing (ADN) Student Retention Model was developed to address academic and personal factors identified as contributing to student attrition in community college nursing programmes. The model's constructs entailed pre-programme assessment to identify students at risk, intra-programme intervention to support success, and post-programme completion rates to evaluate student retention. Implementation of the model proved to be effective in improving student nurse retention.

In 2001, the human resources department at a medical centre in Idaho in the USA developed the Alternative Correction Action Model. The model calls for a positive approach to discipline through mature, caring and consistent communication methods. The model is seen as creating an opportunity to address and correct behaviour without running the risk of losing employees. Instead of punitive discipline, employees are treated with dignity and respect, which enables them to retain their self-worth as people. Correcting behaviour is ensured through informal communication, directing, setting standards of expected behaviour, ensuring that an employee accepts responsibility for his or her actions and continuing with positive reinforcement in difficult situations (Murray 2003:20).

The Professional Nurse Practice Model (PNPM) was implemented by the central Iowa Health System, USA, to address its high vacancy rate. The model entails shared governance, with nurses being involved in decision making about nursing practice. Their involvement was through participation in nurse committees on quality assurance, policies and procedures, research and professional development. From these committees, nurse representatives were chosen to participate in other hospital

committees, in order to ensure collaboration with other departments in the organisation (Black 2003:19).

The models and theories briefly discussed here have a commonality in terms of the factors or central constructs of retention, namely, employees, management and the organisation or work environment.

3.5 FACTORS THAT DETERMINE THE RETENTION OF PROFESSIONAL NURSES

Three themes are consistent in literature on retention: personal factors, the manager and the work environment. This is supportive of studies which identify factors relating to the individual nurse, the manager or supervisor, and the organisation or work environment, as being crucial in enhancing nurse retention (American Nurses Association 2001:2; Bethune, Sherron & Youngblood 2005:25; Cameron & Armstrong-Strassen 2005:1; Force 2005:340; Hall 2004:31; Pullan & Lorbergs 2001:24; Strachota et al 2003:113; Wilson 2005:135).

3.5.1 Nurses' needs

Maslow's theory on the Hierarchy of Needs has been discussed in depth in Chapter 2 of this study, as well as Vogt et al's theory on nurse retention. Both theories are about human needs, which range from those on the lower level to the highest level. Vogt et al go further and identify areas on the hierarchy where provision and fulfilment of these needs are limited.

The lowest level on Maslow's Hierarchy of Needs is the physiological level, which is translated into monetary rewards or salary. Cheng (2003:1) divides retention tools into two categories of monetary and non-monetary rewards in the workplace. While cash is regarded as the most basic form used by companies to retain people, it is not always effective, especially for key talent, which is in great demand and can, in most instances, negotiate desirable salaries anywhere. This group require fulfilment of higher level needs and have the drive to become what they are capable of becoming. Their focus is more on growth, development and self-realisation than on financial rewards. For employers to retain this category of staff, it is necessary to give them freedom, opportunity and resources to realise their full potential. Providing training and career development opportunities, which in turn will offer growth, will enhance their retention.

According to Clay (1997:1), nursing as a profession has not been taking notice or reacting to changes that have been taking place around its practice. These forces, which have a direct impact on the profession, are social, political and economic in nature.

Although a noble profession, which entails caring, nursing's strength (concentrating on personal and individual needs of patients) is also its weakness. Nurses put others first and tend to deny and suppress their own feelings regarding issues that affect their well-being, especially when it comes to socio-political issues. Clay (1997:1) regards nursing as perhaps the most unassertive of all professions. Nurses are not seen to participate in any arguments on policies that affect their future or the future of the profession. They are seen to be reluctant in confronting issues that pertain to their practice, probably due to fear of affecting patients under their care negatively.

This, while being a good trait, signalling the caring nature that goes with nursing, also disempowers nurses. Issues remain unexpressed and conflict remains suppressed. These feelings are then transformed into helplessness, burnout and dissatisfaction and the resolution to look elsewhere for relief, impacting negatively on the retention of nurses.

According to Thio (2005:138), retention requires a series of actions, from simplistic to complex. If implemented, these actions will not only offer short-term solutions, but will also enhance professional nurses' retention in their organisations, not through lack of anywhere to go, but because they choose to stay. Actions must entail ensuring that nurses' needs are sufficiently met; nurse managers resuming roles to identify and remove factors in their organisations that affect retention; and also making work environments such that nurses enjoy working and remaining with these organisations.

Huston and Marquis (1993:321) also support statements on the role or impact that organisations have in creating a work environment enhancing the retention of employees. According to the authors, if an organisation can create a positive work environment that ensures satisfaction, nurturing and growth for its nurses, it will be providing an environment that enhances nurse retention. Factors that can create a retaining environment are said to include the development of managers and leaders, and awareness and replication of practices, attitudes and behaviours that motivate nurses to remain satisfied and subsequently to stay in the organisation. The authors further maintain that the quality of any organisation directly reflects the quality of individuals employed in that organisation, especially the managers. Once an organisation embarks on developing its managers, a climate of retention will be created.

Despite efforts such as the introduction of scarce skills allowances for nurses in specialised areas such as intensive care and operating theatre units, the exit of South African nurses still continues. This prompted the Provincial Health Departments to seek alternative means of retaining nurses. The means proposed entail lifting the moratorium on re-employing nurses who have retired or took voluntary severance packages, on a contract basis. Conditions set for the re-employment include offering the re-entrants a first-notch salary level and not extending benefits such as pension fund to them (Hospersa 2006:5). While this might seem a step in the right direction, it still remains to be seen if this offer will be sufficient to attract nurses back to practice. On the contrary, re-entrants should be paid considerably for the experience, knowledge and skills they still possess and will be bringing back into practice. If they are to be appointed on an entry-level salary, there should be some other concessions made for them. These concessions could be in the form of tax relief or lower taxes for returning nurses. This would make it financially viable for retired and other non-practising nurses to re-enter the profession.

Introducing short and flexible shifts might also encourage the older nurses to return to practice. Nurses older than 60 or even 65 years of age might be more willing to return to the professionally active ranks if they could work fewer hours per day.

3.5.2 Job satisfaction

Loveridge and Cummings (1996:371) regard staff retention as a hallmark of any successful organisation. According to these authors, retaining staff brings benefits such as maintaining the history and culture of the organisation, as well as the community norms and their impact on what patients might expect in terms of their health care.

Whereas previous retention strategies focused on increasing salaries and benefits, current surveys shift the focus towards staff satisfaction or job satisfaction. Surveys have indicated that the main reasons for failed retention are dissatisfaction with organisations and management practices, as well as lack of autonomy. Successful retention programmes have included rewarding and recognising nurses who remain involved in clinical nursing, despite their moving up the career ladder. Shared governance in terms of accountability and decision-making through delegation and restructuring the nurses' role and function in patient care can be seen as a form of recognition. This will improve job security, as the nurse's sense of belonging and recognition will be enhanced (Loveridge & Cummings 1996:371; Fisher 1996:18; Fabre 2005:109).

In a study to determine reasons why nurses leave the profession or change their employment status, Strachota et al (2003:112) cited job dissatisfaction as one of the four major categories in a complex array of reasons. In their view, retention is vital in managing the current global nursing shortage. Dissatisfaction is seen as being caused by a lack of autonomy in implementing procedures and in decision-making. This, coupled with increased workloads, not being valued in the workplace and a non-supportive environment, will eventually influence a nurse to decide to leave. Identifying factors in the workplace that positively affect nurses' job satisfaction levels can enhance their retention within an organisation.

Cowin (2002:284) also found a causal relationship between job satisfaction and retention. When job satisfaction is low, retention of staff will also be low; which will affect health care delivery negatively. When retention is low, organisations tend to be short-

staffed; which in turn will probably lower the job satisfaction levels of remaining nurses and further compound the failure to retain them.

New recruits might also hesitate to remain in the profession if they do not experience job satisfaction. Lack of job satisfaction is linked to nursing shortages. This compels the formulation of strategies which are aimed at improving nurse retention. There is also a need to look at job satisfaction and its effect on turnover and retention.

Burnard, Morris and Phillips (1999:17) believe that using positive feedback could be used by nurse managers and administrators to attract and retain nurses. Various studies on job satisfaction also regard giving positive feedback as possibly the most significant factor in enhancing work performance, motivation and employee effectiveness. Although regarded as an elusive attribute, job satisfaction has a direct and attributable effect on recruitment and retention (Cavanagh 1992:705; Cowin 2002:283; Cumbry & Alexander 1998:40; Nakata & Sayler 1994:57)

Job satisfaction can also be seen in terms of Maslow's hierarchy of needs (see figure 1.1). According to Cowin (2002:8), the importance of the theory lies in its clarification of the issue of satisfiers and dissatisfiers as sources of motivation. It also highlights the role of a person's self-concept in terms of job satisfaction. Furthermore, the theory recognises multiple dimensions contained in job satisfaction and motivation, and identifies a common link between self-concept theory, job satisfaction, needs fulfilment and motivation theory.

Manojlovich and Laschinger (2002:586) found that work behaviours and attitudes of employees are shaped by factors in their work environment. Structural environmental

factors were found to have a greater impact on job satisfaction than personal traits. An environment where nurses have resources to perform their tasks and get support from management is conducive to job satisfaction. Being given an opportunity to develop and enjoying access to information can also lead to nurses' greater sense of meaning in their work and an experience of job satisfaction.

A survey conducted by the Federation of Nurses and Health Professionals (FNHP) in the USA in 2000 found that over the preceding two years, half of the nurses who were then in employment had considered leaving their jobs for reasons other than retirement. They cited dissatisfaction with their jobs as their main reason for wanting to leave. Heavy workloads, inadequate staffing and mandatory overtime work were considered as key areas of job dissatisfaction, followed by lack of respect and recognition, as well as lack of authority. Of the nurses surveyed, only a small percentage cited salary as a primary indicator of job dissatisfaction, with the majority citing issues related to the workplace (Heinrich 2001:2).

Job satisfaction is also regarded as an important ingredient in quality patient care as well as nurse retention. It is therefore important to implement any interventions which will improve job satisfaction, and in turn enhance both patient satisfaction and nurse retention. Research findings from various studies have indicated that job satisfaction is one of the strongest indicators of nurse retention (Ellenbecker 2004:304; Blegan 1993:38). According to Ellenbecker (2004:306), job satisfaction is said to encompass intrinsic and extrinsic characteristics.

3.5.2.1 *Intrinsic characteristics*

These characteristics refer to the degree of independence in patient relationships; autonomy in the profession of nursing; and sticking together and sound relationships with peers and colleagues; as well as characteristics of the organisation. Autonomy refers to the degree of independence and freedom in taking initiatives in one's job. It is also regarded as the power, responsibility and independence which are entrusted to individuals in their work situations, in relation to decision making. If there is no autonomy, job dissatisfaction is experienced, which might affect the intention to stay and subsequently contribute to failure to retain nurses in an organisation. Relationships with peers refer to the individual's perception of the intimacy, support, communication and interaction that exist between the individual and peers. If relationships are perceived to be positive, there is a greater possibility of staying in an organisation, thus enhancing retention rates.

The nurse's interdependent role in relation to team members in an organisation where his or her clinical decision making is encouraged, supported and trusted might also increase the possibility of remaining in an organisation. Organisational characteristics include the relationship with managers, supervisors and their styles of management and leadership, as well as the organisation's commitment to professional values. If these characteristics are perceived to be positive, the nurse will experience job satisfaction and is more likely to choose to stay in his or her job. A relationship which fosters open communication with management and which provides recognition, support and consideration will have a positive effect and enhance nurses' intention to stay in their current jobs (Ellenbecker, 2004:307).

3.5.2.2 *Extrinsic characteristics*

Extrinsic characteristics are identified as being related to stress, workload, autonomy and control of work hours and work activities, salary and benefits, as well as opportunities for jobs elsewhere (Ellenbecker 2004:307). These are due to circumstances in the work environment or organisation. Stress and increased workloads have a great impact on the nurses' inability to cope and function in their workplaces. Stress, which initially manifests as anger, frustration and unhappiness, might lead to burnout and eventually affect the nurse's decision to stay. Gaining control in the scheduling of work hours has also been found to have a positive effect on nurses' intention to stay. If the scheduling of working hours could allow convenience and flexibility, job retention could be enhanced. Decisions on work activities, regarding the tasks and times they will be carried out, can also have a positive effect and influence the individual's decision to stay.

3.5.3 Motivation

One of the most important factors in enhancing nurse retention is motivation, which refers to an urge, need or desire to take action. Such an urge could be conscious or unconscious and could be related to productivity, performance, job satisfaction and turnover (Muller 1998:216; Gillies 1994:354). Motivation is also regarded as the action that people take to satisfy unmet needs. To be motivated implies the willingness to put effort into satisfying that need or achieving a certain goal. A person's perception towards that goal gives the person energy to act in a specific way at a specific time.

Maslow's theory on the hierarchy of needs is based on levels of human needs. The urge to satisfy these needs is said to come from within and cannot be imposed on an individual. According to this theory it is argued that although motivation is directed towards external goals, it is an internal process. A person is motivated to reach goals when he or she develops an internally-generated need to do so.

Maslow's theory, although applied to various disciplines, has also of course been applied to nursing. Motivation determines behaviour towards one's job and is directly linked to retention and productivity (Muller 1998:217; Vogt et al 1983:108).

Smith (1999:264) regards motivation as a dynamic and internal state which results from independent and joint influences of factors which are both personal and situational in nature. Personal factors stem from within an individual, while situational factors can come from the workplace. According to this author, the interplay of these factors stimulates an urge to act or to behave in a certain way. Work motivation focuses on individuals' motives to behave in the context of their workplace. Emphasis lies on the fact that, for individuals to be motivated in the workplace, certain job factors must be put in place. So the interplay between personal forces within the individual nurse will influence him or her towards needs fulfilment. Once needs are fulfilled, there will be job satisfaction, subsequent motivation and retention. Vogt et al (1983:108) support the relationship between motivation, productivity and retention. Although retention is regarded as an individual matter over which the nurses will largely have to decide for themselves, there are motivational forces in the workplace that affect this decision to leave or stay within an organisation.

Manion (2003:444) stresses the role that managers and leaders can play in increasing workers' roles through understanding the relationship between motivation and behaviour. Motivation is regarded as a force that directs or influences behaviour and comes from within an individual. Managers cannot directly motivate their subordinates, but can create an environment that maximises human potential to achieve personal goals. Once these goals and needs have been achieved, organisational goals will also be met.

Manion (2003:446) agrees with other authors in distinguishing between two types of motivation, intrinsic and extrinsic motivation. Intrinsic motivation is said to come from within a person and is related to job performance and productivity. Extrinsic motivation is influenced by the work environment or external reward. The match between intrinsic and extrinsic motivation leads to job satisfaction, subsequent goal achievement and a positive outlook which might encourage a nurse to remain within an organisational climate which stimulates both types of motivation.

Hackman and Oldham (1975) developed a job characteristic model which deals with the structure of work in order to achieve high intrinsic motivation, job satisfaction and work effectiveness. According to the model, for a job to lead to desired outcomes, it needs to possess certain job dimensions, namely, skills, variety, task identity, task significance, authority and feedback. Should these core dimensions be present in a job, three psychological states will be created: meaningfulness, responsibility for work activities and experience. These factors are essential in developing and sustaining strong internal work motivation. Once the critical psychological states are accomplished, the results will be outcomes affecting both the person and the organisation or work environment. According to Hackman and Oldham (1975) there will be work, and low turnover and

absenteeism. This is an ideal climate which can enhance nurse retention (Otube 2004:45; Smith 1999:265).

According to Muller (1998:216), motivation strategies can be planned following the nursing process. Two environments are identified, namely the internal and external environments. The internal environment refers to all processes that take place within a nurse as an individual. These processes are physical, mental and spiritual by nature. Physical processes include health, general fitness, and the satisfaction of needs such as rest and nutrition. Mental processes are about intellect, emotional state, reasoning abilities and thinking. Spiritual processes pertain to religious and moral influences on behaviour, including one's conscience. The external environment refers to influences such as the nursing unit, nursing service, family, groups and communities.

After assessment, a motivation diagnosis is then made. This entails the level of motivation in terms of interaction between the two environments. The motivating behaviour observed is the motivation diagnosis. Low motivation is shown in low work performance, absenteeism, avoidance or omission of tasks. Moderate motivation entails performing just what is required and nothing more. A highly motivated nurse will do more, apply more initiative, be willing to do extra work and will go the extra mile for patients and fellow employees. After diagnosis, motivation strategies are planned and implemented.

3.5.3.1 *Strategies to create a motivating climate*

Manion (2003:456) recognises the nurse manager or leader as the person who is tasked with creating a motivating climate in the workplace. According to this author, the

quality and amount of work which the nurse manager accomplishes reflects directly the height of his or her motivation, as well as that of subordinates. This author also identifies strategies that the nurse leader or manager can implement consistently to create a motivating climate. These include clarifying expectations from workers and communicating with them effectively, fairness and consistency, firmness and an appropriate style in decision making, developing teamwork, goals, projects and building team spirit, interpreting staff members' needs, removing stumbling blocks, providing challenges, involving staff in decision making and control, promoting individuality, and being a role model.

According to Muller (1998:219), the planning and implementation of a motivation strategy should be participative and in co-operation with the nurse employees. The manager's leadership style also plays an important role and should therefore be selected carefully; the manager should choose a suitable style which will be feasible to implement. This author identifies the following principles which will enhance a motivating climate:

- Provision of physiological needs such as meals or refreshments and periods of rest during shifts. In co-operation with employees, delegation of duties or allocation to units can be made to fit physical ability or disability.
- Training and promotion of critical thinking through personnel development programmes and stimulating participation by staff members.
- Cultivating a feeling of pride by allowing independent thinking and autonomy based on knowledge and skills.
- Giving praise where it is due and recognising employees' contribution towards the functioning of an organisation.

- Implementing quality improvement programmes which will encourage self development and enhance self-esteem when goals are achieved and high standards of care are upheld.
- Providing a healthy work environment through favourable working conditions. These include guidelines, policies and procedures which are attainable, tenable and not petty, as well as providing sufficient supplies and functioning equipment.
- Promoting teamwork and pleasant relationships through promptly attending to problems and through effective conflict management.
- Accepting diversity and differences and treating each employee “as you would like to be treated”, with courtesy, professionalism and respect.
- Maintaining and promoting open communication in both informal and formal ways, such as discussions where debate is stimulated, as well as having regular formal meetings.

In a study to determine factors for job motivation of rural health workers in North Vietnam, Dieleman, Cuong Anh and Martineau (2003:1) recommended the following strategies to influence and improve staff motivation for better performance:

- Considering both financial and non-financial incentives for health workers. Financial incentives were found not to be sufficient to effect motivation. Non-financial incentives include showing appreciation and respect through training, performance appraisal, career development and feedback from authorities and the community.
- Ensuring that managers have the authority and capacity to implement selected performance management activities and incorporating them into overall organisational management systems. This will create an environment in which an employee sees what he or she has achieved and others can also recognise his or her accomplishment.

- Involving employees in the design of a motivation system. This will encompass all perceptions of motivation and create a participatory approach, which itself can lead to motivation.
- Ensuring that managers clearly understand the impact of different management tools on staff retention and motivation to perform well.

Taking the above points into consideration and applying them could lead to the formulation of strategies that will improve nurse retention.

3.6 THE MULTIGENERATIONAL WORKFORCE

The current general workforce consists of four generations. Nursing is no exception to this situation. The four generations are the Silent Generation or Veterans, Baby Boomers, Generation X and Generation Y or millennials. While diversity in the workplace stemmed from culture, race or gender, the difference in generations brings another challenge which incorporates the differences and adds another dimension to the already complex work environment.

The word “generation” refers to a group of people who are between certain specific ages. Rhule (2004:52) describes a generation as a group defined by common tastes, having gone through the same experiences and events, displaying the same attitudes and behaviour and having experienced certain defining moments. A generation has one other unique characteristic, that it shares a place in history and time, shares common images, experiences and events, which eventually might be responsible for how its members view, experience and interpret everyday occurrences.

Age is not the only character that differentiates generations. Other elements such as historical events during the years of birth, political, economical and global changes all have an impact on the people born during their occurrence. This then affects and influences the upbringing, value systems, fashion trends, lifestyle and eventually work ethic and workplace behaviour, habits, needs, expectations and aspirations of a generation (Duchscher & Cowin 2004:494; Hammil 2005:2; Jooste 2003:142; Moore 2002:1; Rhule 2004:52; Sherman 2006:3). It is therefore imperative that managers and organisations address these differences when developing or implementing retention strategies. This applies to identifying needs according to Maslow's theory, and areas of constrictions and bottle-necks as described by Vogt et al. Where situations call for change, this diversity must also be considered.

Smith (in Rhule 2004:52) explains how the different generations display different needs at specific times during their work life. As generations get older, priorities start to change. As specific needs get satisfied, they cease to motivate and fade in importance. A baby boomer who has achieved the satisfaction of physiological needs, as he or she has been employed longer than the new recruit, will start looking for a higher level of need to satisfy, while the newly employed recruit will display an imperative to satisfy a physiological need. With the current situation in health care, where efforts have got to be made to retain nurses, it is important that managers identify differences in core values and personality traits of different generations.

According to Kabacolfe and Stoffey (in Rhule 2004:38), each generation entering the work environment also displays certain differences from those of the previous

generations in terms of values, needs, aspirations, attitudes towards work, philosophy, education and behaviour.

In order to retain employees, organisations need to identify the benefits of the diversity of the different generations in their employ. Strengths in the differences need to be identified and put best to work, thus benefiting both the organisation and employees, with the latter intending to stay, thus enhancing retention.

3.6.1 Classification of generations

The classification of generations seems to differ from author to author. For the sake of consistency and clarity, the years that are used for classification in this study are those cited by most authors in the literature reviewed, and particularly Strauss and Howe, who are probably the best-known recent exponents of the theory of generations (Codrington 1999:17).

On South Africa's generations, Codrington (1999:12), in his study on the ministry, cites dates as determined by South African history, which differ to some extent from dates in various literature articles and studies. In this study, generational years will be classified according to international norms.

3.6.1.1 The Silent Generation

Also known as the veterans or traditionalists, these are the people born between 1922 and 1942. The term “silent generation” is said to stem from the fact that this generation grew up at the time when “children were seen and not heard”, leading to a generation that is withdrawn, cautious and imaginative. Historical events that could have had an influence on the veterans include the Great Depression, the Korean War, the golden age of radio and World War II (Appel 2005:1; Codrington 1999:21; Hammil 2005:4; Haserot 2001:4). These were difficult times, fraught with political and economical uncertainty. Its impact produced a generation that is hard working, cautious and financially conservative. The silent generation is also said to be dedicated and sacrificing. They are hardworking conformists who are patient and show respect for authority, support the hierarchical structure and have disciplined work habits. They are also found to be adaptive to situations, if need be. Loyalty is also one of their traits and they also value the lessons that historical events have taught them, leading them to identify what has worked in the past, and what has not. Due to their values, the silent generation evolved from the era and conditions of poverty due to the Great Depression and World War II, to become a financially stable group of people. In the USA, the silent generation is said to hold 75% of all financial assets in the country (Duchscher & Cowin 2004:494).

In South Africa, Codrington (2005:21) classifies the silent generation as those born between 1931 and 1949. Their birth years correspond with what was happening locally and also globally. Despite the short-lived gold boom experienced in South Africa, the generation also hit hard times here, as South Africa was in the same position as many countries worldwide, due to the Great Depression and the war.

In nursing, the silent generation entered nursing after the Great Depression, when economic prosperity was evident. Due to their work ethic and discipline, they became financially stable, confirming their belief that sacrifice and hard work are rewarding (Weston 2006:2). This generation also entered nursing because they regarded it as a “calling” and wanted to make a difference in peoples’ lives. They are proud professionals who received their nursing training in hospitals. Most, if not all of them, will still value nursing traditions such as the Nightingale Pledge (Kupperschmidt 2004:114).

Due to their advanced age, the silent generation is mostly retired, with those remaining either in senior or managerial positions. The nursing shortage could have also led to some of these nurses to re-enter the nursing profession. Due to their advanced age, there might be a need to adjust work schedules, tasks and workloads, while increasing their responsibility and mentorship role, thus capitalising on their strengths and abilities, while considering their physical inabilities.

Their characteristics might have an effect on work relations, as they might find it difficult to communicate with younger generations. As their early life did not allow many pleasures, it might be difficult for them to manage younger generations who believe in “having a life outside work” and having fun (Moore 2002:2; Rhule 2004:32). Legally, employees from this generation are also likely to retire within the next 2–5 years. In view of the current nursing shortage, it could bring some relief to have them stay beyond their retirement age and to create a work environment that will be accommodating, thus promoting their retention.

3.6.1.2 Baby Boomers

According to Strauss and Howe (1991:299), the baby boomers were born between 1943 and 1960. Zimmerman (1995:42) places this generation as ending in 1964. This is the largest group of all generations so far. Defining events in this generation were economic prosperity, which occurred post World War II, the advent of television, civil rights movements, the Cold War, women's liberation and the space race (Appel 2005:1; Moore 2002:1; Raines 2002:1). Stereotyped as idealists (Appel 2005:1), baby boomers are said to be driven, soul-searching and often willing to "go the extra mile."

Cordington, (1999:24) cites the South African baby boomer years of birth as extending from about 1948 to 1964. Events of note in South Africa, according to this author, are largely associated with the apartheid years, and it was the baby boomers who decided to work towards a decisive solution instead of the threatening violence and war. Despite this, the early ages of the young boomer generation were characterised by outright defiance and rebellion.

Due to the recovering economy both in South Africa and abroad, baby boomers were optimistic about the future, which they regarded as promising. Prosperity resulted in freedom of expression and departure from conforming to the old rules that were applicable to the silent generation. Baby boomers started to debate social issues, examine and alter long-standing societal rules and challenge authority (Weston 2006:3). In the workplace, they are characterised by being "workaholics", display a tendency to challenge hierarchy, communicate freely, are optimistic and team players, with a tendency towards sharing responsibility (Appel 2005:1; Jooste 2003:142).

Baby boomers form a greater portion of today's workforce, at 48%. These are the people who will reach their final retirement age in 2024 (Rhule 2004:38). They believed that hard work and doing a good job would lead the organisations that they worked for to look after them. This was not to be for those baby boomers that were made redundant during the recession of the early 1990s. They were not rewarded for their loyalty. Known workaholics, baby boomers gave up their work/life balance to concentrate on their careers, status and being accepted in society (Cordington 1991:18; Moore 2002:19).

In nursing and elsewhere, baby boomers form the largest group of the workforce and are currently predominant in management and leadership positions in health care services. They have a tendency to define themselves through their jobs. Willingness to work long hours and changing things in their work environment come naturally to baby boomers, as well as equating their work with self-worth (Appel 2005:3).

In South Africa, baby boomers form the largest pool of nurses currently in practice. According to the SANC (2005:1), approximately 48 996 or 49% of practising professional nurses are baby boomers. They are starting to leave the workforce, with fewer recruits available to take their places (see table 1.2).

Looking at their defining characteristics in relation to their work, as well as their values, there is a need to keep able baby boomers employed past their retirement age. Mattonen (2006:2) cites that in the USA, baby boomers choose to extend their retirement beyond 65 years and well into their 70s because they cannot depend on their retirement benefits. They live longer than previous generations and are more committed to work and career than previous and even younger generations.

While also supporting the notion to retain baby boomers past their retirement age, Goldman (2006:2) identifies the need to start preparing the upcoming generations by educating, career-pathing and preparing them better. Adopting some creative and sometimes drastic changes in recruitment practices, will, according to this author, improve the retention of these younger generations.

Because of their inherent resilience and work ethic, baby boomers are likely to work past their retirement age. Those that are not forced by workplace policies or law to retire at the mandatory age of 60 to 65 years will continue to practise, mostly in positions of supervision, management, leadership and mentorship. While their practising will bring relief and improve health care delivery, conflict between the baby boomers and the later generations is likely to occur. Due to their defining characteristics, they might want to be vocal, questioning and unaccepting of these generations' personalities, characteristics and ways of doing things, especially in practice (Duchscher & Cowin 2004:496; Sherman 2006:6).

Being credited with challenging the status quo and the tendency to want to change the values held by other generations, baby boomers might be experienced as autocratic leaders. This will have an effect on retaining younger generation nurses under their charge, who might not like this rigidity, style of leadership and management, and therefore decide to leave. In the USA, it is predicted that 50% of the nursing workforce, who are mainly baby boomers, will retire by 2010 (Hart 2006:11; Sherman 2006:3).

Managers will therefore need to introduce retention strategies that will be accommodative of this ageing workforce. Zimmerman (2002:159) identifies the following steps which managers can implement to retain older nurses:

- Endorsing an organisational culture that acknowledges the invaluable experience these nurses have
- Recognising the cultural value of this older workforce when caring for an ageing population
- Introducing flexibility in shifts or giving them options to work part time
- Supporting options for light duty, where possible and available
- Facilitating involvement into alternative roles
- Providing facilities on site for the older nurses to care for dependent relatives
- Discovering ways to make the facility ergonomically friendly and efficient

3.6.1.3 Generation X

The birth year of Generation X seems to be a point of controversy amongst authors and demographers, with some placing the birth years as 1961 to 1981 (Appel 2005:4; Codington 1999:28; Cowin 2003:23; Strauss & Howe 1991:318), and others placing them as 1965 to 1971 (Davies & Love 2002:3; Hammil 2005:4; Jooste 2003:146; Rhule 2004:55). In the USA, events that might define this generation include the Watergate scandal, single parenting, computers and AIDS (Appel 2005:2). Generational core values displayed include open diversity, global thinking, techno-literacy, self-reliance and being fun-filled while maintaining balance in the workplace. Their personality points to their being risk-takers, family orientated, job focused versus working-hour focused, self-reliant and rather informal and lacking loyalty (Hammel 2005:4; Appel 2003:2). They “want life” and personal time.

In South Africa, Generation X can be defined as those children who grew up in the shadow of events which shaped the South African political history. While they were regarded as old enough to remember apartheid, and therefore be part of it, they were not old enough to be actively involved in the 1976 riots, which were another turnaround in the country's history (Codrington 1999:28).

Given the events that occurred during their birth years, and the circumstance of those times, Generation X was forced to grow up quickly. Their parents were living a middle-class lifestyle, which they had to maintain by both parents being employed, unlike the previous generation. This led to the children coming back from school to empty homes with both parents away at work. They had to learn to look after themselves (Sherman 2006:3).

Single parenting also started to manifest itself strongly as divorce rates started to soar, even in South Africa. As a result, these children would sometimes alternate between the two separated parents, which led to them being sceptical of family relationships and having a tendency and need to fill this void by forming and highly valuing relationships with friends and peers (Codrington 1999:29). It is due to these factors that Generation X has been described as being cynical, sceptical, alienated and individualistic, compared with baby boomers who were described as moralistic, self-righteous and true believers (Duchscher & Cowin 2004:496).

Being largely children of baby boomers, these children witnessed how their parents, after sacrificing time, became laid off due to the recession. In response they became less loyal to corporates and workplaces, while they maintained their independence and

self-reliance. Their dependence was first on themselves, then peers, for protection. In the workplace they are regarded as an independent generation, which seeks communication with managers rather on an equal basis than as subordinates, irrespective of the managers' age. They are also highly comfortable with the use of technology, wanting things to be done smarter, faster and better. According to Earls (2003:1), Generation Xers are direct and will not hesitate to tell the head of the organisation they work for what they think needs to be done. While willing to work hard for a given time, they will insist on time off. Their quest for learning and growing will lead them to change jobs that do not afford them opportunities for growth and development. It is therefore imperative to create a workplace environment where an Xer, as Generation X is also known, will be exposed to continuous learning and growth, in order to be retained.

Their defining characteristics of wanting their freedom in the workplace and the likelihood that these nurses will mostly hold nursing degrees instead of diplomas, will be well-educated, and be technologically competent, makes them highly sought-after employees, and retaining them will require strategies that will make the workplace environment attractive for them to remain and continue practising. Retention strategies must therefore be fully focused on the various aspects that will retain Generation X nurses for as long as is feasible for this restless generation that believes in marketability as the key to personal success. Their ability to multi-task and work independently makes them worth keeping. (Kupperschmidt 1998:38).

3.6.1.4 Generation Y

This generation is also referred to as millennials or the net generation, whose birth is between 1980 and 2000 (Appel 2005:2; Duchscher & Cowin 2004:497; Hammil 2005:4; Jooste 2003:146). They are defined by the Internet, school violence, television talk shows and multiculturalism. Their values include confidence, morality, sociability and diversity. They are optimistic, tenacious and prefer collective action.

In South Africa, millennials are classified as those born after 1990, free from past systems of government that ended with democratic elections in 1994. This is largely a civic-minded multicultural generation, with some characteristics of the silent generation (Codrington 1999:32). Millennials, while also having some characteristics of the Xers; are more conservative in behaviour and dress, more comfortable with older generations and trust elders more than do Xers, who are said to be cynical. They come from more affluent backgrounds, have a good education and are more technology-competent than Generation X. While previous generations were influenced by events such as wars and worldwide occurrences, this generation will experience events that are confined to their home environment. These events include violence, terrorism, HIV/AIDS, abuse by adults and drugs. Despite all this, millennials have been found to be warm, creative, confident and upbeat. Duchscher and Cowin (2004:497) argue that, despite the notion that environments within which millennials live could make them fearful and violent, this is not true of this group. Millennials have instead been found to have created spiritual paths, are inclusive in terms of racism, sexism and homophobia, and care about social issues. Unlike Generation X, they are close to their families and more dependent on them for security and safety (Duchscher & Cowin 2004:497; Sherman 2006:3).

In the workplace, they are said to be after stable jobs, which are interesting and bring satisfaction and personal fulfilment. Millennials will, according to research, remain committed and loyal to jobs that offer variety and opportunity to grow (Rhule 2004:5). Like Generation X, if they do not experience learning towards something better, they will not be retained. According to Duchscher and Cowin (2004:497), if predictions should be accurate, this generation will attempt to address some issues that occurred with the three previous generations. They will attempt to solve the cultural-economic problems of Generation X, correct excessive behaviours displayed by the baby boomers and fill the socio-political role which was left vacant by the exit of the silent generation. Due to their caring nature and a keen sense of social consciousness, millennials are found to be drawn to the caring professions and show a high level of interest in nursing. This has been demonstrated in the USA by an increase in the number of applicants to nursing in this generation, compared with those from Generation X. This generation is also said to be nearly as large as the baby boomer generation. With their defining characteristics of technological ability, need for communication, talent, education, sociability, open-mindedness and affinity to care, millennials can be attracted and retained in nursing through strategies that will provide an environment and culture where they can grow and thrive (Duchscher & Cowin 2004:498; Kupperschmidt 2000:67; Manion 2002:74; Sherman 2006:3; Weston 2006:5).

3.6.2 Retaining multi generational nurses

Nursing is a profession characterised by traditional practices such as set working hours, work schedules, hierarchy and practices. On the other hand, it is faced with the challenge to attract and retain nurses in the profession and service. Currently, it is apparent that there are four generations of practising nurses. The last of the veterans,

as the silent generation is also called, are still practising, some in senior or even managerial positions, with a lot of experience behind them. Next are baby boomers, who are not only experienced, but also form the bulk of nursing manpower. With the different characteristics displayed by the different generations, working in the same environment might be problematic. According to Gopwani (2005:2), the exit of some generations and entry of others calls for changes in the workplace. The author further points out that this might not be easy for professions already experiencing staff shortages, for example, teaching and nursing. While older generations are needed to orientate, induct, mentor and teach new recruits, accommodating the four generations with diverse needs in the workplace might pose a challenge. Haserot (2005:3) identifies the following important factors that will facilitate congruence and improve teamwork and collaboration in the workplace.

- Identifying each generation and determining their world view
- Determining what motivates each generation
- Identifying strengths and weaknesses in each generation, in relation to work expectations and performance
- Studying each generation's behavioural style
- Introducing techniques that can bring about change, and modifying or adjusting interaction between the generations and authority
- Acknowledging the contribution of each generation in the workplace

In order to retain nurses, organisations need to identify generational values and translate them into needs that have to be satisfied, in order to identify areas and also factors impeding the flow of delivery of these needs and to introduce processes that will adjust and address those bottlenecks. How different generations wish to communicate their needs is also of the utmost importance, as the Generation X's expression of a

need might be misinterpreted by a veteran or boomer manager as a sign of disrespect or disregard for authority.

Woody (2004:3) regards the unifying of generations in the workplace as “a difficult balancing act”, which can, however be accomplished through the following:

- By treating every generation as equal without managing them in the same way
 - By communicating in a manner that will be acceptable to each specific generation.
- When communicating with veterans, it will be acceptable to put everything in writing. Baby boomers will prefer one-to-one interaction, while generations X and Y will expect their communication through electronic means.

Dealing with a multigenerational workforce requires flexibility. While workers will continue to have needs across the generations, the areas of bottlenecks might be perceived differently by different generations. Where a need for change is imminent, different generational factors need to be taken into consideration, in order to develop a positive climate and culture of nurse retention.

Although there might be differences in age, needs, values and expectations between generations in the workplace, all generations will have needs requiring fulfilment at one or other level. This will enhance retention. While baby boomers might display a need at physiological, safety and esteem levels, the generations X and Y might require need satisfaction on the higher levels of esteem and self-actualisation. Acknowledging these differences in the workplace will assist nurse managers and organisations to implement retention strategies that will be sensitive to the different generations in the workplace.

3.6.3 Managing a multigenerational nursing workforce

Today's nurse manager is faced with the massive task of managing nurses of four generations, with different values, work ethics, characteristics and personalities. Within this diversity, the manager must be able to keep these nurses in an environment that will support the needs of each generation. Generations consist of individual nurses, which might complicate the manager's tasks further, as there might be differences between individuals of the same generation. Sherman (2006:3) raises the concern that, despite elaborate information in the literature regarding generations and their differences, there is limited information on the ways that current nursing leaders are actually managing the multigenerational nursing workforce. In a survey on equal employment in the USA, it was found that 66% of organisations under study, had not done an age profile of the people in their employ.

While management styles and behaviours are not yet widely studied, various studies were conducted on the preferences of different generations in terms of work, management and leadership. A study by Wieck, Prydum and Walsh (2002:283) on what the emerging workforce wants in their leaders, identified characteristics which were mentioned by participants. These include knowledge, honesty, motivating ability, a positive outlook, and being approachable and communicative. In other studies, expectations and preferences differed from generation to generation. Generation X ranked flexibility in work schedule highly in preference, while the baby boomers preferred meaningful work. Managers' expectations and demands regarding work performance, as well as remuneration and compensation structures were also found not to be conducive to attracting the younger Generation X and millennials to pursue a career path of leadership in nursing (Sherman 2006:4).

While identifying different generations in the workplace can be helpful for nurse managers, Sherman (2006:4) warns managers to remember that, despite generational commonalities, individuals are different; managers should therefore avoid stereotyping and treating nurses under their charge as a collective born in a certain period, and between certain ages. Generational characteristics, values and behaviour should be used as a guideline which provides a point of reference from which issues on different generations in the workplace can be comprehended (Duchscher & Cowin 2004:494; Kupperschmidt 2006:5).

It is of cardinal importance for managers to study the differences, identify complementing strengths and behaviours, remedy weaknesses and inabilities or incompetencies and create a work environment where nurses would want to stay. However, this is a challenge and requires vigorous communication between the manager and nurses. It is of utmost importance that nurses of different generations learn from one another, respect diverse lines of thought, reasoning and ways of doing things, allow for differences in values and continue to grow in areas where there are deficiencies, by learning from other generations. Working together in co-operation and harmony will enhance teamwork and create a work environment that will attract and keep nurses (Kupperschmidt 2004:6).

Another factor that could pose a challenge to the nurse manager is multigenerational conflict in the workplace. Poor working relationships, which are inherent in most workplaces to various degrees, ranging from subtle to pronounced, can be exacerbated by groups who subscribe to different values and schools of thought, as might result from generational effects.

Kupperschmidt (2006:2) reports on various studies in which conflict between generations is manifested in behaviour towards one another. Baby boomers regard Generation X nurses as being arrogant, disrespectful, rather lazy and not committed. A Generation X nurse might call such "arrogance" self-reliance. In the current situation, where baby boomers are mostly in supervisory and mentorship positions due to their many years of experience, it might be difficult for a Generation X nurse to score good marks in performance appraisals, be considered for promotion and even be awarded salary increases. This is punitive and might lead to the Generation X nurse deciding to find employment elsewhere, rather than remaining in this hostile environment.

Various authors and researchers found a relationship or connection between workplace conflict and nurse retention (Anthony et al 2005:148; Manion 2003: 654; Strachota et al 2003:115). A work environment that is fraught with non-supportive, unpleasant, uncooperative and negative colleagues, subordinates and even supervisors, can lead to unhappiness. This supports the need of the individual for love and belongingness, as identified in Maslow's theory. An individual who has an unfulfilled need for love and belonging will eventually decide to leave; on the other hand, an organisation where there is mutual support, teamwork and opportunities for amicable conflict resolution will retain its employees.

For retention strategies to be successful, they need to confront generational conflict and be so tailored that they address sources thereof, while they identify and strengthen positive traits and behaviours of each generation. This could lead to harmony in the workplace, improved quality of patient care and also create an environment where nurses want to stay. Nurse managers are faced with a challenge in terms of identifying

and strengthening these positive driving positive forces. They also need to identify restraining forces, tackle them, and where possible even eliminate them, in order to create an environment where nurses want to stay.

Kupperschmidt (2000:69) posits strategies which managers can follow in addressing generational conflict in the workplace. These strategies include accommodating differences among employees, creating choices in the workplace, operating through a management style that is sophisticated and theoretically sound, respecting employee competence and initiative, and nourishing retention.

Hart (2006:11) recognises that there are difficulties associated with retaining employees from different generations, given their diversity, and stresses the importance of validating each generation's expectations and needs. Knowing what each generation believes in, wants and expects from the employer will help management to create a work environment that will attract and retain these groups. This will include steps like varying the reward system and translating each generation's specific needs into workplace policies that will meet the needs of all nurses without compromising consistency and fairness. Despite these difficulties in accommodating diverse generations, there is an urgent need to offer these varieties in healthcare organisations in order to retain those that enter the profession of nursing, whatever their age.

3.7 NURSE MANAGERS' ATTRIBUTES THAT MIGHT ENHANCE PROFESSIONAL NURSE RETENTION

The nurse manager is of cardinal importance in helping the organisation retain professional nurses. To be able to fulfil this role successfully, the nurse manager requires certain attributes.

3.7.1 The role of nurse managers

In most health care organisations, nurse managers are at the helm of nurse leadership. They are the people that are tasked with issues regarding nurses as employees, including their working conditions. In terms of organisational relationships, nurse managers are found to be the most important people in determining whether nurses leave or stay with an organisation (Rhule 2004:69).

Success or failure to retain nurses has implications for nurse management. In an environment of rapid turnover and continuous staff changes or vacant posts, staff morale, the quality of patient-care and organisational development are all affected negatively. It is therefore imperative that nurse managers help to create a climate where nurses will want to stay in an organisation. Although nurse managers do not control all the factors that lead to nurse attrition, they can play an important role that will aid in nurse retention.

According to Fabre (2005:77) and Rhule (2004:71), nurse managers can aid retention by displaying certain characteristics in the workplace. These include being a trust builder, being honest, sincere and an effective communicator. Creating interesting work

opportunities, listening to subordinates, responding to their needs, giving feedback and guidance, nurse managers will enhance nurse retention (Rhule 2002:23).

Stratton (2001:1) conducted a study aiming to determine the importance of specific nurse leadership roles and how competent the nurse leaders felt they were in performing their work activities. The importance of the study was evident due to the observation that “poor supervision” led to nurses leaving or changing their jobs.

Two studies, conducted in 2000 and 2001, reported the need for improvement in nurse manager role effectiveness and nursing leadership and management, respectively (Stratton 2006:1). Competencies to accomplish these tasks were determined, using the Edwards Leadership Survey. The same survey questionnaire was administered to student nurses from three Midwestern urban community hospitals (in the USA) before they started attending an administration programme. Data were collected at each facility on the first day that students began the course. Findings indicated a statistically significant difference in the means measuring “importance” and “competence” under the eleven subscales of the instrument. The difference between the two variables indicated the need to align the nurse managers’ competencies with work activities. It was then recommended that these findings be used during training and development, to equip nurse managers with skills to provide quality care and promote nurse retention.

Fabre (2005:5) developed a model which she termed the “smart nursing model”. In this model, she identifies strategies which can empower nurse managers to utilise staff more effectively. This conceptual framework identifies six basic elements which can be used by managers to enhance their management practices. These elements are respect, simplicity, flexibility, integrity, communication and a culture of professionalism.

According to the author, these elements can only result in organisations that are prepared to adopt long-term strategies to preserve them. Like the general system's theory, these elements promote the "wholeness" of an organisation and are interdependent (Fabre 2005:5). Respect cannot be seen only in terms of respect for nurses as human beings, but also respect for their expertise, knowledge and skills, trusting them to make effective decisions that will enhance quality patient care. This trust, in turn, increases self-esteem and evokes respect in reciprocation. Trust is also built when the nurse manager respects herself and others, becomes a role model, is consistent and accepts nurses' inputs (Fabre 2005:34). Simplicity entails rethinking working patterns and priorities, eliminating complex practices and replacing them with simple, autonomous practices which are easy to apply. Flexibility can be encouraged by allowing nurses to think critically and apply their strategies instead of following authorities, policies and procedures to the letter. This encourages self-actualisation and shows flexibility: that the organisation is able to change as necessary (Fabre 2005:46). By being flexible, nurse managers can help alleviate the negative feelings of nurses working under severe pressure due to increased workloads and a generally low staff morale. Flexibility also entails acknowledging the different generations in the workplace, identifying their characteristics, attributes and needs and creating work environments that accommodate them respectfully.

Integrity can be promoted through building an organisational culture of honesty, an awareness of ethics through consistency, persistence in doing what is right, encouraging independence amongst competent nurses and building a network of "good people" within the organisation (Fabre 2005:59). An environment which ensures long-term success also encourages a positive culture which supports and enhances personal and professional growth. A positive culture offers support, safety, security, trust and

achievement. If this is translated into personal needs, nurses working in this environment are motivated and will therefore satisfy their needs in the hierarchy, as specified by Maslow. Satisfaction of needs leads to commitment and retention.

In her study on the effects of managers' behaviour on the retention of high-potential employees for different generations, Rhule (2004:75) states that although managers tend to give various reasons for attrition, it was discovered that a large number of factors contributing to nurse retention rates could be influenced by the manager. According to this study, managers only think about retention when handed a resignation letter or forms. It is therefore important that the nurse managers regard retention as an integral and ongoing priority which determines their hospital's success and survival. Rhule (2004:76) identifies "retention managers" as displaying certain characteristics, namely, a mindset of selection and development, a management style that breeds loyalty and a tendency to create an environment that nurses would like to work in. If these characteristics are in place, the manager will be able to select people that will be retained.

Donnelly (2003:68) points out the challenge that the current and seemingly continuing nursing shortages poses to nurse managers. Many more opportunities for employment in organisations other than hospitals, for example, the health insurance industry, pharmaceutical companies, managed care and clinical research institutions, are also attracting professional nurses. This calls for a shift in the nurse manager's focus on recruitment, requiring that resources and attention be targeted towards retention effects and strategies. Nurse managers need to create career paths within clinical nursing that will ensure advancement and increased compensation without exiting the clinical field.

There is also a need to create a safe working environment that will ensure personal and professional growth, where there is increased retention.

Anthony, Standing, Glick, Duffy, Sauer, Sweeny, Modic and Dumpe (2005:151), conducted a study on the pivotal role nurse managers play in retention. In their findings they identified certain skills that nurse managers need to possess in order to retain staff. Skills were divided into categories of structure, process and outcomes, as characterised by Donabedian (Alspach 1995:3). Structure was furthermore divided into three categories, namely professional, administrative and fiscal.

Professional skills entailed flexibility, mentoring or coaching teams and enhancing lifestyle changes. Administrative skills referred to fairness, consistency, taking risks, having a sense of humour, exercising patience, self-confidence and being honest. Fiscal skills related to salary and bonuses. Process is associated with skills pertaining to good communication, learning the job, resolving conflict, solving problems, listening, leadership, and people skills. Outcomes were focused on patients.

According to Bower (2000:159), nurse managers as leaders can follow these guidelines to bring about changes that will enhance the retention of nurses:

- Remaining in the present
- Assessing all operating factors
- Determining the magnitude of driving and restraining forces
- Determining structures to use in changing the situation

Nurse managers can contribute to nurse retention by being active leaders in bringing about the necessary change that will reinforce strategies that can be implemented.

Keller (1991:12) identifies nurse empowerment as a strategy that can be adopted by nurse managers and executives in organisations. Creating an environment where nurses feel in control enhances their practice.

The role of a nurse manager is seen as being a mentor and a coach to nurses (Fitzpatrick 2003:137). According to this author, effective managers are leaders who influence their subordinates and encourage them to make decisions. They coach subordinates into becoming the best that they can be. They encourage self-actualisation. The author further states that the best coaches and leaders can recognise talent amongst subordinates and accurately predict and identify those that have potential for leadership by looking for intellectual skills, being results driven, interpersonal skills, maturity and presence. They also look for the ability of subordinates to plan, organise and function as part of a team. Having identified them, effective leaders will progressively give these subordinates more responsibilities, empower them and allow them to be autonomous, enabling them to practise future roles as leaders, which they have the potential to be. Where subordinates with leadership potential fail, effective leaders are ready to encourage, support them and instil some confidence in them.

3.7.2 Management and leadership

Nursing administration comprises three distinct functions, namely, nursing, management and leadership. The nursing function entails the integration of nursing knowledge and skills from different, multiple disciplines in order to gain new insight into clinical practice. Management refers to the day-to-day activities that are performed to co-ordinate nursing care and service at both unit and organisational level. Leadership is

concerned with strategic planning, implementation of new programmes and co-ordination of service delivery (Nagelkerk 1996:1).

The concepts of leadership and management are different in context, but are equally important. Leadership means the ability to influence, guide in terms of direction, course or action or opinion. To manage means “to bring about, to accomplish, to have responsibility for and to conduct” (Jooste 2003:5). According to Nagelkerk (1996:8), leadership entails influencing people towards goal achievement by inspiring confidence and support. This requires effective interpersonal relationships and problem-solving skills. In the presence of strong leadership, followers are empowered. They also have confidence instilled in them. Characteristics of leadership include risk taking, communication, motivating and the ability to empower followers. On the other hand, Nagelkerk (2000:13) explains the concept of management as co-ordinating and integrating resources using the process of planning, organising, directing and controlling, as a means of achieving specified organisational goals.

Leadership and management are therefore two different concepts. It is a documented premise that managers are often not effective leaders and leaders not automatically good managers (Jooste 2003:26; Nagelkerk 2000:18). A manager could, however learn leadership skills. The difference between managers and leaders lies in activities that identify each of these two concepts. According to Jooste (2003:28), there is a belief that “leaders are followed and managers rule”. The person in charge of a nursing service has to be both a manager and a leader. This implies having to display simultaneously characteristics of both manager and leader in the workplace. The current nursing shortage compels managers and organisations to take actions to retain nurses. Having a contribution of both skills will enable nurse managers to contribute towards strategies

of nurse retention. The leadership style that a manager adopts will determine and direct the steps which need to be taken to enhance nurse retention.

3.7.3 Management and leadership in nurse retention

The literature describes the relationship that exists between leadership styles and nurse retention. By definition, nurse managers are formal leaders because they have the authority which is conferred upon them by the organisation they work for, as specified in their job description (Sullivan & Decker 2001:42).

In their leadership role, nurse managers are faced with several challenges, namely, ensuring patient safety and handling industrial action budgets, as well as the retention of nurses. They therefore require certain skills to manage effectively and to enhance their leadership role. In a study conducted by the Nursing Leadership Institute, 120 nursing managers were interviewed to determine their perspective on skills needed to be an effective leader (Sherman 2005:1). They identified personal mastery, interpersonal effectiveness, financial management, human resource management, caring and systems thinking as critical competencies that today's managers require.

Personal mastery entails the manager's understanding of self, which is demonstrated by displaying self-confidence and the ability to empower and trust subordinates. Such managers are sensitive when interacting with subordinates and can sense if there is something wrong in the work environment. Fairness, consistency, the ability to look at their own mistakes, acknowledging and learning from them. are some of the traits that

subordinates look for in a leader. Interpersonal effectiveness involves not only the ability to communicate, but also to listen and “to have a visible presence” (Sherman 2005:2).

Financial management is a skill that is an utmost necessity for survival, considering the costs that come with high turnover. In this study, nurse managers considered this skill as one of their weakest areas of competencies, especially when required to justify staffing budgets to hospital managers. Forecasting, monitoring finances and justifying requests also posed a challenge (Sherman 2005:2; Hunt 2003:202)

Sound human resource management practices are also crucial in enhancing the leadership role, especially in issues pertaining to nurse retention. While nurse managers expressed a passion for caring about patients and staff, caring for self was deficient in some of the managers interviewed (Sherman 2005:2).

Retention starts with a good selection and orientation process. Moreover, identifying the needs and desires of nursing staff in different age groups and what motivates them will lead to keeping them. Demonstrating a caring attitude towards staff and patients and the ability to see the “bigger picture” are also traits that the nurse manager requires to be an effective leader. Two other attributes that were identified are the ability to remain optimistic during times of turbulence and to remain resilient when faced with change prospects (Sherman 2005:2; Wilson 2005:139).

The transformational leadership style has been cited in literature as one of the attributes that enables a nurse manager to create an environment where nurses want to stay (Force 2005:336; Nyberg, Bernin & Theorell 2005:29; Valentine 2005:2). Transformational leaders have certain characteristics that set them apart from the rest.

They support and value teamwork and establish partnerships amongst subordinates. They believe in communication and recognition of their staff's accomplishments, reinforce values and share their experiences. Transformational leaders create an environment where education, training, development and commitment to ongoing learning enjoy top priority (Fitzpatrick 2003:138; Valentine 2005:2).

In their study to determine what managers do to retain employees, Kaye and Jordan-Evans (2000:32) describe several characteristics which managers need in order to be termed "retention managers". According to these authors, such managers display a selection and development mindset, a management style that encourages and breeds loyalty, which results in a work environment that employees love and want to remain in. During staff selection, these managers look for people who will fit well into their organisation in terms of skills, competencies, personal traits, and values. This ensures that these recruits will be retained. Retention managers' efforts do not stop here. They continue to support employees' growth beyond orientation and induction and continue developing, nurturing and supporting them. They are more likely to encourage employees to stay. Another characteristic that is inherent to retention managers is their ability to customise their retention remedies to fit each employee. They demonstrate this by asking what will keep employees, what will drive employees to resign and leave and also determine the things that matter most to employees to make them stay. Retention is not regarded as an event in isolation, which enjoys attention only when there is critical turnover, but is regarded by retention managers as an ongoing process, which starts at selection and continues throughout the employees' stay (Kaye & Jordan-Evans 2003:42).

Donnelly (2003:53) identifies distinct, overlapping differences that exist between the two functions of leadership and management. Nursing supposedly offers only a few exclusive opportunities of leadership, but there are many others where leadership and management are combined and often associated. Events in the workplace vary in complexity and severity. Ordinary day-to-day routine tasks require management, while extraordinary events which require change, or a crisis, require the manager to adopt a leadership role.

Managers tend to be guided by theory in choosing a management and leadership style. The type of theory that is chosen as a framework by a nurse manager will depend on the manager's world-view. However, Donnelly (2003:56) warns that no best theory of leadership exists. There might arise a need to apply more than one theory of management, depending on the work environment and the complexity of tasks to be accomplished.

Force (2005:336) conducted a literature review within research studies on characteristics of nurse managers' leadership styles that enhance nurse retention. Five themes were repeatedly and consistently identified, which provided evidence of leadership traits that promoted nurse retention. These were transformational leadership style, extroverted personality, magnet hospital characteristics, tenure and autonomy. In order to develop strategies that will promote nurse retention, nurse managers can adopt a transformational leadership style, where nurses will be empowered and inspired by the manager's vision, goals, world view and values. Nurse managers can also restructure departments or units to provide shared governance, autonomy and the spread of power, which will enable nurses to take control of the decisions they make regarding patient interventions and care. An extroverted nurse manager who portrays a

positive outlook, likeability and openness, and displays power, will always encourage nurses to stay. Organisations with magnet status were also found to have managers that were supportive and empowering. An established recognition programme, where excellence is rewarded, as well as career development through advanced education and obtaining degrees, were also found to have positive effects on retention (Force 2005:341).

In an effort to identify the leadership styles and span of control that contribute to optimum nurse, patient and organisation outcomes, a study was conducted. Key findings in the study included leadership style, job and patient satisfaction and turnover. The results of the study further supported the importance of the manager's leadership style in creating a positive work environment. The transformational and transactional leadership styles were found to be instrumental in ensuring patient satisfaction, job satisfaction and decreasing nurse turnover (Doran, McCutcheon, Evans, Macmillan, Hall, Pringle, Smith & Valente 2004:18).

3.7.4 Nurse manager development and training

The global nursing shortage has forced health care organisations to focus on factors that cause these shortages and ways to alleviate them. Mitchell (2003:221) cites, as one of the possible solutions, encouraging registered nurses to pursue advanced education in nursing by obtaining post-basic certificates. Where possible, nurses should be encouraged to continue studies up to masters and doctoral degrees. While this can be seen as a pathway towards self-actualisation, it could also lead to frustration, burnout and eventually intent to leave, if the graduate nurse is not adequately or suitably placed.

Another factor that needs consideration is the content of nursing education curricula. According to Mitchell (2003:223), nursing curricula provide nursing knowledge that is crucial to the art of the profession, but need to identify what is missing in terms of education needs for individuals, groups and the discipline at large, in order to reduce the shortage.

The Pacific Northwest Nursing Leadership Institute (PNNLI) was created in Washington State, USA, in 2002, after the need to invest in nurse manager training as a way to reduce turnover, was recognised. PNNLI comprises a group of nurse leaders from a number of organisations which support the development and preparation of nurse leaders collectively, sharing resources and educational opportunities in the development of new and transitioning nurse leaders. Programmes are geared towards enhancing their performance and retention, which will in turn impact on the retention of nurses under their charge. The effect of the programme was then measured and it was found that it indeed had a positive impact on the reduction of turnover rates in hospitals whose nurse managers participated in the programme (Wilson 2005:139).

The Acibadem Healthcare Group in Istanbul, Turkey, also identified the need to foster leadership abilities in their nurse managers. As a fast-growing group of hospitals, it was one of their strategic objectives to improve the attraction, motivation and development of staff leading to enhanced retention. To obtain this, they outsourced the services of two external nurse specialists to facilitate the necessary training, working together with their own nurse specialists. The aim of the workshop was to address the high turnover, as well as the void in leadership development, which was experienced by nurse managers in their hospitals. The workshop facilitators also felt that by building a leadership team

they would be better prepared to face any challenges confronting them in their management role. During the first phase of the workshop, a leadership model suitable to Acibadem Healthcare Group and its culture was created. Also, using a model for a leadership centre, the facilitating team emphasised that the workshop was going to focus on “self”, as one of the facilitators believed that “the best leaders are those who are centred, self-nurturing and take time for reflection”. At the end of the workshop, a competency model that described the quality and skills that made a good manager was developed. In addition, Acibadem instituted a questionnaire which was designed to help managers to understand their strategies and areas that needed important and personal management styles. This, being the first phase, set the pace for the following phases (Harvard Medical International 2005:2).

The preparation of nurse managers for their leadership role requires in-depth analysis. While the trend in nursing used to be the promotion of a good clinical nurse into a management role, what was not taken into consideration was that the skills required for the clinical nursing are a world apart from skills required for leadership and management. Nurses can be better trained to be managers but they need the development opportunities to become nurse leaders. This requires comprehensive programmes and a serious re-look at programmes that are currently offered for nurse managers. Continuous development programmes must also be offered in the workplace. Such programmes must be tailored according to the needs, size and setting of the organisation and must be adaptable to changes occurring within the organisation and trends in healthcare.

Creating an environment that attracts and keeps nurses requires a concerted effort from managers to be aware of nurses’ needs, bottleneck areas and restraining forces which

can lead to nurses leaving. This can be achievable if nurse managers can undergo training and development in order to acquire skills, attitudes and behaviours that will enable them to manage nurses in a way that will encourage them to stay.

Huston and Marquis (1990:315) identify three fundamental characteristics that indicate a successful management development programme. The programme must firstly start with the top-level administrative body, and must enjoy its full support. The second characteristic is that the programme must be planned and systematically implemented. Thirdly, the programme must include theories of social learning and management to help managers develop appropriate attitudes, skills and insights for effective management.

Jooste (2003:87) emphasises the need to develop managers on a continuous basis, as this is important for organisational success. The author further encourages leaders and managers to take charge of their own development and use various means and resources to achieve learning. According to Tappen (2001:233), nurse managers are tasked with the responsibility for staff development and also their own development. The author also concurs that the manager's development must be supported by the organisation, be planned and be pursued as a long-term, continuous event, while training, should be structured to meet specific, immediate learning needs.

3.8 ORGANISATIONAL FACTORS INFLUENCING NURSE RETENTION

Factors in the organisation or workplace can have an impact on nurse retention. Employees have certain expectations from organisations they work for. If such expectations are not fulfilled, some employees might decide to leave.

3.8.1 The work environment

According to Otube (2004:60), employees value working surroundings that do not pose any discomfort or physical harm. Physical safety is measured in terms of the organisation's location being close to home, clean surroundings, adequate equipment and tools, as well as safe buildings. Principles underlying an employee's preference for pleasant working conditions include the desire for working conditions that promote personal goal achievement. Seen in the context of Maslow's theory of the hierarchy of needs, the lowest two levels of needs, namely physical and safety needs or the fulfilment thereof, are regarded as being valuable to employees.

One of the most significant factors that has an implication with regard to the retention of professional nurses is the increasing workload, due to an increase in patient numbers and lowered staffing levels. Unless issues related to the work environment are addressed, strategies to increase the supply of nurses and the retention of those in practice will not be successful.

In discussing special provisions of the Nurse Reinvestment Act, legislation passed in the USA in 2003, Donley, Flaherty, Saxfield, Taylor, Maloni and Flanagan (2003:2) asked nurses to examine what the act meant in terms of staff development. The authors discussed the US Congressional Plan for addressing nurse recruitment and retention. Nurse retention addressed the nursing shortage by emphasising the role of the workplace in retaining and enhancing nursing education and professional development. According to the article, nurse retention is seen as a factor, since nurses are said to change jobs because of issues in the workplace, such as mandatory overtime and poor

working conditions. This in turn led to focusing on the workplace in relation to failed retention, and awakened an interest in studies on the value of magnet hospitals, which seem to attract and retain nurses because of their governance style. Solutions for nurse retention are looked for in the workplace and roles that can be played by organisations to revamp and reinvent nursing as a way of enhancing nurse retention. Various sections of the act identify different priority areas in the workplace with regard to factors such as education, training, retention, nursing practice, career development and nurse faculty loan programs. By improving these areas, it is hoped that nurse retention will be enhanced.

3.8.2 Organisational climate

According to Booyens (1998:202), the organisational climate is an indicator of employees' feelings or perceptions of the organisation which they work for. Patients will have a perception of the climate that will be created by nurses who attend to them, while the work climate under which nurses function can be largely dependent on the management and leadership styles which are followed in the organisation. In assessing the organisational climate, certain factors need to be measured. These include how employees understand organisational goals, how effective processes are, job satisfaction among employees, leadership effectiveness, communication, teamwork, and the trust that employees have in management. An ideal climate for nurses is one that affords job satisfaction, stimulates motivation and recognises and rewards performance.

Snow (2002:393) identifies the power and influence of the organisational climate on work performance and the retention of valued employees. The author discusses six key

dimensions of the organisational climate, evaluation and methods of enhancing these dimensions. They are flexibility, responsibility, standards, rewards, clarity and team commitment. Flexibility refers to employees' feeling about constraints in the workplace, which result from unnecessary rules, procedures, policies and practices. Flexibility means keeping unnecessary rules and policies to a minimum and encouraging and accepting employees to come with new and original ideas to enhance their job. Responsibility is about the degree to which employees do their job without having to check with the superiors all the time, despite having the skills and knowledge to perform. Standards are the emphasis that management puts on improving performance and setting challenging, attainable goals. Rewards are about recognition and reimbursement for a job well done, based on levels of performance. Clarity is when employees have a clear understanding of what is expected of them in the work situation. This can be done by connecting job expectations to organisational mission and stating procedures and policies in a clear manner which employees can understand. Team commitment entails enhancing a feeling of belonging among employees. It is about loyalty and pride in being part of that particular organisation.

Translating this into Maslow's theory, nurses regard a need as an important factor, which, if not fulfilled, might lead them to change jobs or even careers. From the side of management at various levels within the organisational structure, it is necessary to afford opportunities that can create an acceptable climate. Such opportunities include making jobs challenging, adopting suitable leadership styles which enhance the organisational climate, empowering nurses to make decisions in the tasks they are skilled to perform and educate, and training and developing nurses to promote their own goal achievement and needs fulfilment. Once this takes place, retention will be enhanced.

Activities that can be implemented in order to create a positive organisational climate could include:

- The development of an organisational mission, vision and objectives, including the nurses' input in the development
- Informing nurses about changes that are to be implemented and explaining and clarifying what is expected of them
- Communication: giving feedback and creating a climate of trust
- Being consistent and fair, especially when admonishing, criticising or applying any disciplinary measures, while giving an ear to grievances and problems
- Supporting the need for recognition and enhancement of self esteem and reward achievements
- Involving employees in various activities that might stimulate motivation, encourage them to feel wanted and useful and possibly enhance self-actualisation. This entails the delegation of tasks which are otherwise left for a manager, for example, formulating policies, updating procedures and chairing meetings.

3.8.3 Organisational structure

Each organisation has a formal or informal structure which governs work relationships, flow, communication and reporting. Formal structures are planned and made known to employees, while informal structures can be unplanned and even disguised. In formal structures, there is a measure of authority, line of reporting, responsibilities and patterns of working relationships. Organisations that function effectively and efficiently require co-operation and clear assignment of power and authority, especially under individuals who have a management task or role. The hospital as an organisation also has these

structures, which are normally linked or defined in a hierarchical order. Roles and responsibilities within this hierarchy can directly or indirectly influence performance and the retention of nurses (Vogt et al 1983:180; Gillies 1994:123).

One of the most important roles of structure is to afford clarity in terms of communication. Knowing who reports to whom in an organisation and what functions or operations fit where can be critical in ensuring workflow, job satisfaction, developing potential talent and motivation and even keeping people in the organisation. Another role that the formal structure has to deal with is how employees act and react, how they interpret or perceive their roles, how they are perceived as individuals and, ultimately, whether co-operation, communication and co-ordination exist or not. This is also ensured through policies, directives, procedures, rules and regulations (Vogt et al 1983:200).

Different organisations are structured in different ways. Health care institutions also differ in structure, depending on whether they are public or private institutions. Booyens (1998:187) identifies three different ways in which health care institutions are structured. They are the bureaucratic, decentralised and matrix structures. Bureaucratic structures, according to Weber (in Gillies 1994:37), claim to be superior to other structures, because they offer greater stability, precision and reliability in controlling the people in one's employ. This author argues that these structures can sometimes be perceived as too tight and might not be relevant to rapidly changing societies. Bureaucratic organisations are characterised by an arrangement of positions in a hierarchical order. There is formality with regard to duties for every position, with rules and regulations that govern how each position or person in that position functions. Appointment to each position is based on qualifications and expertise, and not on connections or liaison.

Although creating order, highly structured bureaucratic organisations can be problematic. The many detailed rules and regulations that will be characteristic of such organisations will tighten control and minimise autonomy and decision making. This in turn might lead to lack of fulfilment of higher-level needs of esteem and self-actualisation. Professional nurses functioning in this environment, specifically Generation X and Generation Y, might feel inhibited and subsequently frustrated and decide to leave. A decentralised structure is where authority is placed at the lowest practical level, such as units within a hospital, with limited authority coming from above. Each unit will then be guided or regulated by performance criteria (Booyens 1998:191). Such a structure allows autonomy, flexibility, timely delivery of care and cost-effectiveness, and this is empowering. However, it requires highly skilled, competent managers to be functional. It is therefore imperative that managers who work in this environment receive the necessary education, training and development. Such an environment could enhance nurse retention rates.

A matrix structure, also referred to as an adhocracy, is a structure in which a group of highly specialised people from different disciplines work together, assigned to teams to perform tasks jointly as a project. There is co-ordinated functioning, with integrated contribution from different members of the project team, under the direction of a team leader. On the positive side, matrix structures can stimulate high levels of motivation. Seeing a project through from start to finish, and being part of the team that was responsible for it can stimulate intrinsic motivation and even enhance retention amongst team members. The responsibility, flexibility and authority that can be enjoyed by members bring about efficiency, flexibility and technical excellence, which in turn enhances job satisfaction levels and the attainment of higher-level needs. Where team members have the attitude to perform under this structure, there is bound to be a high

level of retention. On the negative side, the matrix structure can lead to multiple reporting, power struggles, confusion and even conflict. It is therefore of the utmost importance that ongoing communication takes place in order to avoid these pitfalls (Booyens 1998:192; Gillies 1994:141; Nagelkerk 1996:44; Vogt et al 1983:203).

Organisational structure is an important factor in nurse retention. Relationships, reporting channels and communication in an organisation can determine whether employees will satisfy specific needs, have impeding barriers removed, remove restraining forces in order to achieve goals, reach their utmost potential and, ultimately, remain in the organisation. Where structures are rigid, nurses might not feel free to voice frustrations and opinions. This might lead to diminished interest in the organisation and feelings of disillusionment and ultimately considering leaving the organisation. Between the organisational climate and organisation structures lie the factors that, on the positive side, will enhance retention and on the negative side, increase turnover.

3.9 ORGANISATIONAL CHANGE

The critical nursing shortage in hospitals forces people in authority to look at ways that will retain nurses in their organisations. Retention forms a part of organisational activities and operations.

3.9.1 The process of change

According to Vogt et al (1983:234), change is needed as a strategy to address nurse retention. However, change cannot be implemented overnight. It must be planned as

part of a process, in order to offer concrete solutions to solve nurse turnover challenges. Planning and implementing change requires knowledge about the characteristics that are inherent to change. Booyens (1998:479) identifies characteristics that need to be analysed before change can be implemented. These are planning and structuring in advance, identification of individuals who will have the power to make decisions regarding what and why there needs to be change, an ability to judge when relationships should move from personal to impersonal, through the adoption of appropriate leadership styles and determining the tempo with which change should be brought about.

As discussed in Chapter 2, Kurt Lewin (1951), who is regarded as the father of change, developed the Force Field Analysis Model, which is a framework for change (Bozak 2003:80). In this theory, two dynamic opposing forces are identified: driving forces and restraining forces. Driving forces try to bring about change. This must be a result of internal influence, which compels change. Restraining forces strive to maintain the status quo. Lewin describes the process of change through three steps: unfreezing, moving or changing and refreezing. According to this theory, people or organisations where change has to take place are in a “frozen” state. For the system to change it needs to unfreeze, change and then refreeze in the new, changed state (Bozak 2003:81; Gillies 1998:453; Vogt et al 1983:240).

In order to demonstrate the phenomenon of change, Kumar (1999:19) uses the analogy of stones and gas balloons to illustrate force field analysis. Balloons are driving forces whose intentions are to bring about change. Stones block and restrain change. Both balloons and stones are attached to strings, with the length of the string reflecting the effect on the status quo. The size of the balloons and stones demonstrates their

respective relevant strengths. Planning for change entails identifying these variables and strengthening the balloons and weakening the stones.

Baulcomb (2003:275) regards management of change as “being skilled”, creating, acquiring and transferring knowledge to reflect new knowledge and insights”. In a study on the management of changing staff allocation in a nursing unit, Baulcomb (2003:278) identifies as driving forces weekends off, improvement in continuation of service provision, the fact that staff members want the change, staff excitement, professional development and increased autonomy. Restraining forces include factors in the environment and dealing with them; self-doubt by staff as to whether they will be able to manage the new role; increased accountability, which brings anxiety; and having to return to working five days per week.

In order to increase the driving forces and therefore effect change, weights were added to them, resulting in driving forces outweighing restraining forces and gradually but efficiently eradicating or suppressing them. Peer support, keeping staff informed, and decreasing tension amongst staff made the change successful, with benefits to individual nurses, patient and the organisation. Change is seen as an inevitable move from previous beliefs and being open to input and new behaviour.

Vogt et al (1983:241) quote four steps that can be followed to bring about change in an organisation, as recommended by the University of Michigan’s Centre for Research on Utilization of Scientific Knowledge (Vogt et al 1983:242). The steps entail systematic diagnosis of the organisation for change, developing action plans to initiate and maintain change, and continuous evaluation of the progress while replanning as necessary.

3.9.2 Nurse managers and change

There are multiple factors evident in the health care workplace. These include advances in technology, the high cost of health care, the ageing workforce, the impact of HIV/AIDS on patients and nursing staff, and the nursing shortage. These are challenges which affect nurse managers, as they have to continue their managerial functions of planning, organising, leading and controlling. These factors might require some changes in organisations that might impact on the nurse managers and their leadership roles. Donnelly (2003:61) regards some of these factors as drivers of change. Technology in health care, the ageing population, cost of health care, entry of health care institutions into the corporate world and nursing shortages are seen as external threats that will affect the nurse manager's leadership role. There will be internal trends in health care organisations, namely policies, new systems, programmes and staffing methods, which might need to be adapted to address external trends. Some of these internal trends might be outdated and may require change in order to create an ideal workplace environment. Ignoring the impact of both external and internal factors can lead to people wanting to dissociate themselves from an organisation and even managers that show resistance.

Sullivan and Decker (2005:217) concur with the statement that nurse managers are expected to play an important role in enhancing the environment so that nurses can be retained. Enhancing the environment requires certain practices to be perfected, while others have to be eliminated. This means that possible changes might be required in order to create this ideal situation. The role of the nurse manager is therefore seen as being cardinal in bringing about change, to the benefit of the workplace and also to

encourage professional nurses to stay. However, nurse managers are warned not to get caught in a trap of initiating change for the sake of change, but only to change things they often complain about in the workplace.

Change has got to be planned and, as Lewin's force-field analysis points out, forces in the field need to be identified. Driving and restraining forces in the workplace, as identified by Kurt Lewin (Sullivan and Decker 2005:218) and as discussed in the theoretical framework (Chapter 2) of this study and above, are determinants of the nurse's intention to leave or stay with an organisation.

As described in Lewin's theory, the driving forces are those that move a system towards a goal, while restraining forces work at maintaining the status quo. Applied to nurse retention, there needs to be a driver to strengthen all the positive aspects which will attract and encourage nurses to stay. This might require a change in the organisation. The role of nurse managers will therefore be to assume leadership and implement changes that will enhance the work environment and result in reduced turnover rates.

3.9.3 Magnet hospitals

Although not a strategy in themselves, magnet hospitals can be regarded as health care environments which attract and retain nurses (Trustee Bulletin 2004:4). The current global nursing shortage, with its implications for service delivery and quality patient care, has freed health care organisations to look at means to enhance retention, thus improving the level of quality patient care. One such means was the creation of a work

environment which nurses would not like to leave, but to remain part of. In the USA, the American Nurses Credentialing Centre created a system in 1994 which gave recognition to hospitals which performed at a certain prestigious level, fulfilling the criteria set by this body. These hospitals were then awarded the status of “magnet hospitals”, which is the highest level of recognition that can be awarded to nursing services in health care institutions. To be eligible for magnet status, the health care organisation must meet the following criteria:

- The control of nursing practice, characterised by an organisational nursing governance model and the participation of nurses on hospital interdisciplinary committees in that organisation. Participation has to be demonstrated by the use of nursing councils to address practice concerns, inclusion of nurses in decision making, policies and procedures that facilitate the use of nursing care standards and evidence-based outcome measures in the nursing care model, development, and nurse representation in recruitment, interview and selection panels.
- Safety of the work environment, where the organisation demonstrates a show of concern for the health and safety of its nursing manpower. This includes the implementation of work safety standards, prevention of workplace violence, including nurses in the evaluation and purchase of safety equipment, adequate security in the workplace to protect nurses as well as patients and support for strategies that reduce injury, stress, accidents and illnesses in the workplace; evaluation through continuous assessments, process improvement and committees to address staff concerns regarding safety.
- Existence of systems that address patient care concerns in term of the quality of care they receive from nurses. This is measured against the code of ethics and standards of practice, as set by the regulating authority. Issues to be addressed

range from patient concerns to fraudulent practices and abuse by nurses and doctors.

- A concise orientation programme that is competency based in order to facilitate smooth entry into the workplace and a high standard of patient care.
- Hospital administration support for the chief nursing officer, in terms of communication and accountability to be an effective administrating body. The chief nursing officer must possess a minimum of a masters degree to participate at executive level management, be available to nurses at operational level, be visible, be in continuous consultation and communication with nurses and be an advocate of the nurses to administration.
- The organisation must have staff development programmes which facilitate personal and professional growth. Professional growth and development must be evident through participation in nursing research; there should be a career ladder for staff to progress through; nurses should receive recognition and reward for achievements and be granted promotional opportunities. Other incentives that should be presented to nurses include the granting of scholarships, flexibility in work schedules to allow study time, mentoring opportunities as both mentor and mentee, and rewards for all certificates and qualifications obtained.
- Remuneration and salary that is competitive and market related. Salaries should be accommodative of professional commitment, outstanding performance, experience and qualifications.
- A programme that recognises achievements, merits and outstanding actions performed by nurses, which enhance patient care.
- Policies and a culture that promotes a balance between work and home life. This should entail flexibility in working hours, time off for family responsibility, involving

nurses in staff scheduling decisions, limiting mandatory overtime, social support and other employee assistance programmes.

- A zero tolerance attitude towards the abuse of nurses, through policies and procedures that protect nurses from abuse by physicians, promotes sound doctor-nurse relationships and offers guidelines for dealing with complaints or reports of abuse.
- Facilitation of leader competency among unit supervisors and middle management staff. Policies and practice should outline support initiatives for these categories through management and leadership development programmes, ongoing evaluation and feedback on performance and shortcomings.
- Commitment to evidence based quality patient care through scientific methods of care, proven through research and existing literature, the use of current nursing models during practice, continuing staff education, evaluation of quality patient care and recognition of units which display outstanding performance in nursing practice.

Laschinger, Almost and Tuer-Hodes (2003:410) studied the impact of working in magnet hospitals on nurse retention. Nurses are said to be attracted to and remain with work organisations that promote autonomy, control of one's practice and good nurse-doctor relationships. Burnout and stress have also been found to be low among these nurses (American Association of Colleges of Nursing 2002:1, Bliss-Holtz 2004:38, Frazier 2003:604, Upenieks 2003:44). Although the concept of magnet hospitals is not yet practised in South Africa, nurses in this country might benefit from such an initiative. There is a need for health care organisations to create work environments that support nurses. Nurses in magnet hospitals are said to demonstrate a high level of job satisfaction and feel empowered. Organisations also benefit because nurse turnover is

low, morale is high and the quality of patient care remains at an all-time high (Upenieks 2003:44). The criteria for magnet status appear to be rather complex and will therefore require a concerted effort as well as commitment from health care organisations and authorities to implement. Commitment will also be required from nurses as they will bear the responsibility to firstly buy into the concept, embrace it as their own and embark on it to fulfil the criteria, which in turn will afford them job satisfaction, satisfy their needs and cause them to remain in their organisations, thus enhancing a culture of nurse retention.

3.10 CONTEXTUALISATION OF LITERATURE REVIEW WITHIN THE THEORETICAL FRAMEWORK

The theoretical framework (Chapter 2) on which this study is based focuses on three cardinal issues in the workplace. The first issue pertains to the hierarchy of needs, from lowest to highest, which professional nurses might have, which whether met or unmet will determine their intention to leave or remain. Secondly, fulfilment of these needs might be hampered or impeded in certain areas of the hierarchical level, also influencing the professional nurses' decision to leave or stay. To persuade professional nurses to stay requires changes in these areas of constriction, by strengthening the areas where there is no constriction and weakening or removing, where possible, factors that might lead to professional nurses wanting to leave.

The literature review in this chapter addresses the factors that have been identified and discussed in the theoretical framework (Table 2.1.) This is demonstrated in a summary in which the literature is contextualised within the theoretical framework (Table 3.1.)

TABLE 3.1. CONTEXTUALISATION OF THE LITERATURE REVIEW WITHIN THE THEORETICAL FRAMEWORK

THEORETICAL FRAMEWORK	LITERATURE REVIEW	LITERATURE SOURCE OR AUTHOR
WORKING ENVIRONMENT AND CONDITIONS	Nurses' needs	Cheng (2003) Clay (1997) Hospersa (2006) Huston and Marquis (1993) Maslow (1995) Vogt et al (1983)
	Job satisfaction	Blegen (1993) Burnard, Morris and Phillips (1999) Cavanagh (1992) Cowin (2002) Cumbry and Alexander (1998) Ellenbecker (2004) Fabre (2006) Fisher (1996) Heinrich (2001) Loveridge and Cummings (1996) Manojlovich and Laschinger (2002) Nakata and Saylor (1994) Strachota et al (2003)
	The global nursing shortage	Barney (2002) Buchan, Parkins and Sochalski (2003) Fletcher (2001) Kimball and O'Neil (2002) Letvak (2002) Pullaw and Lorbergs (2001) Shabbrook and Fenton (2002) Staiger, Auerback and Buerhaus (2001) Xaba and Phillips (2001)
	Recruitment	American Society of Health System Pharmacists 2003) Netswera, Rankhumishe and Mavundla (2005) Schmelling (1992) Shimkus (2005)

THEORETICAL FRAMEWORK	LITERATURE REVIEW	LITERATURE SOURCE OR AUTHOR
	The multigenerational workforce and different generations	Appel (2005) Codrington (1999) Davies and Cowin (2004) Earls (2003) Goldman (2006) Gopwami (2005) Hammil (2005) Hart (2006) Haserot (2001) Jooste (2003) Kabacolfe and Stoffey (2004) Kupperschmidt (1998, 2006) Mattonen (2006) Moore (2002) Racmes (2002) Rhule (2004) SANC (2005) Sherman (2006) Strauss and Howe (1991) Weston (2006) Woody (2004) Zummerman (1995)
	The work environment, organisational climate and structure	Otube (2004) Donley et al (2003) Booyens (1998) Snow (2002) Vogt et al (1983) Gillies (1994) Nagelkerk (1996)
ACTION OR STEPS TO ENHANCE NURSE RETENTION	Motivation	Muller (1998) Gillies (1994) Smith (1999) Vogt et al (1983) Manion (2003) Hackman and Oldham (1975) Otube (2004) Dieleman, Cuong Arih and Martineau (2003)

THEORETICAL FRAMEWORK	LITERATURE REVIEW	LITERATURE SOURCE OR AUTHOR
	Retention-related factors, models and theories	Fabre (2005) Zimmerman (2002) Chan et al (2004) Daft and Noe (2001) Kane (1999) Gates (1991) Neuhauser (2002) Cox (2005) Kimball and O'Neil (2005) Sochalski (2002) Fabre (2005) Institute for Healthcare Improvement (2002)
		Thyo (2000) Goldman (2006) Shimkus (2005) American Society of Health-system Pharmacists (2003) Schmelling (1992) Netswera, Rankumshe and Mavundla (2005) Maxwell (2005) Rhule (2004) Kaestner (2005) Weiss et al (2003) Tinto (1993) Borglum and Kubala (2000) Brand Autopsy (2005) Murray (2003) Black (2003)
RESPONSIBILITIES FOR ENHANCING NURSE RETENTION	Nurse manager's role	Rhule (2004) Fabre (2005) Stratton (2001) Donnelly (2003) Anthony et al (2005) Alspach (1995) Bower (2000) Keller (1991) Fitzpatrick (2003)

THEORETICAL FRAMEWORK	LITERATURE REVIEW	LITERATURE SOURCE OR AUTHOR
	Management, leadership and nurse retention	Nagelkerk (1996) Jooste (2003) Sullivan and Decker Sherman (2005) Hunt (2003) Wilson (2005) Force (2005) Nyberg, Bernin and Theorell (2005) Valentine (2005) Fitzpatrick (2003) Keye and Jordan-Evans (2000) Donnelly (2003) Doran et al (2004)
	Nurse manager development and training	Mitchell (2003) Harvard Medical International (2005) Huston and Marquis (1990) Jooste (2003) Tappen (2001)
	Organisational change	Vogt et al (1983) Booyens (1998) Lewin (1951) Bozak (2003) Gillies (1998) Baukomb (2003)
	The nurse manager and change	Donnelly (2003) Sullivan and Decker (2005)
	Magnet hospitals	Trustee Bulletin (2004) Laschinger, Almost and Tuer-Hodes (2003) Bliss-Holtz (2004) Upenieks (2003) American Association of Colleges of Nursing (2002) Vogt et al (1983)

3.11 SUMMARY

The literature review revealed commonalities from various authors regarding a significant problem that faces health care organisations: retaining nurses. Factors that are presumed to increase nurse turnover are related to conditions in the workplace that lead to lack of job satisfaction and low levels of motivation.

The role of nurse managers and leaders is also of the utmost importance in the retention of nurses. Early studies focused more on monetary rewards and working conditions as the two main factors that influence nurse retention. It has, however, become more apparent that need fulfilment, especially of those needs related to higher levels of love and belonging, esteem and self-actualisation, drives nurse retention. Striving to belong to a group, autonomy, power to make decisions, need for development and achievement are factors that motivate and enhance retention. It is the task of nurse managers to identify factors that lead to job dissatisfaction and those that awaken the urge to leave. They must explore avenues that can promote job satisfaction and enhance nurse retention. Leadership style is also of importance in promoting quality patient care delivery.

The role of organisations in enhancing retention is also important. In order to function optimally, nurses need an organisation in which they understand the system, the organisation climate, structure and how things are done in that organisation. A conducive work environment enhances retention and improves the quality of patient care. This has been evident in the USA among hospitals that have acquired or are in the process of acquiring magnet recognition.

Vogt et al (1983:131) identify areas of restriction of needs in the work environment. Bottlenecks or areas that impede the fulfilment of these needs will lead to frustration, which will in turn lead to nurses deciding to leave. Retention is not merely seen as resting on the individual nurse's shoulders, although at the end it remains an individual's personal decision and choice. Nurse retention is seen as being a co-responsibility of the individual nurse, management and health-care organisations. It might be time to address nurse turnover by changing certain aspects in nursing as a profession, in order

to accommodate later generations, the use of the latest nursing models, strategic leadership and organisational redesign. Although such change will take time, it might add to the efforts made to retain nurses.

In the next chapter, the research methodology that was followed in the study will be discussed.

Chapter 4

RESEARCH METHODOLOGY

4.1 INTRODUCTION

In this chapter, the research methodology of this study is discussed. It describes the steps, techniques or strategies used in the collection and analysis of data. The discussion also includes the design, population and sample, research instruments, data collection and data analysis. This methodology was chosen with the aim of effectively answering the research questions. The research was conducted in two phases, which will be discussed separately.

4.2 AIM AND OBJECTIVES

Before discussing the research method and design of this study, this section will describe the aim and objectives of the study.

4.2.1 Aim of the study

The overall aim of this study is to investigate and explore factors within the workplace and from the point of view of professional nurses and nurse managers which affect

nurse retention, and to propose guidelines for professional nurse retention which, if implemented, might enhance their retention in the health care service organisations.

4.2.2 Objectives of the study

The following objectives are stated in order to achieve the aim of the study:

- To determine elements of individual needs which, if strengthened, will enhance the retention of a multi-generational nursing workforce
- To explore and describe actions which organisations could take to create a workplace environment that would promote the retention of professional nurses of different generations
- To determine and explore the views of nurse managers regarding factors that could influence professional nurse retention.
- To develop and recommend guidelines that could enhance and sustain ongoing professional nurse retention in health care service organisations.

4.3 RESEARCH METHODS AND DESIGN

Babbie and Mouton (2003:75) see research design as a blueprint of how one intends conducting research. According to this explanation, a research design focuses on the end product, formulates, as a point of departure, the research problem or question, and focuses on the evidence required to address the research question adequately. The authors also express the importance of first formulating the research problem

clearly and succinctly before choosing the research design that best answers specific questions.

Burns and Grove (2001:47) define research design as a blueprint for conducting a study that maximises control over factors that could interfere with desired outcomes of the study. It is also seen as an overall plan for collecting and analysing data, including specifications for enhancing external and internal validity of the study (Polit & Hungler 1995:653).

A descriptive, exploratory survey strategy was followed. Descriptive studies provide accuracy in the sense that they describe what exists, the frequency with which it exists, assign new meaning to a phenomenon and put information into categories. Furthermore, descriptive studies have as their main objective the portrayal of that which is being studied, be it persons, situations or groups. Descriptive research is also said to yield both qualitative and quantitative data. The phenomenon under study may be described in ways ranging from narrative types of description to a statistical analysis (Babbie & Mouton 2003:81; Burns & Grove 2001:30; Polit & Hungler 1991:643). The overall aim of this study is to investigate and explore factors that affect the retention of professional nurses and to propose a programme for nurse retention which, if implemented, might enhance professional nurse retention in health care service organisations.

Exploratory studies are designed to increase knowledge in a specific field of study. Such studies are conducted in cases where little previous research regarding the topic of study has been conducted. Exploratory studies are also suitable in surveys of

people who are experiencing the problem under study (Mouton 1998:102; Babbie & Mouton 2003:80). During the literature search, no studies on nurse retention in South Africa were found. Studies that were previously conducted focused on nurse emigration and on factors that influence the nursing shortage. Retaining professional nurses is a problem experienced by most health care service organisations in South Africa. It is hoped that findings from this study will yield new information that can assist organisations in the retention of professional nurses.

The survey method was used because it is said to be one of the best methods that can be used to describe a population that is too large to be directly studied. The survey design also provides a quantitative or numeric description of opinions or attitudes of a population through studying a sample of that specific population. Findings can then be generalised to the population (Babbie & Mouton 2003:232; Creswell 2003:153), provided that a representative sample had been studied. Survey research is also described as a type of research that focuses on obtaining data or information regarding the status quo of some situation via the direct questioning of respondents (Polit & Hungler 1996:193).

The decision to use the survey method was taken because of the large size of populations for both phases 1 and 2, namely professional nurses and nursing service managers respectively. This was to ensure that information would be secured. According to Polit and Hungler (1996:193), the most powerful method of securing survey data and information is through personal interviews, where in most cases the interviewer will use a set of questions, referred to as an interview schedule.

4.4 ORGANISATION OF THE STUDY

The study was conducted in two phases.

During **phase I**, a quantitative research approach was used, which entailed the identification, exploration and description of professional nurses' needs, which, if fulfilled, would enhance their retention. Questions asked pertained to elements in the workplace, what they liked or disliked, what they felt would make them stay and also what could be changed for the better to make them stay. Both closed- and open-ended questions were asked in order to obtain data from respondents.

A qualitative approach was followed in **phase II** to determine, explore and describe nurse managers' views on factors which could influence professional nurse retention which emanated from the findings of **phase 1**, as well as their view regarding attributes that were required to enable them to contribute towards the enhancing of professional nurse retention. For the sake of clarity, the two research phases will be discussed separately.

4.5 PHASE 1: QUANTITATIVE APPROACH: PROFESSIONAL NURSES' SELF COMPLETION QUESTIONNAIRES

The aim of the study was to determine factors which will enhance the retention of professional nurses of different generations in health care organisations. The theoretical framework on which this study was based, namely, Maslow's hierarchy of Needs Theory,

Vogt et al's Cork-Top (Bottleneck) Theory of Nurse Retention and Lewin's Force Field Analysis Theory, as well as the literature review all point to the presence and effect of an individual's needs on decisions regarding an employment situation. To be able to retain professional nurses requires finding out what their needs are and which of these needs are not met. It also entails identifying how employers and organisations can bring about changes in order to meet these needs and consequently retain nurses. This phase thus entails identifying and describing needs of professional nurses from different generations within healthcare organisations which, if fulfilled or met, will enhance their retention. Data were collected and analysed, which described professional nurses' needs, in order to generalise these findings to the professional nurse population. What could retain them was portrayed in the findings, increasing knowledge on the topic of the retention of professional nurses. The researcher could not find previous studies conducted on this topic, specifically in South Africa, despite an in-depth library search, aided by Unisa's subject librarian. The survey method was also found to be suitable, given the size of the professional nurse population in the Gauteng province, which, according to the SANC was 26 754 (www.sanc.co.za) during 2006.

4.5.1 Population and sampling

Babbie and Mouton (2003:100) define the population of a study as that group of people about whom the researcher wants to draw conclusions. Population in research is, however, not only limited to describing or defining people, but also refers to objects or substances that meet certain criteria, as set by the researcher, which qualifies them for inclusion in a study (Burns & Grove 2003:47; Polit & Hungler 1996:254). It is not always possible to study all members of the population of interest to the researcher. It is for this

reason that a portion or subset of the population is selected. This portion is referred to as a sample (Babbie & Mouton 2003:100).

4.5.1.1 Population

The target population for **phase 1** was professional nurses with addresses in Gauteng Province who are on the SANC register and therefore licensed to practice. These nurses practised in both private and public healthcare services in the province.

4.5.1.2 Sample

Probability sampling was used in the first phase, which ensured that every element or professional nurse in the population of professional nurses with addresses in the Gauteng Province had an equal chance or probability of being selected to participate in the study. According to Brink and Wood (2003:292), the use of probability sampling in descriptive designs is necessary as it also ensures external validity. In this phase, a computer-assisted sample comprising 100% of the total population of professional nurses with addresses in the Gauteng province was initially selected. The sample consisted of a total of 2 676 names, all supplied with addresses on self adhesive labels.

Before the questionnaires were mailed, the researcher realised that the financial burden attached to the postage of this number of questionnaires, together with unavoidable costs that accompanied the production of the questionnaire, was high and made it impossible to cover the costs of producing and mailing all these questionnaires. The researcher, with the assistance of a colleague, drew a second systematic sample from the list of names

provided by the SANC. A number was assigned to every name on the list. The first number was selected randomly, with subsequent numbers selected at an interval of every fifth name. The final sample for the study was thereby reduced to 536 participants.

4.5.2 Data collection method

Burns and Grove (2002:49) define data collection as “the precise, systematic gathering of information relevant to the research purpose”. Brink (1999:148) identifies five questions that a researcher needs to ask when planning the data collection process. These questions pertain to the type of information needed to answer the research question, type of research instrument, who will collect the data, the setting for the data collection and the time frame for data collection. In this study, professional nurses were asked in a questionnaire to identify factors which influenced their retention and give some background information about their employment circumstances. Questionnaires were posted to them and they were requested to return them by a set date. A subsequent letter was sent as a reminder, also stipulating the return date. Data collection for this phase took place between December 2006 and March 2007. Respondents were requested to return the questionnaire by 15 January 2007. As this was period was towards the end of the year, there was a possibility that some respondents might be away on holiday and not access their mail. To accommodate this, the researcher allowed 6 weeks before sending a reminder to the respondents, asking them to kindly send the questionnaires if they had not done so, while thanking those that already have.

Of the 536 questionnaires sent out, 116 were completed and returned. Of these, four questionnaires were returned uncompleted; one was partially completed and

accompanied by a lengthy letter expressing dissatisfaction with health care. A further, two questionnaires were returned uncompleted with a note stating that the two addressees were deceased. One came with a letter informing the researcher that the addressee had left the country. A further 17 questionnaires were returned unopened, with “RTS” (return to sender) or “unknown” written across the envelope. This could indicate that the addressees had moved, but that the SANC still had their old addresses on its database. At the end 108 questionnaires were what could be used to obtain data for the research study.

4.5.2 The research instrument

The research instrument addressed the objectives of the research study, which applied to multigenerational professional nurses currently in practice. Items in this questionnaire focused on factors in the workplace that might have an impact on nurse retention. Factors were also reflective of items which could be described as needs. While some of the literature reviewed referred to retention in general, there was no such survey or study conducted in South Africa, especially pertaining to the retention of nurses. The researcher, guided by the research questions, objectives, theoretical framework and the literature review as well as inputs from the promoters and a statistician, developed the questionnaire.

4.5.1.1 *Content and structure of the questionnaire*

The questionnaire consisted of three sections (see Annexure H).

Section A was designed to elicit demographic and background information. Questions asked pertained to the employment sector, future career plans, likes and dislikes in the current organisation and whether the respondents knew of professional nurses who had left the country and reasons why they had done so. Of the 21 questions asked in this section, 14 required respondents to provide one alternative answer and 7 required at least six responses per question.

Section B was aimed at obtaining information regarding factors that might contribute to professional nurses' retention. This section was largely modelled on the theoretical framework (Chapter 2). This section comprised 68 statements to which participants had to respond, choosing one alternative between "strongly agree", "agree", "disagree" or "strongly disagree". Elements in this section portrayed the needs that professional nurses might have which, if met, could enhance their retention. Referring to the theoretical framework, elements were grouped according to Maslow's Hierarchy of Needs Theory and Vogt et al's "Cork-Top" (Bottleneck) Theory (Table 4.1)

Section C of the questionnaire asked respondents to state the ten most important factors, which, if changed for the better, would influence their decisions to stay in their current organisations. In terms of the theoretical framework, these are factors which can be considered as drivers, which need to be strengthened as proposed by Lewin, as discussed in Chapter 2 of this thesis. Once these drivers were strengthened to a point of outweighing restraining forces, retention might be enhanced.

Both sections were also based on the literature review, in which various articles reiterated the importance of certain factors in enhancing the retention of nurses. Examples of how

responses should be structured to facilitate understanding by respondents were given at the beginning of section B.

Table 4.1 Classification of phase I questionnaire statements according to the theoretical framework

Level of Needs	Maslow's Hierarchy Of Needs Theory	Vogt et al's corktop (bottleneck) theory	Questionnaire statements (Section B)
PHYSIOLOGICAL First level needs, which are considered high priority and necessary for survival	Air, food, drink, shelter, warmth, sleep, rest	Mainly satisfied by adequate remuneration	1, 2, 4, 6, 7, 11, 15, 20, 43
SAFETY These are requirements for security	Protection against danger, insecurity, threat and deprivation; job security stability, safety regulations, retirement plans, fringe benefits	Three categories of safety are identified: physical safety, job safety and emotional safety	3, 5, 8, 12, 13, 14, 16, 17, 26, 30, 31, 33, 35, 36, 45, 49, 54, 57, 61, 65, 66, 67, 68
LOVE AND BELONGING Involves relationships	Colleagues, family affection, relationships, intimacy, friendship, acceptance by fellow workers, supervisors and managers, a sense of communal involvement	Contact with fellow employees, managers, union representatives and friends within the context of work. If these needs are not met, employees become resistant and uncooperative, which might lead to unrest or unionisation	19, 21, 22, 27, 28, 29, 40, 41, 42, 48, 58, 60, 62, 63, 64

Level of Needs	Maslow's Hierarchy Of Needs Theory	Vogt et al's corktop (bottleneck) theory	Questionnaire statements (Section B)
	and team support		
<p>ESTEEM</p> <p>Need for positive, high evaluation of oneself.</p> <p>Two dimensions: self-esteem and esteem and respect from others.</p>	<p>Self-esteem, achievement, mastery, independence, status dominance, prestige, responsibility, respect, self-respect, two levels are identified: Lower level frame, respect and glory. Higher level-confidence, competence, achievement</p>	<p>Ongoing praise for work, new responsibilities, authority, maximum amount of control, own job actions, job titles, awards, status symbols, free time</p>	<p>9, 10, 18, 23, 24, 25, 32, 34, 38, 39, 46, 47, 50, 51, 52, 59</p>
<p>SELF-ACTUALISATION</p>	<p>Realising personal potential, self fulfilment, seeking personal growth, peak experiences, making the most of one's abilities and striving to be the best one can be</p>	<p>The experience of personal autonomy and value to the organisation, enjoying work, continuing to grow and working to the full extent, making an important contribution to the organisation</p>	<p>37, 44, 53, 55, 56</p>

4.5.1.2 Pre-testing the instrument

Polit and Hungler (1991:652), define the pre-test as a trail administration of a newly developed instrument in order to identify flaws and estimate the time required to complete the questionnaire. According to Babbie and Mouton (2003:245), as well as Brink and Wood (2003:259), an instrument should be tested prior to use, in order to

address issues that might arise during the data collection phase and also because of the inherent possibility of error. Such tests could be in the form of formal tests using a smaller sample resembling the population of interest, or even informal opinions from colleagues or associates for whom the questionnaire has relevance. In all aspects it is preferable for the people or group chosen for pre-testing to complete the questionnaire, rather than just reading through it to pick up errors or omissions.

The instrument in this phase was pre-tested with ten professional nurses who were not included in the actual study. They were asked to comment and give their opinions on the instructions given, the content, level of comprehension, lack of ambiguity, and length of time required to complete the questionnaire. The questionnaire was also given to two promoters and a statistician for evaluation and comment prior to it being put to use. Changes and suggestions were implemented as follows:

- The wording of some of the questions that was said to be unclear was changed.
- Questions where two items were combined in one question were changed in order to ask only one item in a question.
- Duplicating questions were taken out of the questionnaire.
- One participant in the pre-test suggested that the birth year be omitted. This could not be done as the year was important to identify the generation within which each professional nurse fell.

4.5.1 Validity of the research instrument

Validity refers to the extent to which a research instrument or empirical measure adequately reflects the real meaning of the concept being studied. It is an indication that the instrument measures what it is intended to measure (Babbie & Mouton

2003:122; Polit & Hungler 1999:375). An instrument or measure serves three major functions; namely, to represent the universe of content related to a specific concept, to establish relationships with a particular variable and to measure effective behaviour or cognitive variables (Brink & Wood 1998:271). In order to establish the validity of the instrument, content, face and construct validity were measured.

4.5.4.1 *Content validity*

This refers to the ability of the items in the instrument to represent all the various components of the variable measures. It indicates whether the variables are representative of the entire phenomenon of interest (Brink 1999:168; Creswell 1998:157). Content validity of the instrument was established through an extensive literature review, discussions and consultation with both promoters and the statistician. Pre-testing the instruments and encouraging participants to look critically and give comments freely were also measures taken to enhance content validity.

4.5.4.2 *Face validity*

Face validity involves subjective judgements by participants or experts regarding the degree to which the instrument appears to measure what is supposed to measure. Brink (1999:168) states that face validity should nonetheless be measured to establish the accuracy of the instrument. Babbie and Mouton (2003:642) define face validity as “the quality of an indicator that makes it seem a reasonable estimate of some variable”. Face validity of this instrument was determined through the use of an expert statistician and two university lecturers in social sciences research.

4.5.4.3 Construct validity

Construct validity refers to the degree to which a measure relates to other variables as should be expected within the system of theoretical relationships, validating not only the instrument, but also the theoretical framework. It is the degree to which an instrument sets out to measure the construct that is being investigated and is based on the logical relationship among variables (Babbie & Mouton 2003:123; Polit & Hungler 1992:642). According to Burns and Grove (1998:15), recent studies include construct validity to assess whether the scores serve a useful purpose and have positive consequences when used. Construct validity in this questionnaire was established by incorporating the theoretical framework with the questionnaires. Maslow's Hierarchy of Needs Theory was linked to items in Section B, while the open-ended questions in Section A and statements in Section C were linked to Vogt et al's Cork-Top Bottleneck Theory and Lewin's Force-Field Analysis. Theory

4.5.5 Reliability

Babbie and Mouton (2003:19) refer to reliability as "a matter of whether a particular technique, applied repeatedly to the same object, would yield the same result each time". Reliability is also regarded a major criterion for assessing the quality of a measuring tool. A reliable instrument is one that has maximum absence of error, or alternatively a minimum error component (Polit & Hungler 1991:367). Three methods of reliability testing are referred to in the literature: stability, equivalence and internal consistency. Stability is concerned with the consistency of repeated measures of the

same attribute using the same instrument. Equivalence refers to the comparisons of two versions of the same paper, or the use of two observers measuring the same event at the same time. Internal consistency looks at the extent to which all the items on an instrument measure the same variable (Burns & Grove 2003:397). Research experts involved in teaching research and experts in the field of nursing management assessed the instrument and the homogeneity of the variables before they were used. Conducting a pre-test of instruments further enhanced reliability of this questionnaire. Data from responses to various items of the questionnaire will be compared and discussed in Chapter 5.

4.5.6 Data analysis

Mouton (1996:111) describes the process of data analysis as comprising the identification of patterns and themes in data collected and drawing conclusions from them. Descriptive and inferential statistical analyses were used to indicate proportions and relations between variables identified from the questionnaire. Data from the questionnaire for this phase was translated into numerical codes and captured by the statistician from UNISA, using the Statistical Package for the Social Sciences (SPSS) version 14.0. Responses from open-ended questions were also coded, grouped into themes and categories and analysed. The analysis of findings will be discussed in Chapter 5.

4.6 PHASE II: QUALITATIVE APPROACH: NURSING SERVICE MANAGERS

Literature reviewed highlighted the significant role that nurse managers can play in enhancing the retention of professional nurses in health care service organisations. However, the indication is that nurse managers need certain attributes to enable them to be effective in enhancing nurse retention. Responses from Phase I also contained statements in which professional nurses confirmed what the literature says in terms of the role that nursing service managers can play, as well as attributes required by these managers to enhance professional nurse retention. This phase entailed determining and describing these attributes from the nurse managers' point of view, and to confirm or refute professional nurses' responses about the nurse manager and retention, as revealed by the results of Phase I of this study, as well as in the literature reviewed. Findings from phases I and 2 will, together with the literature study, form a basis for the development of guidelines which might enhance the retention of professional nurses.

4.6.1 The research method and design

The preceding discussion on the research method and design (4.2) applies to both phases of the study.

4.6.2 Population and sampling

Polit and Hungler (1999:209) make a distinction between two groups of research populations. The authors distinguish between an accessible and a target population.

By definition, an accessible population is described as a population of subjects or participants available for a particular study, or reasonably accessible to the researcher, while a target population refers to the total group of subjects about whom the researcher is interested and to whom research findings can reasonably be generalised. According to Burns and Grove (2003:366), the sample in a study is obtained from the accessible population and findings are generalised first to the accessible population and then, more abstractly, to the target population. In this study, the researcher will discuss this section under “population”.

4.6.2.1 Population

The population in this phase was nurse managers from both the private and public sectors employed in hospitals in the Gauteng province. These are managers who are performing, or have a direct input into, human resource management. Depending on the category of the hospital, and whether it is a private or public hospital, they are referred to as chief matrons, matrons, and assistant or deputy directors in the public sector, and nurse managers or matrons in the private sector.

4.6.2.2 Sample

Kellinger (in De Vos et al 2005:192) refer to a sample as a portion or population that represents that population.

In this phase, a purposive sample of nurse managers employed in public and private hospitals in the Gauteng province was selected. These nurse managers had to meet

certain criteria which were specified by the researcher. According to De Vos et al (2005:202), the researcher's judgement is a prominent factor in choosing a purposive sample.

4.6.3 Selection of participants

The literature suggests various ways of selecting participants for semi-structured interviews, especially the number of participants (De Vos et al 2005:294). Prior establishment of the number of participants, snowballing and purposive sampling are three of the methods which may be used in determining the number of participants. Two criteria are identified to determine whether enough information has been gathered. These are sufficiency and saturation. Sufficiency refers to the number of participants, which should be enough to reflect the range of participants that make up the population, so that their experience can be generalised to those outside the sample. Saturation refers to a point in the study at which the interviewer or researcher hears the same information over and over again and does not gain any new knowledge about the phenomenon under study (De Vos et al 2005:294). In this study, when the same information had been repeated during interviews, the researcher continued until no new information was obtained, assuming that data saturation had been reached, and that no, or very limited, new information would become available during further interviews. After 18 nurse managers were interviewed, the researcher was not obtaining new information, which indicated that data saturation could be reached. The researcher continued with three more interviews, which also did not yield new information. This confirmed that data

saturation was indeed reached. In total, a sample of 21 nurse managers was interviewed for this phase.

4.6.4 Selection criteria

The purposive sample of nurse managers was selected according to the following criteria:

- Nurse managers could be of either sex, though SANC statistics show nursing as a predominantly female profession, so that the chances of having male respondents were diminished from the start. Hence, in this study, only female nurse managers participated.
- Participating nurse managers had to be performing, or have direct input into, human resource management.
- They could be from any generation.
- They had to be employed full time as “matron”, “nursing service manager” or “manager in charge” of a public or private hospital in the Gauteng province.
- They had to voluntarily consent to participate in the research.
- They had to be responsible for staff related issues such as recruitment, selection, orientation, induction, retention and turnover of professional nurses.

4.6 5 Data collection

One-to-one, semi-structured interviews were held with participating nursing service managers. One-to-one or individual interviews are described as requiring information about a topic of particular interest or a topic that is known to the researcher, while still

allowing respondents to exercise a considerable measure of flexibility in scope and depth when answering questions (De Vos et al 2005:292; Polit & Hungler 1996:437).

A set of pre-determined questions was formulated based on the literature reviews as well as on findings from Phase I. Also included in the interview schedule were closed questions, which were aimed at eliciting background information. Elements of the information required were essential to bring into view the nurse-manager as “manager” and “nurse”, and a member of one or other generation, whose attitudes, behaviours, values and outlook on nursing issues might influence the views and perceptions on the topic of professional nurse retention.

4.6.5.1 *Preparation of the interview schedule*

According to De Vos et al (2005:293), the researcher must define the information that is required before the interviews can be held. This information should relate to the research questions. Interviews must also be formatted to follow a process. In this study, the information that was required from nurse managers was related to factors influencing professional nurse retention as well as attributes that are required to enable nursing service managers to enhance professional nurse retention in their organisations. During Phase I, professional nurses made statements that required confirming or refuting by nurse managers. Obtaining information from nurse managers, coupled with responses from professional nurses and what the literature says, would aid the researcher in formulating or guidelines which, if implemented, would enhance the retention of professional nurses in the health care services. The interview schedule comprised eight open-ended questions. Questions were

discussed with the two promoters as well as two researchers experienced in qualitative research methods.

4.6.5.2 *Pre-testing the interview schedule*

In order to avoid trail and error in the interviews, and to identify any pitfalls in the interview schedule or individual questions and the ordering of questions, the schedule was discussed with the two promoters and two nurse researchers experienced in qualitative research methods. The schedule was also tested with four nurse managers who fulfilled the selection criteria set by the researcher, but were not part of the selected sample. Pre-testing the interview schedule also enabled the researcher to come to grips with some practical aspects of the interviewing process. This entailed establishing the approximate amount of time that would be required with each interview, the necessary detail and clarity of the questions and even of the potential answers. The researcher had initially thought that the interviews would take 15 to 20 minutes, but after four interviews during the pre-test, it became evident that the time required averaged 30 minutes per interview. In some instances, the researcher had to request examples to illustrate responses, and when necessary, pose follow-up questions to link answers to the main question asked. Participants found the content of the questionnaire to be acceptable to them, although two indicated discomfort with the question relating to “people do not leave their jobs but their managers”. This statement came across strongly from the data collected during Phase I, as well as from the literature reviewed, and was thus retained.

4.6.5.3 Application of the individual semi-structured interview in this study

The semi-structured interview was held with nurse managers in public and private hospitals, who were responsible for human resources involving nurses in their organisations. The questions (Annexure I) were generated from the literature review, as well as findings from Phase I of this study. During this phase, professional nurses implicated the nurse manager as being pivotal in their retention. Of the nurse managers who participated in this study 12 were from the public sector and 9 were from the private sector.

4.6.5.4 Structure of the interview schedule

The interview schedule consisted of two sections:

Section A consisted of questions on the biographical data of participating nurse managers. This was essential in this study in order to understand a nurse manager's background, and the influence or effect that this data might have on professional nurse retention. From the findings of Phase I and from the literature reviewed, it was evident that the nursing workforce comprised four different generations, with each generation displaying different characteristics in the workplace. It consistently emerged from the responses in Phase I that the nurse manager played a pivotal role in the retention of professional nurses. Understanding aspects of the nurse managers' biographical background would afford information which would help identify possible relationships between the nurse manager and professional nurse

retention. This would in turn contribute towards the development of guidelines for professional nurse retention.

Section B comprised open-ended questions which were formulated on the basis of Phase I's findings and the literature reviewed (Annexure I).

4.6.5.5 *The Interview*

Permission was obtained prior to conducting the interviews. For the public sector, the Head of Human Resources at Gauteng Provincial Department of Health, and Chief Executive Officers heading three hospitals in Gauteng were approached. In the private sector, directors of nursing in the three main private hospital groups, as well as regional nurse managers, were approached and gave permission. The nurse managers who were to be part of the study were also contacted and requested to participate in this study. They were prepared for the interview and suitable times and venues were arranged prior to the interview. Respondents were also informed that the interview would take approximately 30 minutes and the appointments were also confirmed a day before the interview. Before commencing the interview, the researcher defined the information required, the format and process of the semi-structured interview.

4.6.6 *Role of the researcher*

To prevent the researcher from imposing her views about nurse retention, mainly based on the data collected during Phase I, the researcher had to apply bracketing

as a means of being totally free from bias. Bracketing is seen as putting aside that which is already known about a phenomenon, in order to see a lived experience. Bracketing involves “peeling away” the layers of interpretation, thus bringing the phenomenon or experience into clear focus (Polit & Hungler 1996:2910). After bracketing, intuition comes to the fore. This refers to looking at the experience with wide open eyes, with knowledge, facts and theories held at bay. It means “becoming absorbed in the phenomenon without being possessed by it” (Polit & Hungler 1996:292). The researcher allowed space for intuition by listening intently to what and how the nurse managers responded to questions being asked according to the interview schedule, and by using neutral probes when trying to elicit further information from respondents.

An atmosphere conducive to interviewing was provided by:

- Allowing respondents sufficient time to ponder their responses
- Avoiding leading questions and at all times being sensitive towards respondents' reactions and feelings
- Showing interest in respondents as well as in what they were saying

During interviewing, the researcher allowed respondents to:

- Paraphrase by rewording or expressing meaning, in other words, expressing their experience
- Explain where responses seemed unclear to the researcher

The interviews were recorded on audio-tape and later transcribed verbatim.

4.6.7 Data analysis

The qualitative data obtained during the semi-structured interviews with the nurse managers was analysed according to the steps proposed by Marshall and Rossman (1995:115) and Creswell (2003:191):

- Audio-taped interviews were transcribed verbatim
- Transmitted interviews were then read and re-read by the researcher.
- Themes were identified.
- Redundant information which the researcher felt did not have direct or indirect bearing on questions was eliminated, leaving relevant themes.
- Responses to individual questions were transcribed manually, to allow structuring and organisation of data.
- Themes were classified into major categories, firstly in the concrete language of the respondent, and then clustered into sub-categories, with their concrete meaning being transformed into the language of concept or science.
- Categories and subcategories from all questions on section B of the interviewers' schedule were integrated into a total description of the attributes required of nurse managers that are essential in promoting professional nurse retention.

4.6.8 Trustworthiness

Le Compte and Goetz (in Brink 1996:34) describe trustworthiness as the truth value concerned with the accuracy of findings. A study can be regarded as trustworthy if it reflects the responses of participants. Lincoln and Guba (in Marshall & Rossman 1995:143) concur that all research, especially qualitative research, must respond to

canons that stand as criteria against which the trustworthiness of a study can be evaluated. Four constructs which reflect trustworthiness of a qualitative research study, which were used in Phase 2 of this study are credibility, transferability, dependability and conformability. According to Babbie and Mouton (2003:277), the basic issue of trustworthiness lies in asking how researchers can persuade themselves and their audience that the findings of a study are worth taking account of or paying attention to. The authors further draw a comparison between trustworthiness in qualitative studies and principles of objectivity in quantitative studies. The four constructs of credibility, transferability, dependability and confirmability are compared to internal validity, external validity, reliability and objectivity, respectively. In this study, the constructs were applied to reflect trustworthiness as follows:

4.6.8.1 Credibility

An alternative to internal validity in the quantitative approach, credibility assesses the extent to which findings provide a true representation of occurrences as described and experienced by respondents. In this study, credibility was demonstrated by the following:

- Literature review, in which views of authors, researchers and other sources on the topic of retention, and specifically nurse retention, are discussed.
- Thick description, through data analysis in which elaborate discussions included different views and perceptions of participants, leading to an interpretation that

describes different views, contexts and conditions. Data analysis also included the use of methods such as frequencies and cross tabulation in Phase I.

- Member checking through follow-up interviews with nurse managers who were interviewed, to check both the data and the interpretation.
- Peer-debriefing, by discussing the results with a colleague who was outside the context of the study. This was a nurse manager who was in charge of a clinic facility, who has a general understanding of the nature of this study. Discussions were also held with a doctoral student at another university, who was conducting research into human resources in social work, and therefore had an understanding of the nature of the study and topic.
- Prolonged engagement with respondents and continuing with data collection until saturation was achieved.
- Triangulation of data and methods. Data triangulation was through the number of nurse managers that participated in the study, while methodological triangulation occurred through quantitative methods in Phase I and qualitative methods in Phase 2.
- External control by means of two accomplished researchers who acted as promoter and joint-promoter.
- An external coder who holds a doctoral degree and is competent and experienced in qualitative data analysis.

4.6.8.2 Transferability

This construct refers to demonstrating the applicability of findings of the study to another context or with other respondents (Lincoln & Guba 1985:16). In this study, the construct was demonstrated by:

- Selecting a purposive sample of nursing service managers in the public and private sector, which ensures that maximum information on professional nurse retention and factors related to nurse managers in general is obtained in its context and as experienced by them.
- Providing sufficient descriptive data which is thick and dense, achieved by the in-depth literature review on retention and related issues, and a descriptive, explanatory research design, wherein factors which may determine professional nurse retention (Phase1) and perception of nursing service managers (Phase II) are explored and described. The aim and objectives of the study are also described in detail.
- Recommendations for similar studies to be conducted, especially taking into account that there were no studies that the researcher could find, despite a wide literature search about nurse retention in South Africa.

4.6.8.3 Dependability

Dependability or consistency refers to the extent to which the outcomes of the study can be replicated. According to Guba and Lincoln (1989:22), replicability in qualitative studies is equivalent to reliability in quantitative studies, and is almost impossible to achieve. This is because the research design is so flexible and the research findings

are produced by constantly changing interactions between the researcher and respondents. Marshall and Rossman (1984:747) regard the changing conditions in the phenomenon and the design as being created by an increasingly refined understanding of the setting. Dependability was demonstrated by:

- External control, in that the promoter and co-promoter followed the study from beginning to end
- Triangulation, as discussed in this chapter in section 4
- An audit trail which the researcher maintained. This entailed keeping all audiotapes used during data collection, data transcripts and interview schedules, notes about research procedures and field notes until the final report has been approved by Unisa

4.6.8.4 Confirmability

Confirmability or neutrality refers to data objectivity. In order to establish that findings can be confirmed by an inquiry audit, triangulation and keeping a journal are processes or strategies that the researcher can follow (Lincoln & Guba 1985:326). Providing controls for bias in interpretation of data also strengthens confirmability (Marshall & Rossman 1989:147). Confirmability was pursued through:

- An audit trail of data transcripts, audiotapes, interview schedules and field notes
- A description of data analysis methods.
- Checking and rechecking data collected from nursing service managers who were respondents in Phase II
- Following the guidance of previous researchers who were experienced in qualitative research, as well as the promoter and co-promoter

- Familiarity of this researcher with qualitative research methods

A summary of the measures to enhance trustworthiness is given in table 4.2

Table 4.2: Measurement for enhancing trustworthiness

CONSTRUCT	WHAT IS MEASURED?	STEPS TAKEN TO ENSURE CONSTRUCTION MEASUREMENT
• Credibility	True representation of occurrences as experienced by respondents	<ul style="list-style-type: none"> • Literature contd. • Member checking • Peer debriefing • Triangulation • External control
• Transferability	Applicability of findings to another context or with other respondents	<ul style="list-style-type: none"> • Purpose sampling • Thick description of data • Recommendations for further research
• Dependability	Consistency and extent to which outcomes of the study can be replicated	<ul style="list-style-type: none"> • External control • Triangulation • Audit trail
• Confirmability	Neutrality and the objectivity of data	<ul style="list-style-type: none"> • Audit trail • Description of data • Checking and re-checking data • Researcher's familiarity with qualitative methods

4.7 TRIANGULATION

Different authors of research literature define and describe triangulation in various terms. Denzin (in Burns & Grove 2003:29) defines triangulation as the use of multiple methods, usually quantitative and qualitative. Morse (1991:12) describes the use of triangulation as a way of ensuring the most comprehensive approach in investigating a usually complex problem, where the use of a single research method will be inadequate. According to Burns and Grove (2005:239), triangulation refers to the

combined use of two or more theories, methods, data sources, investigations or data analysis methods in a single study or in studying the same phenomenon. Polit and Hungler (1996:383), as well as Burns and Grove (2003:239), describe four types of triangulation which were identified by Denzin (1989). Data triangulation refers to the use of multiple data sources in a study. This is demonstrated by interviewing a number of participants or informants about the same topic. Investigator triangulation is when two or more individuals collect and analyse data from the same phenomenon. Theory triangulation refers to the use of multiple theoretical interpretations of a single set of data. Methodological triangulation pertains to the use of multiple research methods in a single study.

In this study, data and methodological types of triangulation were applied. Data triangulation is demonstrated during data collection. In Phase I, data were collected from 108 respondents, who were all professional nurses. The aim was to determine how various factors in the workplace could influence their decision to leave or be retained. By identifying factors in the workplace, which were based on the theoretical framework (Chapter 2), different views and responses by numerous professional nurses who came from the public and private sectors, were obtained. In Phase II, 21 semi-structured interviews were held with different nurse managers from different settings. The aim was to obtain diverse views of professional nurse retention in terms of the attributes that they felt were necessary to assist them in promoting nurse retention, as well as to confirm and/or refute findings of Phase I of the study. Methodological triangulation was applied by using quantitative and qualitative research methods for phases 1 and 2 respectively.

4.8 ETHICAL CONSIDERATIONS

According to Burns and Grove (2001:191), conducting research in nursing not only requires diligence and expertise, but also honesty and integrity. Upholding ethical guidelines is evidenced by the researcher's ability to show competence in conducting research, honesty in managing resources, acknowledgement of sources of information and support during the study, as well as giving an accurate report of findings. Brink (1999:39) maintains that, should a researcher fail in his or her responsibility to uphold ethics in a study, such a researcher will be undermining the whole scientific process.

The Democratic Nursing Organisation of South Africa (DENOSA) sets ethical standards for nurse researchers as a framework and criteria against which nurse researchers can conduct and measure their studies or other studies in which they might participate (DENOSA 1998:2.3.2). These standards include the fostering of justice, beneficence and protection from harm and exploitation; subjects' right to self determination; ensuring anonymity and confidentiality as well as following certain criteria in conducting the study. Burns and Grove (2003:62) identify ethical issues that need to be considered by the researcher at various stages and steps of the process. In writing the introduction to the study, it is important that the research problem benefits the population of the study. The purpose of the study must be described and conveyed to participants. During data collection, participants must not be put at any risk and their rights should be respected and protected. The following steps were taken by the researcher to uphold ethical standards:

- Approval was sought from and granted by the Research and Ethics Committee of the Department of Health Studies, University of South Africa.
- Participants were given all the relevant information regarding the study. These entailed requesting their permission to participate voluntarily, the purpose and importance of the study and what was expected from them as participants in the study.
- The researcher ensured that the participants' anonymity was upheld by not requiring them to identify themselves on the questionnaires. Participants were not required to sign any consent. Responding to the questionnaire gave the researcher an indication that they were participating voluntarily and willingly. Anonymity would be upheld throughout the study, to ensure that responses were not linked to individual participants.
- Findings would be communicated to participants at their request.

4.15 CONCLUSION

This chapter described the research methodology, including the research design, research population and the samples of phases I and II. It discussed methods of data collection and analysis separately for each phase, and the validity, reliability and trustworthiness of the data collected in the two phases. Data from phases I and II will be analysed and discussed in chapters 5 and 6 respectively. This will enable the researcher to draw conclusions and make recommendations. From the conclusions, a programme for professional nurse retention will be designed.

CHAPTER 5

Findings and analysis of data: Phase 1

5.1 INTRODUCTION

The purpose of this study was to determine and explore factors within the workplace from the point of view of professional nurses and nurse managers, which affect the retention of professional nurses. In this chapter, an analysis of data collected from professional nurses during phase 1, is presented, together with the findings. Data was collected from 108 professional nurses with residential addresses in the Gauteng Province, from a list provided by the SANC. Discussion of these findings will be based on responses of the 108 professional nurses who completed the questionnaires. The analysed data will be supported by the theoretical framework and literature reviewed.

5.1.1 The research instrument

Data were collected through postal questionnaires which was formulated by the researcher, based on the literature review. The questionnaire was divided into three sections.

Section A comprised questions about respondents' biographic profiles and general information relevant to the objectives of the study. Questions pertained to respondents' employment sectors, positions, levels of qualifications, birth years, gender, intentions regarding staying or leaving their current organisations, career plans and workplace factors that could impact on their retention potential. This included what they liked or disliked about their current organisations and what could be changed in order to encourage them to stay in their current organisations.

Section B consisted of statements determining which factors could enhance professional nurses' retention. Respondents had to choose one option between "strongly agree", "agree", "disagree" and "strongly disagree", to indicate how each of the 68 statements could affect their intentions to stay or leave.

In **Section C**, respondents were requested to choose the 10 most important statements from the 68 factors listed in section B which, if changed for the better, would make them stay with their current organisation.

Each of the three sections of the questionnaire was analysed separately. Descriptive statistics were used to summarise the data, together with tables and figures. Data from open-ended questions were categorised and clustered according to factors that were similar, as they were frequently mentioned by respondents. Totals are indicated by frequency (n), followed by percentages (%), which are rounded off to the first decimal. This might lead to some of the percentages not necessarily producing a total of exactly 100%.

5.2 DEMOGRAPHIC AND GENERAL INFORMATION

Demographic and background information was sought in order to compile a profile of professional nurses who are currently practising in the public and private health care sectors of the Gauteng Province during 2007, and to provide information which might be significant for the findings of this study. These included information pertaining to the sector of employment, length of service, birth year, gender, intention to leave or stay, career plans, factors liked or disliked in their current organisation and also to determine what could be done to change the dislikes and subsequently retain professional nurses. Each of the questions asked is presented, as well as a discussion of the findings.

5.2.1 Sectors in which nurses were employed

Table 5.1 reveals that of 106 respondents, 63 (59.4%) were employed in the public sector and 43 (40,6%) in the private sector. Two respondents did not indicate their employment sectors accounting for the total of 106 (108-2) in this section. The respondents from the public sector could be employed in hospitals, clinics or teaching institutions. Professional nurses from the private sector could also be from hospitals, clinics or other private health enterprises, such as medical aid schemes.

Table 5.1 Current employment section

Sector	Frequency	Percent
Public	63	59.4
Private	43	40.6
Total	106	100.0

5.2.2 Respondents' employment positions

The categories, positions or ranks of the nurses in the public and private sectors differ. The public sectors have different categories and ranks, while most private organisations might not have them, or might only distinguish between the rank of senior professional and professional nurse. This is an indication of the flat hierarchical structure that is dominant in the private sector, while the public sector still has various ranks of professional nurses. The employment positions of respondents are indicated in table 5.2.

Table 5.2 Respondents' employment positions

Position	Frequency	Percent	Cumulative percent
Chief professional nurse	37	34.3	34.3
Senior professional nurse	20	18.5	52.8
Professional nurse	44	40.7	93.5
Others	7	6.5	100.0
Total	108	100.0	-

5.2.3 Years employed in current organisation

As depicted in figure 5.1, 38 (35.2%) of respondents had been employed for a period of between 0 and 5 years in their current organisation, 30 (27.8%) for 6 to 10 years, 13 (12.0%) for 11 to 15 years and 27 (25.0%) for more than 15 years. These frequencies indicate that these professional nurses had many years of nursing experience.

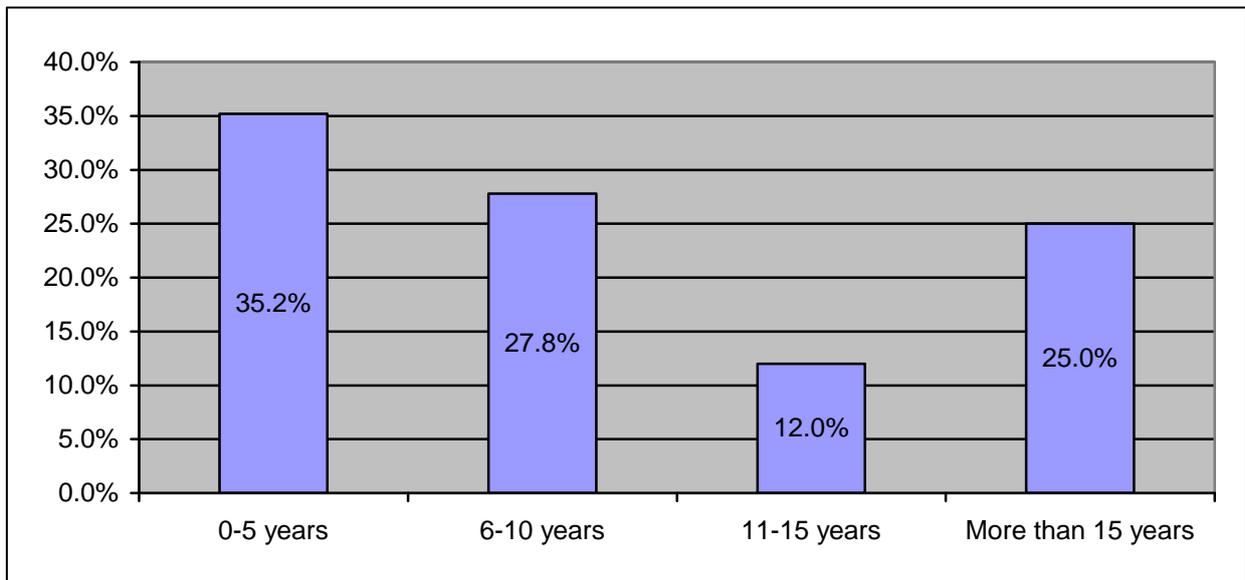


Figure 5.1
Period in current organisation (n=108)

Only 23 (21.3%) respondents held their employment positions for 1 year or less. These could be nurses who had recently been promoted from one rank to the next, or recently qualified nurses who did the bridging course or four-year diploma course. The largest group, 30 (27.8%) of the respondents held their employment positions for 2 to 4 years; followed by 26 (24.1%) respondents who did so for 5 to 8 years; 13 (12.0%) for 9 to 12 years, while 16 (14.8%) held their positions for more than 12 years. The data are presented in figure 5.2.

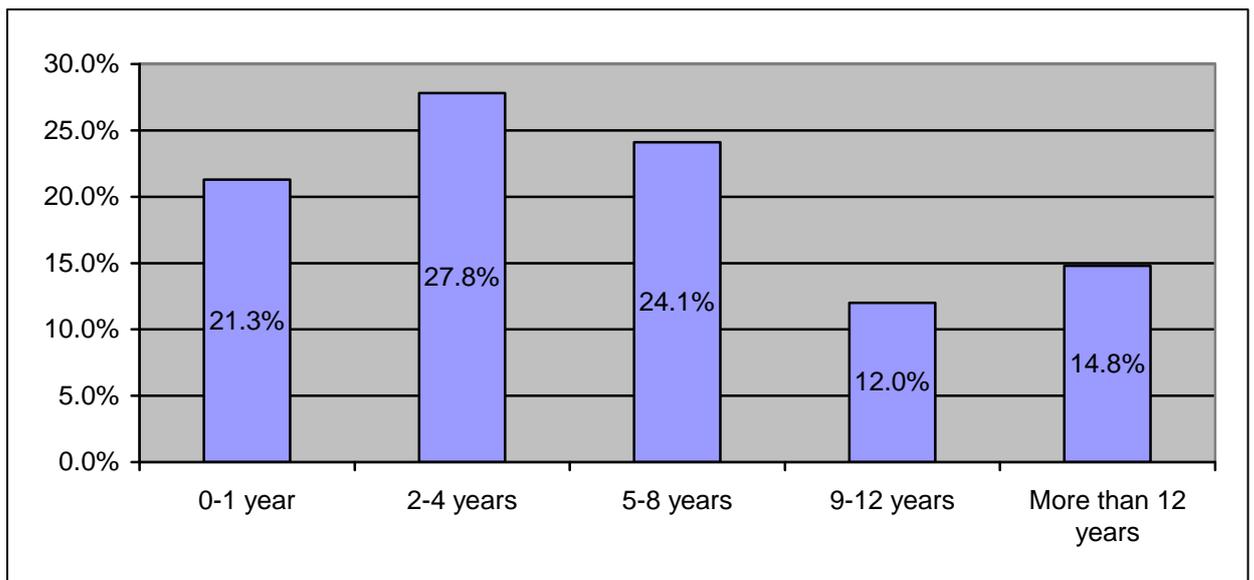


Figure 5.2
Period employed in specific position (n=108)

5.2.4 Respondents' dates of qualification as professional nurses

In this question, professional nurses were asked when they qualified as professional nurses (see table 5.3)

Table 5.3 Period of qualification as a professional nurse

Period	Frequency	%
1960-1969	8	7.4
1970-1979	21	19.4
1980-1989	25	23.1
1990-1999	35	32.4
2000-2006	19	17.6
Total	108	99.9

The professional nurses who qualified between the years 2000 to 2006 comprise 19 (17.6%) of the respondents. This perceived decrease might be due to the fact that other professions were opening up to women since the 1990s. During this period (Hospersa 2002:7) nursing was attracting fewer entrants than in the past, due to other careers such as information technology, media studies, the accounting field and engineering recruiting from the same learners' ranks as nursing, while offering better incentives in terms of salaries, perks and working hours.

5.2.5 Course that respondents did to obtain a qualification as a professional nurse

Table 5.4 shows that 13 (12.0%) respondents did the degree course to qualify as professional nurses. The diploma course was done by 82 (75.9%) respondents, while 13 (12.0%) did the bridging course to qualify as professional nurses.

Table 5.4 Level of qualification

Level of qualification	Frequency	Percent	Cumulative percent
Degree	13	12.0	12.0
Diploma	82	75.9	87.9
Bridging	13	12.0	99.9
Total	108	99,9	-

5.2.6 The respondents' ages

The grouping of birth years has been done according to generational theory. A generation is a group of people, born between specific years, which is defined by common tastes, having gone through the same experiences and events and displaying the same attitudes and behaviours (Strauss & Howe 1991:1).

The current workforce, as discussed in chapter 3, comprises four generations: the silent generation, baby boomers, generation X and generation Y or millennials. The silent generation are people born between 1922 and 1942. Baby boomers were born between 1943 and 1960; generation X between 1961 and 1981 and generation Y between 1982 and 2000.

Of the 108 (100%) respondents, 6 (5.6%) were from the silent generation, 50 (46.3%) were baby boomers, 49 (45.4%) were generation X and 3 (2.8%) were from generation Y. Baby boomers comprised the biggest group of respondents, followed by generation X. These findings are illustrated in table 5.5. These findings correspond with the age distribution of nurses on the SANC's registers.

Statistics from the SANC also show that baby boomers comprise the largest group of registered nurses and midwives on their registers (50.9%), followed by generation X at 43.24%, while generation Y was the smallest group (www.sanc.co.za 2005c:1). This is probably the group that is still in training or still at school. The last of the baby boomers are scheduled to work up to 2025 if they retire at 65, but this age group already started reaching the age of 60 during 2003.

Understanding each generation, its values, work attitudes and strengths, could create a nursing workforce that will enhance the quality of patient care, and also increase retention and promote a harmonious work environment that is not ridden with conflict due to generational differences.

Table 5.5 Birth year of respondents

Generations	Frequency	Percent	Cumulative percent
Silent generation 1922-1942	6	5.6	5.6
Baby boomers 1943-1963	50	46.3	51.9
Generation X 1964-1980	49	45.4	97.3
Generation Y 1981-2000	3	2.8	100.1
Total	108	100.1	-

5.2.7 The gender of respondents

Of the 108 respondents, 7 (6.5%) were male, and 101 (93.5%) were female (see table 5.6). Historically, nursing is predominantly a female profession. While other careers and professions such as information technology, finances and science actively recruited women, since the 1980s and 1990s, nursing has failed to attract more men into the profession.

Table 5.6 Gender of respondents

Gender	Frequency	Percent	Cumulative percent
Male	7	6.5	6.5
Female	101	93.5	100.0
Total	108	100.0	-

5.2.8 Respondents' considerations to leave their organisations

Of the 108 respondents, 79 (73.1%) had considered the possibility of leaving their organisations. Twenty-four (22.2%) respondents indicated that they had not considered leaving, while 5 (4.6%) did not respond to the question (see figure 5.3). Non-responses might be attributed to nurses from the silent generation, who would be retiring in the near future and therefore might have considered this question to be irrelevant. Six (5.6%) respondents belonged to the silent generation. As many as 79 (73.1%) respondents had considered leaving their organisations. Considering leaving could be regarded as the first step in the individual's eventual resignation, unless the relevant factors are addressed. Identification of these factors and addressing them effectively could enhance the retention of nurses and reduce their turnover rates.

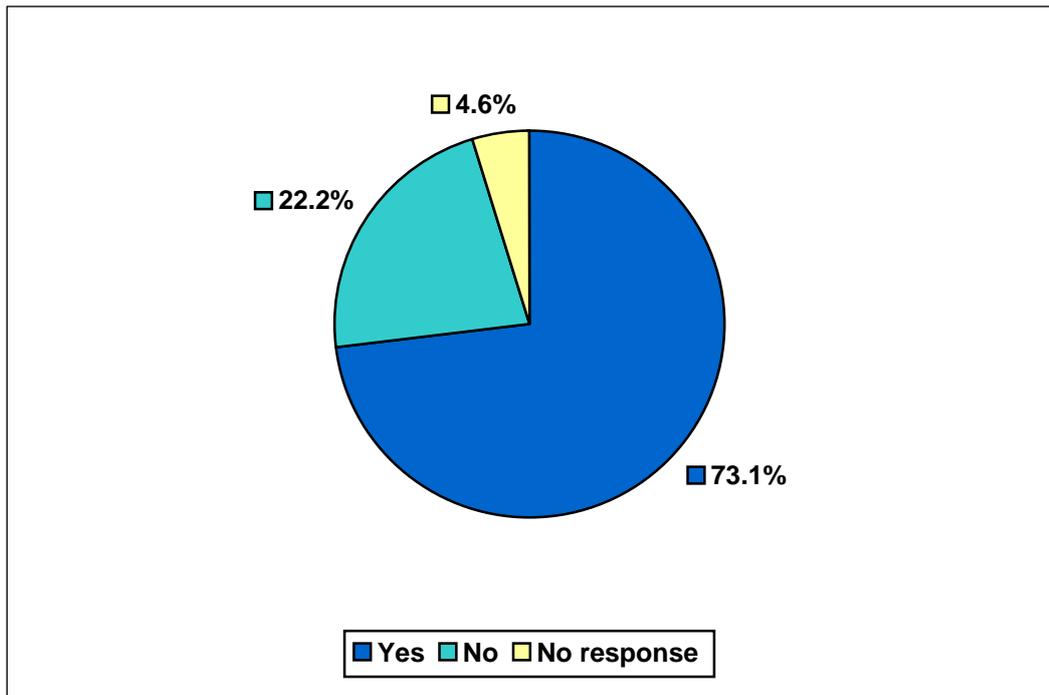


Figure 5.3

Respondents' considerations to leave their organisations (n=108)

The findings, as illustrated in figure 5.4, show that 43 (54.5%) respondents considered leaving their organisations within the following year. This could mean that these nurses had commenced making plans to work in other organisations.

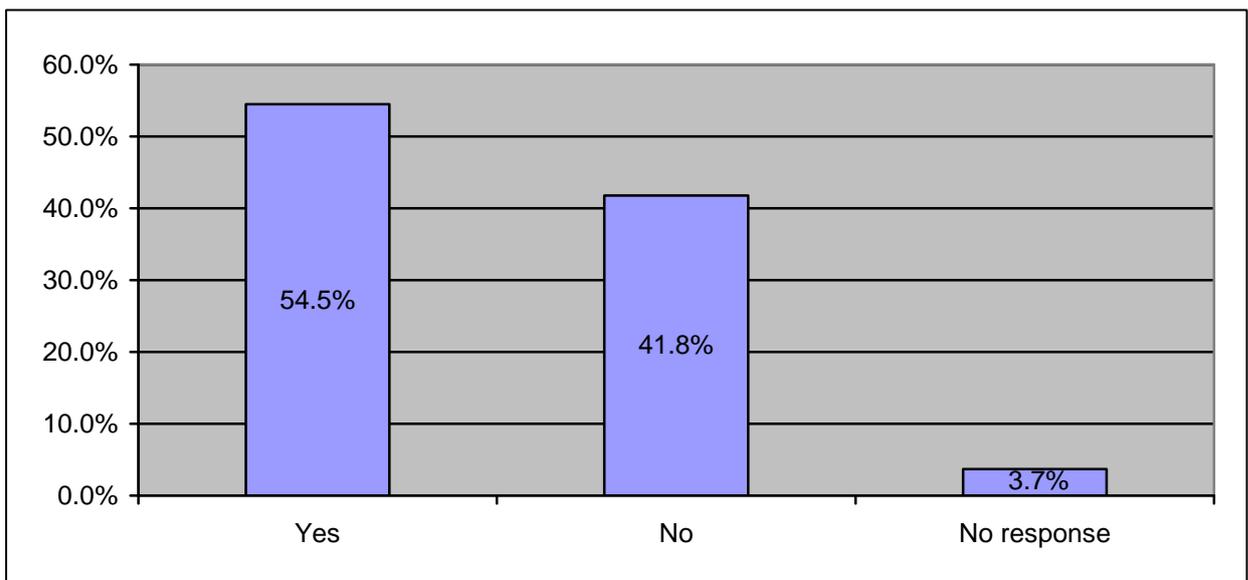


Figure 5.4

Respondents' intentions to leave their employers within the next year (n=79)

Those 79 respondents who indicated that they intended leaving their organisations had varied future plans. Three (3.8%) intended to stop working; 18 (22.8%) wanted to work overseas; 16 (20.3%) intended moving from the public to the private sectors; 7 (8.9%) from rural to urban areas; 8 (10.1%) indicated their intentions to retire, while 16 (20.3%) gave reasons such as starting a family, going into business, changing careers and engaging in full-time studies. Three (3.8%) respondents indicated that they were either “not sure” or “did not know” what they wanted to do when they left their organisations; 6 (7.6%) respondents stated that they merely intended leaving their organisations, while 2 (2.5%) did not respond to this question.

5.2.9 Nurses’ most important reasons for intending to leave their organisations

This open-ended question was a follow-up question pertaining only to the 79 respondents 79 who indicated that they intended leaving their organisations and what they intended doing thereafter. The aim of open-ended questions is to elicit more information than will be accessed with close-ended questions. This is done to gain deeper insight into the topic or phenomenon that is being studied.

These 79 professional nurses who intended leaving their employment organisations gave various reasons. These responses were categorised into five themes of finance, organisation, management, personal, and other reasons. Of the respondents 31 (39.2%) indicated financial reasons, including low salaries, no perks, poor overtime pay, poor or no benefits and lack of subsidies as their main reasons for this intended moves; 24 (30.4%) cited organisational issues such as increased workload, poorly-resourced workplaces, lack of safety, dirty wards, violence in the workplace and inflexible working hours; 11 (13.9%) of respondents cited management-related issues such as poor communication, poor management, lack of support from management, and nurse managers’ lack of leadership; 8 (10.1%) respondents, cited personal issues including lack of job satisfaction, wanting to make a career change, lack of promotion, following family abroad, venturing into new horizons, meeting new challenges and furthering their studies; 5 (6.3%) mentioned other reasons like political instability, crime, nepotism, affirmative action and reverse racism as their main reasons for wanting to make these moves. These findings are illustrated in figure 5.5.

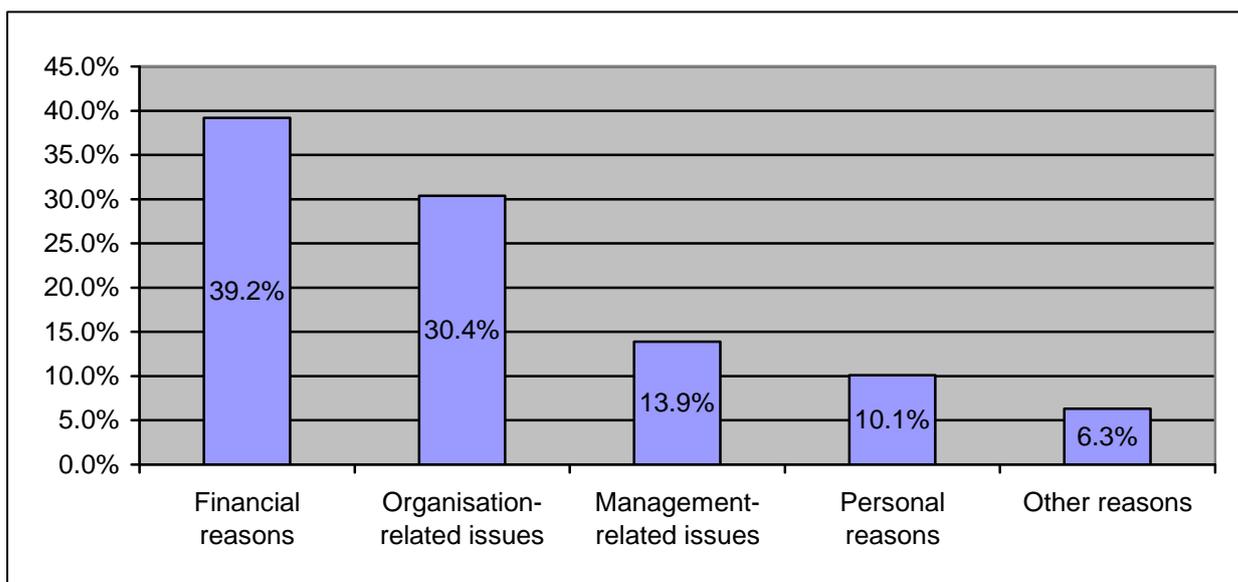


Figure 5.5
The most important reasons for respondents' intentions to leave their organisations

5.2.10 Career plans in the next two years

Of the 108 respondents, 21 (19.4%) had no plans, 9 (8.3%) were undecided; 28 (25.9%) would enrol at universities, nursing colleges, other institutions or attend more workshops and congresses, to further their education and training: Twelve (11.1%) respondents were waiting for verification of their South African qualifications and/or confirm action of work abroad; while 3 (2.8%) intended becoming nurse educators and 9 (8.3%) were planning to retire. A further 10 (9.3%) respondents were hoping to complete their studies, while 8 (7.4%) intended to change their careers and do something else than nursing. Two (1.9%) of the respondents intended to start their own businesses, while 6 (5.6%) offered no response, leaving this question unanswered (see table 5.7).

Table 5.7 Career plans for the following two years

Career move	f	%
Furthering education and training	28	25.9
No plans	21	19.4
Waiting for verification	12	11.1
Hoping to complete current studies	10	9.3
Planning to retire	9	8.3
Undecided	9	8.3
Career change	8	7.4
No response	6	5.6
Enter nursing education	3	2.8
Starting own business	2	1.9
Total	108	100.0

The 28 (25.9%) nurses who were furthering their studies seemed to support Vogt et al's Cork-top Bottleneck Theory's (Vogt et al 1983:131) assumption. According to this theory, nurses have great latitude to grow and that the greatest motivational source in the workplace lies within the nurse herself. Nurses, despite their unsatisfied needs in the workplace, heavy workloads and poor financial status, still experience a quest to further their studies, to improve their qualifications and thus obtain some form of self-fulfilment or fulfilment of esteem needs, through their own efforts, without the help of management or their employing organisations. However, based on the research findings, it could not be confirmed nor refuted, that some of these nurses were furthering their education with the view to emigration. These findings also show that 12 (11.1%) professional nurses were waiting for the verification of their South African Nursing Council's qualifications in order to accept jobs in foreign countries.

5.2.11 Employers' roles in the achievement of nurses' career plans

Respondents who had career plans expressed various ways in which their employer could help them towards achieving their career plans:

- 30 (27.8%) stated that the employer could do nothing to support their career decisions, or that they required no help from the employer
- 42 (38.9%) cited financial support including bursaries, subsidies and study loan
- 18 (16.7%) required time off, flexible hours, paid overtime for further studies and time off to attend classes instead of time off only to write examinations (the norm in many organisations is to give time off on the day prior to writing examinations and on the day of the examination only)

- 12 (11.1%) indicated that their employers were already assisting them financially, through subsidies, bursary schemes subject to their remaining with the organisation for a predetermined period after the completion of their studies
- 5 (4.6%) stated that their employers could assist them by starting in-house training and offering short courses which were job related
- 1 (0.9%) stated that she “vehemently refuses to contemplate any help from the employer as she knows that this will never happen” in her case. These findings are illustrated in table 5.8.

Table 5.8 Assistance required from employers to enable nurses to fulfil their career plans

Assistance required	f	%
Financial support	42	38.9
Requires no help from employers	30	27.8
Time off or flexible hours	18	16.7
Already receiving assistance	12	11.1
Requires in-house training	5	4.6
Not contemplating assistance	1	0.9
Total	108	100.0

5.2.12 The most important positive aspects of the nurses’ employing organisations

A variety of positive factors were identified by professional nurses about their employing organisations, which encouraged them to stay. Factors were grouped into categories and six themes emerged, namely job-related, patient-related, collegial relationship, management, organisational and general factors (see table 5.9). No totals are provided in table 5.9 as each respondent was requested to identify six positive factors about his/her employer.

Table 5.9 Positive aspects enabling nurses to stay with their organisations

Factors	f	%
Job related factors	89	82.4
Patient related factors	83	76.9
Collegial relationships	76	70.4
Management related factors	73	67.6
Organisational factors	68	63.0
Other factors	64	59.3

Under job-related factors, the most important factors that 89 (82.4%) respondents liked, ranked in order of frequency, were the work itself or nursing, being given authority and responsibility, being trusted with decision-making, being busy with challenging work, the area of specialisation where they worked without being rotated to other areas, the shifts they had been allocated to, the working hours and the fact that they were able to “save lives”.

As many as 83 (76.9%) respondents liked the appreciation that patients showed, they used terms such as “thankful”, “lovable”, “warm”, “appreciating”, “base all hope”, “not demanding”, “trusting”, “encouraging” and “making the sacrifice and hard work worthwhile”. There were, however, negative comments about patients, such as “demanding”, “too sick and makes you want to quit”, and “not thankful”. Under the category of collegial relationships at work, 76 (70.4%) respondents mentioned factors such as “good colleagues”, “supportive co-workers”, “positive interactions”, “friends at work”, “team-players”, “working as a family”, and “healthy relationships that build you”.

Out of the 108 respondents 73 (67.6%) commented about management issues, including accessible managers, understanding matrons who were “mother-like”, sympathetic and “always prepared to listen”. Factors in favour of the organisation, as mentioned by 68 (63.0%) respondents, included its closeness to participants’ homes; clean and neat environments; positive atmosphere; safety; fairness of policies; communication channels; and opportunities to socialise such as “happy-hours”, parties and celebrations of occasions at work or in health care. Other factors mentioned by 64 (59.3%) respondents included the fast pace at work, use of the latest technology, stimulating tasks, the salary increment system used and respect shown by younger colleagues. One negative response from a baby boomer was “can’t find anything to like”.

5.2.13 Negative aspects influencing nurses to consider leaving their organisations

Responses given were grouped in four categories, namely: personal feelings or experiences, job-related, management-related and organisation-related factors (see table 5.10). As a number of responses could be provided in answering this question, no totals could be compiled.

Table 5.10 Negative aspects influencing nurses to consider leaving their organisations

Negative aspects	f	%
Personal feelings or experiences	87	80.6
Job related	83	76.9
Management related	76	70.4
Organisational	73	67.6

Personal factors ranked high as they were mentioned by 87 (80.6%) respondents including “low morale”, “lack of motivation”, “depressing environment”, “stressful working conditions”, “not coping”, “unsafe practice”, “not being supported”, “underpaid”, “overworked”, “unappreciated”, “abused” and “victimised”. Other factors directed at nurses were victimisation by physicians, patients and other visitors to the hospital, having to make do or “perform miracles” with very little support and inadequate resources, nursing very sick patients and being fearful of being infected and affected, not being acknowledged or recognised as part of the team, not being supported emotionally, having to witness many people dying, no debriefing and no compensation.

Job-related factors ranked second as mentioned by 83 (76.9%) respondents, with statements such as “no job satisfaction”, “dangerous”, “no job safety”, “no status as nurses”, “lack of time for training”, “no career development”, “being thrown in at the deep end”, “doing so much with so little”, “fear of litigation due to bad practice”, “failure to provide patient care”, “poor orientation”, and “poor career opportunities or prospects”.

One respondent attached a statement wherein frustrations with the use of agency staff were expressed at great length. Another lengthy statement listed complaints regarding retired nurses who had been brought back into practice, who were not “up to speed”, “slow”, and a “wasted resource”. This respondent suggested that, instead of bringing retirees back, consideration should be given to training post-matric volunteers and/or applying very stringent measures in selecting re-entering professional nurses.

Of the respondents 76 (70.4%) mentioned factors related to hospital managers and authorities, poor management, lack of communication, receiving no feedback, “invisibility of nurse managers”, “loss of touch with what is happening on the ground”, delayed responses to nurses’ problems, showing no concern about the situation, doing nothing to support nurses, lacking skills to deal with shortages, failure to deal with

labour issues, not a voice for nurses, and colluding with authorities. Two respondents mentioned that their nursing managers “do not even bother with exit interviews” and “do not care or realise the implications when nurses leave in droves”. Other comments indicated that nurse managers lacked leadership skills and were not necessarily the basis of their skills and knowledge, but that promotions had been influenced by favouritism, nepotism and affirmative action. Nurse managers were also described as not being strong, and being easily intimidated by unions and authorities, making nurses feel vulnerable, unprotected and “not backed by the system”.

Organisational factors, mentioned by 73 (67.6%) respondents related to work conditions, poor or no resources, lack of safety, dilapidated buildings, no clear policies regarding specific issues such as racial discrimination, abuse by physicians, victimisation, favouritism and other perceived unfair practices. Respondents also cited the long time taken to fill vacant posts, lack of recruitment plans, poor advertising strategies and a lack of decentralisation activities. Organisations reportedly did not invest enough in nurses’ skills development and retention strategies. Service delivery was also cited as “discouraging” due to red tape and political interference.

5.2.14 Nurses’ suggestions for addressing negative factors that could influence them to leave their organisations

Responses to this question were similar in terms of things that professional nurses of all generations, participating in this study, wanted changed.

As illustrated in table 5.11, statements were grouped under the following headings:

- Addressing salary and rewards-related issues, and changing working hours, or shift work (n=92; 85.2%).
- Improving the hospitals and workplaces by providing equipment, hiring more staff and keeping places where patients are accommodated clean and neat (n=84; 77.8%).
- Training nurse managers. What was mentioned under this point varied, and included statements such as interpersonal skills, communication, dealing with disciplinary issues, lifting nurses’ morale, dealing with staffing issues and involving staff, recruiting and filling posts more quickly, human resource

management, as well as dealing with unions, and complaints of harassment and victimisation (n=78; 72.2%).

- Training and education of professional nurses, which would widen career options and prospects and promotions (n=74; 68.5%).
- Recognising and rewarding good performance and giving professional nurses more opportunities to take charge, gain authority and to make decisions in their workplace or units. Recognising and rewarding loyalty was also mentioned (n=70; 64.8%).
- Respecting nurses as professionals and as people with feelings and emotions; nurse managers and other people in authority showing sympathy and empathy, stopping harassment and victimisation (n=67; 62.0%).
- Making places of work safe and protecting nurses against physical violence and abuse by visitors, patients and colleagues, as well as stopping mandatory overtime (n=61; 56.5%).
- Rewarding educational achievements through certificates, bonuses and allocating professional nurses in areas where they had achieved additional qualifications, to enhance patient care (n=56; 51.9%).
- Enabling nurses to spend more time with patients instead of record-keeping, in order to ensure quality patient care (n=53; 49.1%).
- Improving communication between professional nurses, management and the authorities (n=46; 42.6%).

Table 5.11 Ten most important changes that could enhance retention

Changes that could enhance retention	f	%
Level of salary, remuneration and other benefits	92	85.2
Improving the workplace environment and working conditions	84	77.8
Training of nurse managers	78	72.2
Training and education of professional nurses	74	68.5
Recognising and rewarding good performance and loyalty	70	64.8
Showing respect for nurses as professionals and people	67	62.0
Enforcing safety in the workplace	61	56.5
Rewarding additional qualifications and achievements	56	51.9
More time for patient care	53	49.1
Improving communication between professional nurses, management and authorities	46	42.6

5.3 FACTORS CONTRIBUTING TO THE RETENTION OF PROFESSIONAL NURSES

In this section, questions were asked to determine factors which could influence professional nurses to stay with their current organisations. Frequency tables and contingency tables will be used to display data. Chi-square, correlations and reliability tests were done to test the independence of indicators and the validity of the results respectively.

Frequency tables were used to impose some order or structure on the data collected from the 108 respondents, so that it could be presented in a systematic way, which would be easy to analyse, explain and understand. Frequency tables enable readers of research results to easily identify the highest or lowest scores or common scores, which is not easy to do before data is systematically ordered in a table (De Vos et al 2005:224). Frequency tables display the data obtained in response to each of the 68 statements in this section. Respondents were asked to choose one option from “strongly agree”, “agree”, “disagree” or “strongly disagree” about every statement. This gives an indication of how the 108 participants responded to each of the 68 items.

Cross-tabulation entails the use of contingency tables to provide a visual comparison of summarised data output related to two variables within a sample. The number of cases occurring, when consideration is given to the values of two or more variables is determined, and results are presented in a contingency table (De Vos et al 2005:226). Cross-tabulation was done between the 10 most important factors and generations as well as between the 10 most highly ranked factors and the sector of employment.

The Chi-square test was also applied to test whether the two variables examined, namely year of birth and the nurse’s response to the factors affecting retention, are independent or related. The test is applied to test for differences in frequencies of observed data and to compare them with the frequencies that could be expected to occur if the categories of data were independent of each other.

Reliability tests were applied to the statistics, to provide an estimate of how reliable the data-collecting instrument was, using the Cronbach’s alpha technique. The value range

for this test was between .00 and 1.00, with higher values reflecting a higher degree of internal consistency.

5.3.1 Factors that could influence professional nurse retention

Table 5.12 displays the 68 statements or factors which might influence the retention of professional nurses. Statements pertained to factors in the workplace that could influence a professional nurse’s decision to stay with an organisation or to leave. Based on the theoretical framework, the statements could be related to the levels in Maslow’s Hierarchy of Needs Theory, and Vogt et al’s Cork-top Bottleneck Theory, from the physiological level to self-actualisation. Analysis was done by computing the frequencies with which professional nurses “strongly agreed”, “agreed”, “disagreed” or “strongly disagreed” for each statement.

According to Maslow, individuals are considered as “wanting” or “needing” beings who are continuously striving towards finding ways to satisfy their needs. These needs are said to be generated internally, though often directed towards achieving external goals (Maslow 1970:171). Nurses, as individuals, are striving to achieve certain goals in their external environment, after having undergone the internal process of identifying a need they want to achieve. Needs are not static. Starting from the lowest level of physiological needs, once a need has been satisfied, it ceases to motivate. In this section, those needs are expressed by professional nurses, in the form of statements made and their feeling about each statement.

Table 5.12 Factors that influence the retention of professional nurses

Statement	SA		A		D		SD		Total	
	f	%	f	%	f	%	f	%	f	%
A competitive salary	95	88.0	7	6.5	3	2.8	3	2.8	108	100.1
Company share options	25	23.1	56	51.9	16	14.8	11	10.2	108	100.0
Health care benefits (medical aid and insurance)	67	62.0	32	29.6	7	6.5	2	1.9	108	100.0
Late shift allowance	72	66.7	23	21.3	5	4.6	8	7.4	108	100.0
Housing subsidy	68	63.0	27	25.0	7	6.5	6	5.6	108	100.1

Statement	SA		A		D		SD		Total	
	f	%	f	%	f	%	f	%	f	%
Annual revision of salary	88	81.5	15	13.9	4	3.7	1	0.9	108	100.0
Incentives for working unsocial hours	81	75.0	20	18.5	3	2.8	4	3.7	108	100.0
Retirement benefits	70	64.8	29	26.9	6	5.6	3	2.8	108	100.1
Certificate and qualification bonus	75	69.4	24	22.2	6	5.6	3	2.8	108	100.0
Long-service bonus at five-year intervals	71	65.7	27	25.0	6	5.6	4	3.7	108	100.0
Meal vouchers when on duty	36	33.3	45	41.7	22	20.4	5	4.6	108	100.0
Child care facilities at work	53	49.1	34	31.5	15	13.9	6	5.6	108	100.1
Adequate supplies and equipment	78	72.2	24	22.2	3	2.8	3	2.8	108	100.0
Zero tolerance policy on victimisation	68	63.0	35	32.4	2	1.9	3	2.8	108	100.1
Well ventilated rest-rooms for nurses	48	44.4	42	38.9	15	13.9	3	2.8	108	100.0
Safety rules and regulations	61	56.5	42	38.9	2	1.9	3	2.8	108	100.1
Safe working environment	70	64.8	32	29.6	3	2.8	3	2.8	108	100.0
Flexible working hours, which I am allowed to choose	57	52.8	33	30.6	13	12.0	5	4.6	108	100.0
Team building excursions	32	29.6	52	48.1	18	16.7	6	5.6	108	100.0
Decreasing mandatory overtime	39	36.1	39	36.1	23	21.3	7	6.5	108	100.0
Social activities with colleagues outside work	16	14.8	44	40.7	31	28.7	17	15.7	108	99.9
Organisation newsletter	23	21.3	45	41.7	28	25.9	12	11.1	108	100.0
Recognition for outstanding performance	76	70.4	22	20.4	6	5.6	4	3.7	108	100.1
Reward for outstanding performance	74	68.5	26	24.1	6	5.6	2	1.9	108	100.1
Respect from management and physicians/doctors	78	72.2	20	18.5	6	5.6	4	3.7	108	100.0
Fair and consistent application of disciplinary procedures and policies	62	57.4	36	33.3	8	7.4	2	1.9	108	100.0
Continuous feedback from management regarding performance	61	56.5	38	35.2	7	6.5	2	1.9	108	100.1
One-to-one verbal communication with unit managers/supervisors	56	51.9	35	32.4	17	15.7	0	0	108	100.0

Statement	SA		A		D		SD		Total	
	f	%	f	%	f	%	f	%	f	%
Electronic communication access within the organisation	41	38.0	46	42.6	18	16.7	3	2.8	108	100.1
Recruitment policies	31	28.7	55	50.9	14	13.0	8	7.4	108	100
Retention policies	44	40.7	47	43.5	12	11.1	5	4.6	108	99.9
Giving input into patient care programmes	50	46.3	45	41.7	11	10.2	2	1.9	108	100.1
Sufficient time for rendering direct patient care	53	49.1	40	37.0	7	6.5	8	7.4	108	100
Participation in clinical committees	30	27.8	57	52.8	16	14.8	5	4.6	108	100
Cultural sensitivity	34	31.5	58	53.7	8	7.4	8	7.4	108	100
Respect of diversity	41	38.0	57	52.8	6	5.6	4	3.7	108	100.1
Challenging work	52	48.1	45	41.7	6	5.6	5	4.6	108	100
Addressed by appropriate title, such as sister instead of by surname only	35	32.4	29	26.9	30	27.8	14	13.0	108	100.1
Rotation in taking charge of unit	44	40.7	32	29.6	23	21.3	9	8.3	108	99.9
A positive image of nurses in the community	49	45.4	43	39.8	13	12.0	3	2.8	108	100
Regular staff meetings, not only in crises	53	49.1	40	37.0	10	9.3	5	4.6	108	100
Support from colleagues	61	56.5	40	37.0	7	6.5	0	0	108	100
Financial support for furthering studies	63	58.3	32	29.6	12	11.1	1	.9	108	99.9
Opportunities for advancement within the organisation	71	65.7	30	27.8	4	3.7	3	2.8	108	100
Minimising "non-nursing" duties by nurses	68	63.0	28	25.9	7	6.5	5	4.6	108	100
Structured orientation and induction on appointment	60	55.6	41	38.0	5	4.6	2	1.9	108	100.1
In-service education at the workplace	59	54.6	40	37.0	6	5.6	3	2.8	108	100
Mentorship programmes	46	42.6	44	40.7	14	13.0	4	3.7	108	100
Clearly defined organisational structure	45	41.7	48	44.4	13	12.0	2	1.9	108	100
Decentralised management at unit level	36	33.3	50	46.3	17	15.7	5	4.6	108	99.9

Statement	SA		A		D		SD		Total	
	f	%	f	%	f	%	f	%	f	%
Respect by patients and family/next-of-kin	50	46.3	49	45.4	8	7.4	1	.9	108	100
Minimising close supervision	23	21.3	45	41.7	28	25.9	12	11.1	108	100.0
Trust to make correct decisions in the workplace	50	46.3	46	42.6	8	7.4	4	3.7	108	100.0
Decreasing the patient care workload	53	49.1	38	35.2	11	10.2	6	5.6	108	99.9
Responsibility with equal authority	41	38.0	55	50.9	9	8.3	3	2.8	108	100.0
Committed work ethic within the organisation	39	36.1	58	53.7	8	7.4	3	2.8	108	100.0
Flat hierarchical structure	28	25.9	33	30.6	37	34.4	10	9.3	108	100.2
Exchange programmes with other healthcare organisations	30	27.8	44	40.7	30	27.8	4	3.7	108	100.0
The use of technology for patient records (computers)	52	48.1	36	33.3	18	16.7	2	1.9	108	100.0
Less rigid nurse managers	48	44.4	37	34.3	20	18.5	3	2.8	108	100.0
Less management, not "ruling by fear", or threats	63	58.3	34	31.5	8	7.4	3	2.8	108	100.0
Management leading by example	70	64.8	30	27.8	6	5.6	2	1.9	108	100.1
Acceptance that differences between generations are normal	46	42.6	47	43.5	10	9.3	5	4.6	108	100.0
Making new employees feel at home	59	54.6	42	38.9	5	4.6	2	1.9	108	100.0
Creating more nursing positions to ease workload	71	65.7	30	27.8	5	4.6	2	1.9	108	100.0
Filling vacant positions more quickly	79	73.1	22	20.4	5	4.6	2	1.9	108	100.0
Counselling after traumatic events	57	52.8	43	39.8	7	6.5	1	.9	108	100.0
Accelerating the training of new nurses	57	52.8	36	33.3	11	10.2	4	3.7	108	100.0

- SA - Strongly Agree
A - Agree
D - Disagree
SD - Strongly Disagree

The 68 items mentioned in table 5.12 are related to factors that occur in the workplace, which could influence the decision of professional nurses to leave or stay with the

organisations where they are employed. The degree to which an individual feels strongly about each of these factors indicates that, should such a factor or the need thereof not be satisfied, the decision to leave might be imminent.

In chapter 4, table 4.1 showed the 68 items grouped into categories according to Maslow's Hierarchy of Needs Theory and Vogt et al's Cork-top Bottleneck Theory of Nurse Retention. These categories were physiological, safety, love and belonging, esteem and self-actualisation levels. Vogt et al (1983:132) go further and depict the areas of constrictions, where provision or attainment of these needs is limited. These are areas which might have to change in order to retain nurses. Change required will have to be planned as purported by Lewin's Force Field Analysis Theory.

At the physiological level, a large number of respondents strongly agreed that certain statements might influence their intentions to stay. A competitive salary (n=95; 88.0%), and the annual revision of the salaries (n=88; 81.5%), incentives for working unsocial hours (n=81; 75.0%) and a late shift allowances (n=72; 66.7%) were ranked high by respondents. There were, however, some statements with which a few respondents strongly agreed, namely company share options (n=25; 23.1%) and meal vouchers (n=36; 33.3%).

Safety-related factors with which respondents strongly agreed to be influencing their retention included filling vacant positions more quickly (n=79; 73.1%), creating more nursing positions (n=71; 65.7%), retirement benefits (n=70; 64.8%). Factors that did not enjoy a high rating at this level were a flat hierarchal structure (n=28; 25.9%) recruitment policies (n=31; 28.7%) and cultural sensitivity (n=34; 31.5%).

Under the level of love and belonging needs, some statements were ranked high while others received a low ranking. Of the factors that were grouped under this level, management leading by example (n=70; 64.8%), support from colleagues (n=61; 56.5%) and continuous feedback from management (n=61; 56.5%) were rated high in terms of factors that might influence nurses' decisions to leave or stay.

Social activities with colleagues outside work (n=16; 14.8%) the organisation's newsletter (n=23; 21.3%) and exchange programmes (n=30; 27.8%) were among statements that received low ratings in terms of influencing nurses' retention intentions.

With regard to the esteem level, most respondents strongly agreed that respect from management (n=78; 72.2%), and recognition for outstanding performance (n=76; 70.4%) would influence their decisions to stay. Statements that received low rankings included minimising close supervision (n=23; 21.3%), participation in clinical committees (n=30; 27.8%) and being addressed by the appropriate titles (n=35; 32.4%).

As for the self-actualisation level, respondents indicated that opportunities for advancement within their organisation (n=71; 65.7%) challenging work (n=52; 48.1%), and being trusted to take correct decisions (n=50; 46.3%) might influence their decisions to stay. Fewer respondents (n=39; 36.1%) strongly agreed that a committed work ethic will influence their remaining with their organisation. Rankings at this level were generally lower than those at other levels. This could imply that the lower level needs had not yet been satisfied; hence needs at the self-actualisation level not yet activated within the respondents at the stage when data were collected.

While all the above statements have been cited broadly as being somehow related to retention, their influence and importance to individuals could differ from one person to another. This seems to confirm that retention is indeed a complex issue which cannot be attributed to one cause and therefore cannot be remedied by one solution

5.3.2 Discussion of the ten most important factors that could influence professional nurse retention

In table 5.12 the responses of professional nurses, stating their agreement or disagreement with statements that could influence their retention, are illustrated in the order that they were answered. Professional nurses, as individuals, are motivated or influenced by different factors in the workplace, which are numerous and complex and which can also affect their retention. While variables such as the generation of respondents could have an influence, each individual nurse will weigh his or her own circumstances, based on the needs to be satisfied at a particular point in time. It is for this reason that one factor will be rated as important for one professional nurse, while the next professional nurse might not agree that any particular factor could influence his or her decision to stay.

Of the 68 factors, the 10 highest ranked factors, that professional nurses strongly agreed would influence their decisions to stay, were competitive salaries (n=95; 88,0%), annual revisions of salaries (n=88; 81.5%), incentives for working unsocial hours (n=81; 75.0%), filling vacant positions more quickly (n=79; 73.1%), respect from management and physicians (n=78; 72.2%), adequate supplies and equipment (n=78; 72.2%), recognition for outstanding performance (n=76; 70.4%), certificate and qualification bonus (n=75; 69.4%), rewarding outstanding performance (n=74; 68.5%) and a late-shift allowance (n=72; 66.7%).

Considering these most important factors, it is noticeable that of the 10 factors, 4 (40.0%) are on the physiological level, 2 (20.0%) on the next level, of safety, and 4 (40.0%) are on the esteem level, when divided according to Maslow's Hierarchy of Needs Theory. Love and belonging and self-actualisation needs do not feature amongst the 10 most important factors. In their theory of nurse retention, Vogt et al (1983:133) identify the physiological and part of the esteem level as the two areas where nurses experience constriction. These are the two areas where the responsibility for facilitation or expansion lies with management and organisations. In the other areas of safety, love and belonging and part of esteem, where nurses can influence change, growth and expansion by themselves, there seems to be remarkable expansion.

5.4 CROSS-TABULATION OF THE MOST FREQUENTLY MENTIONED FACTORS INFLUENCING PROFESSIONAL NURSES' RETENTION AND THE RESPONSE OF DIFFERENT GENERATIONS OF PROFESSIONAL NURSES

The literature recognises the diversity that an intergenerational nursing workforce presents. Each generation is influenced by different factors, and might have different needs. In this section, a presentation of the factors that could influence the retention of each generation of professional nurses is presented and discussed. As in the preceding section, the discussion will be on the 10 factors that had the highest frequencies under "strongly agree". These findings are summarised in table 5.13.

Table 5.13 Cross tabulation “strongly agree”: Responses to the ten highest ranking factors that can influence nurses’ retention by generation

Factor		Silent generation		Baby boomers		Generation X		Generation Y		Total
		f	%	f	%	f	%	f	%	
1	Competitive salary	5	100.0	43	100.0	44	100.0	3	100.0	95
2	Annual revision of salary	4	80.0	40	93.0	41	93.2	3	100.0	91
3	Incentives for working unusual hours	1	20.0	38	88.4	40	90.1	2	66.7	81
4	Filling vacant posts more quickly	4	80.0	40	93.0	32	72.7	3	100.0	79
5	Respect from management and physicians	5	100.0	40	93.0	30	69.8	3	100.0	78
6	Adequate supplies and equipment	5	100.0	41	95.3	29	66.9	3	100.0	78
7	Recognition for outstanding performance	4	80.0	40	93.0	30	68.2	2	66.7	76
8	Certificate and qualification bonuses	4	80.0	33	76.7	36	81.8	2	66.7	75
9	Rewarding outstanding performance	3	60.0	36	83.7	33	75.0	2	66.7	74
10	Late shift allowance	4	80.0	31	72.1	35	79.5	2	66.7	72

5.4.1 A competitive salary

Of the respondents 95 strongly agreed that a competitive salary is the most important factor which would convince them to stay in their organisations. Of these respondents, 5 (5.3%) were from the silent generation, 43 (45.3%) were baby boomers, 44 (46.3%) were generation X-ers and 3 (3.2%) were from generation Y. These findings are illustrated in table 5.13.

5.4.2 Annual revision of salary

Tables 5.12 and 5.13 illustrate the high number of professional nurses who strongly agreed that an annual revision of salary would convince them to stay, including 40 (93.0%) baby boomers and 41 (93.2%) generation Xers. Differences in salary revisions exist between the public and private sectors, and between organisations and hospital groups. Unions influence salary revisions because they negotiate salary increases with employers on behalf of, or as mandated by their members. Findings in this study could

indicate that professional nurses strongly agree that an annual revision of salary is one of the most important factors which could enhance their retention.

At times, salary increases are negotiated for a period of more than a year. This happens more often in the public sector, where a wage-increment percentage remains in place for a negotiated period, which could be up to three years. The public sector has a system in terms of remuneration of public servants, which includes professional nurses. In the private sector, hospital groups and independent hospitals also enter into negotiations with unions, but it is possible to obtain annual salary increases and an additional annual monetary incentive, also based on performance.

5.4.3 Incentives for working unsocial hours

Of the respondents 81 strongly agreed that if there were incentives for working unsocial hours, they would be retained in their current organisations. From the silent generation only 1 (20.0%) maintained this view, while 38 (88.4%) baby boomers, 40 (90.1%) from generation X and 2 (66.7%) from generation Y agreed.

Health care entails working past normal office hours, long shifts which could last up to 12 hours, doing night duty, and working during weekends and public holidays. Nurses working in hospitals have to provide patient care at all times and are therefore required to work these hours. Professional nurses in this study felt there should incentives for working these unsocial hours.

5.4.4 Filling vacant positions more quickly

The nursing shortage has put pressure on the professional nurses remaining in practice. There are many vacant positions that need to be filled. Advertising posts in any organisation has to follow some procedures. The recruitment, short-listing, interviewing and selection processes also cause delays in filling posts. Four (80.0%) from the silent generation, 40 (80.0%) baby boomers, 32 (93.0%) from generation X and 3 (100.0%) from generation Y, strongly agreed that this factor could influence their decisions to remain with their current organisations.

5.4.5 Respect from management and physicians

A large number of respondents strongly agreed that respect from management and physicians could influence their decisions to remain in their current organisations. They comprised 5 (100.0%) from the silent generation, 40 (93.0%) from the baby boomers, 30 (69.8%) from generation X and 3 (100.0%) from generation Y.

5.4.6 Adequate supplies and equipment

Table 5.13 indicates that many respondents who answered this question, strongly agreed that adequate supplies and equipment are important for their retention: 5 (100.0%) silent generation, 41 (95.3%) baby boomers, 29 (66.9%) generation X and 3 (100.0%) millennials.

5.4.7 Recognition and rewarding of nurses

The 76 respondents who cited recognition for outstanding performance as one of the factors that might contribute towards their retention in their organisations, comprised 4 (80.0%) respondents from the silent generation, 40 (93.0%) baby boomers, 30 (69.8%) generation Xers and 2 (66.7%) from generation Y. Incentives such as salaries, bonuses, allowances, insurance and profit sharing have been used to reward nurses, but the benefits and lasting effects of these incentives have been questioned.

5.5 CROSS TABULATION OF THE TEN MOST IMPORTANT FACTORS INFLUENCING PROFESSIONAL NURSES' RETENTION AND THEIR EMPLOYMENT SECTORS

In this section, professional nurses' responses to 10 factors that had the highest number of responses were further divided according to the public or private sectors of employment. Of the questionnaires that were returned, 63 (59.4%) were employed in the public sector and 43 (40.6%) in the private sector. As two persons did not indicate their employment sectors, the total number of respondents in this section was 106.

5.5.1 Competitive salary and employment currently

Table 5.14 indicates that of the 63 professional nurses employed in the public sector, 58 (92.1%) strongly agreed that a competitive salary would influence their retention, while only 2 (3.2%) agreed with this statement. Three (4.8%) respondents strongly disagreed that a competitive salary would make them stay. From the 43 nurses who worked in the private sector, 35 (81.4%) strongly agreed that a competitive salary would influence their intentions to stay, 5 (11.6%) agreed and 3 (7.0%) disagreed with the statement. Except for the difference in the number of professional nurses from the two sectors, the largest portion of each group strongly agreed that a competitive salary would influence their decisions to stay.

Table 5.14 A competitive salary * Employment sector

Competitive salary	Sector currently employed				Total (n=106)	
	Public (n=63)		Private (n=43)			
	f	%	f	%	f	%
Strongly agree	58	92.0	35	81.4	93	87.8
Agree	2	3.2	5	11.6	7	6.6
Disagree	0	0.0	3	7.0	3	2.8
Strongly disagree	3	4.8	0	0.0	3	2.8
Total	63	100.1	43	100.0	106	100.0

5.5.2 Annual revision of salary and the sector currently employed

The figures and percentages in table 5.15 indicate that 87.3% professional nurses out of the 63 from the public sector strongly agreed with the statement that an annual revision of salary would convince them to remain with their employers. Only 4 (6.3%) respondents agreed with this statement, while 3 (4.8%) disagreed and 1 (1.6%) strongly disagreed. With regard to the private sector, 32 (74.4%) of these 43 professional nurses strongly agreed that an annual salary revision would keep them with their organisations, while 10 (23.3%) agreed and 1 (2.3%) disagreed. A larger percentage of nurses from the public sector strongly agreed with this statement than respondents from the private sector.

Table 5.15 Annual revision of salary * Sector currently employed

Annual revision of salary	Sector currently employed				Total (n=106)	
	Public (n=63)		Private (n=43)			
	f	%	f	%	f	%
Strongly agree	55	87.3	32	74.4	87	82.1
Agree	4	6.3	10	23.3	14	13.2
Disagree	3	4.8	1	2.3	4	3.8
Strongly disagree	1	1.6	0	0.0	1	0.9
Total	63	100.0	43	100.0	106	100.0

Annual revisions of salaries add to the monetary rewards which seem to be the most important factor cited by professional nurses sampled in this study. Reverting to Maslow (1970:157), and Vogt et al's postulations (1983:131), financial rewards are on the lowest level of the pyramid, meaning, they are the most basic of all needs. Unless needs at this level are satisfied, the higher level needs will not motivate nurses' actions or intentions to remain with their organisations.

5.5.3 Incentives for working unsocial hours

Patients require health care twenty-four hours every day. While overtime may be paid, working unsocial hours can affect nurses' social lives, making it difficult to meet their needs for love and belonging (Maslow 1970:69). Incentives will not necessarily change the situation, but the respondents in this study felt that incentives for working unsocial hours would compensate them for this inconvenience.

Out of 106 respondents, 80 (75.5%) professional nurses, 48 (76.2%) from the public sector and 32 (74.4%) from the private sector, attested to this by strongly agreeing with this statement, while 11 (17.5%) and 8 (18.6%) respondents from the public and private sectors, respectively, also agreed with this statement. Only 1 (1.6%) nurse from the public sector disagreed while 3 (4.8%) strongly disagreed with this statement. From the private sector 2 (4.7%) disagreed and only 1 (2.3%) strongly disagreed, with this statement. These findings are illustrated in table 5.16.

Table 5.16 Incentives for working unsocial hours * Sector currently employed

Incentives for working unsocial hours	Sector currently employed				Total (n=106)	
	Public (n=63)		Private (n=43)			
	f	%	f	%	f	%
Strongly agree	48	76.2	32	74.4	80	75.5
Agree	11	17.5	8	18.6	19	17.9
Disagree	1	1.6	2	4.7	3	2.8
Strongly disagree	3	4.8	1	2.3	4	3.8
Total	63	100.1	43	100.0	106	100.0

5.5.4 Filling vacant positions

As indicated in table 5.17, as many as 54 (85.7%) out of 63 professional nurses employed in the public sector strongly agreed that filling vacant posts more quickly might convince them to stay with their organisations. In the private sector, 24 (55.8%) of 43 respondents strongly agreed that this would be the case, while 16 (37.2%) agreed and 3 (7.0%) disagreed. No respondent from the private sector strongly disagreed with this statement, while 1 (1.6%) from the public sector did so. The nursing shortage seems to be felt in both public and private sectors. Recruitment, selection and appointment of suitable candidates is a process which can be lengthy.

Table 5.17 Filling vacant positions more quickly * Sector currently employed

Filling vacant positions more quickly	Sector currently employed				Total (n=106)	
	Public (n=63)		Private (n=43)			
	f	%	f	%	f	%
Strongly agree	54	85.7	24	55.8	78	73.6
Agree	6	9.5	16	37.2	22	20.8
Disagree	2	3.2	3	7.0	5	4.7
Strongly disagree	1	1.6	0	0.0	1	0.9
Total	63	100.0	43	100.0	106	100.0

5.5.5 Respect from management and physicians

The findings portrayed in table 5.18 indicate that a total of 77 (72.6%) respondents, 43 (68.3%) out of 63 from the public sector and 34 (79.1%) out of 43 from the private sector, strongly agreed with the statement that respect from management and physicians might influence them to stay with their organisations. Although 14 (22.2%) respondents from the public sector agreed with the statement only 6 (14.0%) from the

private sector did so. However, 2 (3.2%) respondents from the public sector and 3 (7.0%) from the private sector disagreed with this statement. While 1 (1.6%) respondent from the public sector strongly disagreed with the statement, no respondent from the private sector strongly disagreed. Comparing the two sectors, the private sector had a higher percentage (79.1%) than the public sector (68.2%) in terms of respondents who strongly agreed that respect from management and physicians would influence them to stay with their organisations.

Table 5.18 Respect from management and doctors * Sector currently employed

Respect from management and doctors	Sector currently employed				Total (n=106)	
	Public (n=63)		Private (n=43)			
	f	%	f	%	f	%
Strongly agree	43	68.3	34	79.1	77	72.6
Agree	14	22.2	6	14.0	20	18.9
Disagree	2	3.2	3	7.0	5	4.7
Strongly disagree	4	6.3	0	0.0	4	3.8
Total	63	100.2	43	100.1	106	100.0

5.5.6 Adequate supplies and equipment

A total of 48 (76.2%) respondents from the public sector strongly agreed with the statement that adequate supplies and equipment might convince them to remain in their current organisation, while 29 (67.4%) from the private sector also agreed strongly with this statement and 10 (15.9%) and 13 (30.2%) of respondents from the public and private sector, respectively, also agreed with the statement. Adequate supplies could mean all the things that enable professional nurses to render health care services, for example medication, dressings and other devices. Equipment includes necessities for health care provision, such as cradles, drip stands, incubators, blood pressure machines, thermometers, stethoscopes, and other equipment that could make patient care safe and efficient. In the absence thereof, negative and even sentinel incidents might occur, the quality of patient care drops, nurses get frustrated and even contemplate leaving. Failure to perform one's job to the best of one's ability due to limited equipment may lead to job dissatisfaction and subsequently affect retention rates.

Table 5.19 Adequate supplies and equipment * Sector currently employed

Adequate supplies and equipment	Sector currently employed				Total (n=106)	
	Public (n=63)		Private (n=43)			
	f	%	f	%	f	%
Strongly agree	48	76.2	29	67.4	77	72.6
Agree	10	15.9	13	30.2	23	21.7
Disagree	2	3.2	1	2.3	3	2.8
Strongly disagree	3	4.8	0	0.0	3	2.8
Total	63	100.2	43	99.9	106	99.9

5.5.7 Recognition for outstanding performance

The data displayed in table 5.20 indicate that 46 (73.0%) respondents from the public sector and 29 (67.4%) from the private sector strongly agreed that recognition for outstanding performance might enhance their retention. Based on Vogt et al's (1983:132) theoretical framework this level is an area where there is constriction and therefore no free flow of opportunities to meet nurses' needs.

Table 5.20 Recognition for outstanding performance * Sector currently employed

Recognition for outstanding performance	Sector currently employed				Total (n=106)	
	Public (n=63)		Private (n=43)			
	f	%	f	%	f	%
Strongly agree	46	73.0	29	67.4	75	70.8
Agree	11	17.5	10	23.3	21	19.8
Disagree	2	3.2	4	9.3	6	5.7
Strongly disagree	4	6.3	0	0.0	4	3.8
Total	63	100.0	43	100.0	106	100.1

5.5.8 Certificate and qualification bonuses

As many as 74 (69.8%) respondents strongly agreed that a bonus for having obtained a certificate and further qualifications would influence them to stay in their organisations. Of those respondents, 49 (77.8%) were from the public sector and 25 (58.1%) from the private sector. Rewards and achievements are regarded as important factors enhancing nurse retention. These findings are illustrated in table 5.21.

Table 5.21 Certificate and qualification bonus * Sector currently employed

Certificate and qualification bonus	Sector currently employed				Total (n=106)	
	Public (n=63)		Private (n=43)			
	f	%	f	%	f	%
Strongly agree	49	77.8	25	58.1	74	69.8
Agree	11	17.5	13	30.2	24	22.6
Disagree	2	3.2	4	9.3	6	5.7
Strongly disagree	1	1.6	1	2.3	2	1.9
Total	63	100.1	43	99.9	106	100.0

5.5.9 Rewarding outstanding performance

Rewards play an important role in retaining nurses in their organisations. Receiving no rewards for good performance could lead to job dissatisfaction and the decision to leave. The nursing shortage and increased numbers of patients continue to increase nurses' workloads. Of the 63 nurses employed in the public sector, 44 (69.8%) strongly agreed, 15 (23.8%) agreed, 3 (4.8%) disagreed and only 1 (1.6%) strongly disagreed that outstanding performance should be rewarded. From the private sector, 23 (53.5%) nurses strongly agreed with this statement, while 15 (34.9%) agreed, 3 (7.0%) disagreed and 2 (4.7%) strongly disagreed with the statement.

Table 5.22 Rewarding outstanding performance* Sector currently employed

Rewarding outstanding performance	Sector currently employed				Total (n=106)	
	Public (n=63)		Private (n=43)			
	f	%	f	%	f	%
Strongly agree	44	69.8	23	53.5	67	63.2
Agree	15	23.8	15	34.9	30	28.3
Disagree	3	4.8	3	7.0	6	5.7
Strongly disagree	1	1.6	2	4.7	3	2.8
Total	63	100.0	43	100.1	106	100.0

5.5.10 Late shift allowance

Nursing entails working long hours; patients need care 24 hours each and every day. This requires staffing at different times by different nurses. While there might be payment for unsocial shifts, allowances might not necessarily be paid for them. As with other financial incentives, nurses from both sectors rated this statement as being among the most important factors influencing their decisions to stay with or leave their

organisations. This was shown by the 72 (67.9%) nurses who strongly agreed with this statement, 42 (66.7%) and 30 (69.8%) from the public and private sectors respectively.

5.6 MEAN RATINGS OF THE TEN MOST IMPORTANT FACTORS WHICH COULD ENHANCE PROFESSIONAL NURSES' RETENTION LEVELS

The ranking system ranged from 1 to 10, indicating the most important factors that would influence professional nurses to stay with organisations. Table 5.23 illustrates the ranking and mean ratings of these 10 factors by generation. The factors are further identified by level of needs, according to Maslow (1970:23) and Vogt et al (1983:130). Due to the insignificant number of both the silent generation (n=6; 5.6%) and generation Y (n=3; 2.8%) respondents the mean rankings of the ten most important factors which could influence nurses' retention rates are only cross tabulated for the baby boomers (n=50; 46.3%) and generation X (n=49; 45.4%) to yield statistically meaningful results.

Table 5.23 Mean ratings, level of need and ranking of ten important factors by generation

Level	Ranking	Factor or statement	Mean rating baby boomers	Mean rating generation X	MD
P	1	Competitive salary	4.41	4.437	-.03
P	2	Annual revision of salary	4.352	4.354	-.00
P	3	Incentives for working unsocial hours	3.294	3.479	-.18
S	4	Filling vacant posts more quickly	3.294	3.395	-.10
E	5	Respect from managers/physicians	2.235	2.104	-.13
S	6	Adequate supplies and equipment	2.235	2.437	-.20
E	7	Recognition for outstanding performance	2.117	2.375	-.26
E	8	Certificate and qualification bonus	2.117	2.229	-.13
E	9	Rewarding of outstanding performance	2.117	2.437	-.09
P	10	Late shift allowance	1.058	1.416	-.11

- P = Physiological
 S = Safety
 E = Esteem
 MD = Mean difference

The findings in table 5.23 illustrate the mean scores ranged by ranking, between 4.4411 and 1.058 for baby boomers and 4.437 and 1.416 for generation X. While there were differences in some items between the baby boomers and generation X, most of the factors were ranked similarly between the two generations, as illustrated in table 5.23. This shows that there were no significant differences between what baby boomers and generation X nurses regarded as important factors influencing their retention with their organisations.

5.7 RELIABILITY TESTS

The internal consistency reliability for each of the five levels of factors was determined. All five levels had a Cronbach’s alpha coefficient computed. The test is meant to examine the extent to which each of the items under each level in the instrument consistently measures the construct it is supposed to measure.

Table 5.24 Reliability measures of factors reflecting the five levels of needs

Level of factors	Cronbach’s Alpha	Number of items
Physiological	.723	9
Safety	.888	23
Love and belonging	.865	15
Esteem	.845	16
Self-actualisation	.720	4

The test scores are above 0.7, which indicates the authenticity of the tests, and that the results of this analysis could be considered to be statistically reliable. Because a Cronbach’s alpha score of 1.0 would indicate perfect (100.0%) agreement between items (Burns & Grove 2001:399).

Table 5.25 Correlational coefficients

	Period of birth	Competitive salary	Annual revision salary	Incentives for working unsocial hours	Filling vacant posts more quickly	Respect from management and physicians	Adequate supplies and equipment	Recognition for outstanding performance	Certificate and qualification bonuses	Rewarding outstanding performance	Late shift allowance
Period of birth	1	-.092	.083	-.030	-.046	-.167	.149	.149	-.017	-.134	.070
Competitive salary	-.092	1	.363**	.495**	.366**	.383**	.261**	.272**	.187	.350**	-.150
Annual revision salary	.083	.363*	1	.275**	.261**	.243	.105	.295**	.234*	.071	.110
Incentives for working unsocial hours	-.030	.495*	.275**	1	.341	.366**	.087	.253**	.161	.113	-.057
Filling vacant posts more quickly	-.046	.366*	.261**	.341	1	.509	.194	.135	.354	.132	.179
Respect from management and physicians	-.167	.383**	.234*	.366**	.509	1	.052	.287**	.195*	.184	.082
Adequate supplies and equipment	.149	.261*	.105	.087	.194	.052	1	.192*	.107	.274**	.053
Recognition for outstanding performance	.149	.272*	.295**	.253**	.135	.287**	.192*	1	.223*	.285*	.304**
Certificate and qualification bonuses	-.017	.187	.234*	.161	.354	.195	.107	.223*	1	.071	.360
Rewarding outstanding performance	-.134	.350*	.071	.113	.132	.184	.274**	.285**	.071	1	.637**
Late shift allowance	.070	-.150	.110	-.057	.179	.082	.053	.304**	.360	.637**	1

**Correlation is significant at the 0.01 level (2-tailed).

**Correlation is significant at the 0.01 level (2-tailed).

*Correlation is significant at the 0.05 level (2-tailed).

5.7.1 Correlation coefficient

Correlations are done to measure the direction and strength of the relationship between two variables (Burns & Grove 2001:136). Table 5.25 illustrates the relationship or lack thereof between the 10 most important factors that could influence the retention of professional nurses and generation or period of birth. Findings of the summary indicate a low or weak positive relationship between the influencing factors and the generation period.

5.8 FACTORS THAT COULD ENHANCE NURSE RETENTION RATES

Retention is not an easy matter, which indicates that factors that would influence or enhance nurses to stay are numerous and complex. In this section, professional nurses were asked to select the 10 most important factors from the list of 68 items given in section B which, if improved, would enhance their retention possibilities. Responses were numerous and differed according to generations. Discussion and presentation of these findings were based on the theoretical framework. Factors were classified under each level of need following Maslow's Hierarchy of Needs Theory. Areas of constriction, according to Vogt et al, were also areas on Maslow's physiological and esteem levels. These most important factors need to be strengthened, as they are drivers that could contribute to nurse retention.

Section 5.2.2.1 and table 5.25 showed all factors that professional nurses (n=108) mentioned as having the potential to influence their decisions to stay with their organisations. In this section the 10 most important factors, which, if changed, could make nurses stay are discussed. Owing to the fact that there were ties in some of the factors' ranks, more than 10 factors will be addressed (table 5.26).

Table 5.26 Important factors which could influence nurse retention levels (n=108)

Important factors	Level	f	Percentage	Ranking
Salary	Physiological	95	93.1	1
Filling vacant post quickly	Safety	88	86.3	2 (tie)
Revising salary on an annual basis	Physiological	84	82.4	2 (tie)
Creating more nursing posts	Safety	81	79.4	3
A safe work environment	Safety	78	76.5	4 (tie)
Recognising outstanding performance	Esteem	78	76.5	4 (tie)
Incentives for unsocial hours	Physiological	71	69.6	5
Certificate and qualification bonus	Esteem	63	61.8	6 (tie)
Bonus at 5-year intervals	Esteem	63	61.8	6 (tie)
Respect from management/physicians	Esteem	63	61.8	6 (tie)
Minimising "non-nursing" duties	Safety	63	61.8	6 (tie)
Adequate supplies and equipment	Safety	54	52.9	7 (tie)
Housing subsidy	Safety	54	52.9	7 (tie)
Financial support for furthering studies	Physiological	52	51.0	8
Decreasing workload	Safety	50	49.0	9
Accelerating nurse training	Safety	47	46.1	10 (tie)
Zero-tolerance policy on victimisation	Safety	47	46.1	10 (tie)

Table 5.26 illustrates the responses or choices made by nurses from a list of 68 statements as specified in section B of the questionnaire. A total of 17 factors were ranked from 1 to 10, in descending order. The factors were further identified according to the level into which they fell, according to Maslow's Hierarchy of Needs Theory. Of the 17 factors, 4 were associated with physiological needs, 9 were classified under safety and 4 under esteem needs. Salary, according to Vogt et al (1983:135), pertains to the physiological level. This is also demonstrated in this study, where salary, unlike in the ICN study (2005:22), was repeatedly stated as being the most important factor which influenced nurses' decisions to stay or leave. Esteem needs, according to the Cork-top Bottleneck Theory, are also a place of constriction or limitation. Here factors mentioned are job satisfaction, achievement, recognition, status and advancement. This is also demonstrated in this study, where factors related to these constructs are ranked amongst the most important by nurses. Factors under love and belonging and self-actualisation did not appear amongst the 10 most important groups of factors. Self-actualisation, as a higher-level need, will not be activated until the lower-level needs have been satisfied. Lewin's Force Field Analysis Theory identifies driving forces which need strengthening and restraining forces which need to be weakened or removed, in order to bring about changes in the workplace, which will create a favourable environment for the retention of nurses.

5.9 SUMMARY

In this chapter, findings of phase 1 of this study were discussed. This phase was the quantitative phase, where descriptive statistics were used to describe findings from the questionnaires completed by professional nurses. Tables and figures were used to display data on the demographic and general information as supplied by respondents. Findings from professional nurses' responses to the items in section B were displayed in tables. Respondents had to choose one option between "strongly disagree" to indicate how each of the items influenced their decision to remain in the organisation they were currently employed in. Cross-tabulation of the most frequently mentioned factors influencing professional nurses' retention and the different generations were done and findings presented in tables. Cross-tabulation was also done between the response option of the 10 most important factors influencing professional nurse retention and the sector of employment. Mean ratings of the 10 most important factors which could influence professional nurses' retention levels were also analysed, as well as reliability tests to examine the extent to which each of the items measured the construct it was supposed to measure.

In the next chapter, findings of phase 2, the qualitative phase, will be discussed.

CHAPTER 6

Data analysis and discussions of findings – Phase II

6.1 INTRODUCTION

In this chapter, the findings of phase II of the research are discussed. The target group for this phase was nurse managers in private and public hospitals who were involved in human resource planning and management. Data were collected using an interview schedule, which comprised two sections. Section A contained questions on biographical information, which provided the profile of respondents. In section B, open-ended questions were posed to nurse managers, which pertained to retention, the organisation's role in retention, organisational plans to enhance retention, the multigenerational workforce, nurse managers' role in retention, management training and development, and the role of nurse managers in retention.

Permission was sought from authorities in the respective sectors. In the public sector, the Directors of Nursing as well as Chief Executive Officers (CEO) of the public hospitals where participants were employed were contacted, with the researcher sending the letter of request and research proposal to them, as requested (see Annexure E). In the private sector, the Director of Nursing as well as the Regional Managers of hospitals in Gauteng were contacted for permission to conduct interviews with nurse managers performing human resource functions in hospitals where they worked. After permission was obtained from the authorities, nurse managers were contacted to request their participation and to set a suitable date, time and place for the interview. They were also informed that their participation was voluntary.

De Vos et al (2005:280) highlight the importance of maintaining relationships with participants in a research study, in order to enhance the quality of data. This was the case in this study. Nurse managers from one public hospital firstly required a briefing on the study, prior to their voluntary participation. During the briefing, the nurse managers indicated that they were more than willing to participate, as the topic of professional nurse retention was relevant to their functions and responsibilities in their organisation.

However, there were concerns regarding the tape-recording of interviews. One nurse manager stated that there was a general fear of their voices being identified, and this made them uncomfortable as they feared the possibility of victimisation by authorities. More than one nurse manager agreed with this statement. It was then suggested by the nurse managers that they provide written replies, rather than tape-recorded interviews. The researcher indicated and confirmed the ethical obligations of the research to participants, and the fact that tape-recorded data would be erased as soon as it had been transcribed. The researcher also explained the limitations of written responses, namely, that there would be no opportunity to ask follow-up questions and to probe, which would elicit more in-depth information. This explanation seemed acceptable to most participants, though two nurse managers insisted on giving written responses, which were also incorporated in the transcribed findings. This incident did not recur with nurse managers from the other institutions involved in this study.

A total of 21 nurse managers participated in the study. Nine nurse managers were from the private sector and 12 from the public sector.

6.1.1 The semi-structured interviews and interview schedule

One-to-one semi-structured interviews were held with participating nurse managers, with the aim of gaining a detailed picture of the nurse managers' perceptions and their accounts of factors influencing professional nurse retention. An interview schedule was given to each participant, to facilitate understanding and to enable the interviewee to follow the direction of the interview. Questions were sequenced so as to firstly focus on retention, then factors that affected retention; leaving the most sensitive questions for last. Questions in section A of the interview schedule enquired about participants' sector of employment, length of period in the nursing service manager's post, year of birth, whether the participant had any human resource or management training, whether the hospital or organisation had a retention strategy or policy, whether exit interviews were conducted when nurses resigned, and whether retention was discussed at any stage in their organisations. In section B of the interview schedule, the following open-ended questions were asked:

- *Retaining professional nurses seems to be a major challenge facing health care organisations in South Africa. What are the most important things or factors, in your view, which can contribute towards retaining professional nurses?*
- *What can be changed in your organisation which will help in reducing the number of professional nurses currently in your employ who are intending to leave?*
- *How can your organisation entice and attract retired nurses who are still able to work back into practice?*
- *There are currently four generations of professional nurses in practice: the silent generation, baby boomers, generation X and generation Y. What problems do you face in dealing with these nurses of different ages, which could influence their decision to stay or leave?*
- *What strategies can your organisation implement to counteract these problems and subsequently reduce the number of nurses who are leaving?*
- *What areas of training and development do you feel are necessary to develop nursing service managers into “retention managers”?*
- *What other support would you require from the hospital manager, CEO and the authorities to strengthen your role of enhancing nurse retention?*
- *Literature studies indicate that “people do not leave their jobs, they leave their managers”. What is your opinion regarding this statement?*

The semi-structured interview schedule is attached as Annexure E.

6.2 DISCUSSION OF FINDINGS

The close-ended questions comprising section A of the interview schedule were analysed statistically. Section B of each interview was transcribed, analysed and coded preliminarily soon after each interview. Each interview was also summarised and given to the participant to confirm that the transcription represented what was said during the

interview. In this way, it was possible to follow when data saturation had been reached, and to raise the confirmability and credibility of the findings. Data were arranged into themes and categories which emerged after coding was done. According to Patton (in De Vos et al 2005:333), this type of analysis transforms data into findings by reducing the volume of raw data collected, eliciting significant data, identifying significant patterns and constructing a framework for communicating the essence of what was revealed by the data. Findings were also supported by what the literature said about the factors related to the topic of nurse retention. Discussion of each section was then detailed separately.

6.2.1 Section A: Biographical data

Eight close-ended questions were asked in this section. In the discussion, percentages will be rounded off to the nearest first decimal position.

6.2.1.1 Sector of employment

Of the 21 (100%) nurse managers who participated, 9 (43%) were employed in the private sector and 12 (57%) in the public sector. As specified under the selection criteria, all participants performed human resource functions, which can be broadly seen as responsibilities pertaining to recruitment, selection, staff utilisation and management of nurses.

6.2.1.2 Number of years as nurse manager in the organisation

Participants were asked for how many years they had been employed as nurse managers. Findings are illustrated in table 6.1

Table 6.1 Years as nurse manager in current organisation

Number of years	Participant: Private Sector	Participant Public Sector	Total
0–5 years	2	3	5
6–11 years	5	4	9
12–15 years	1	2	3
16 or more years	1	3	4
	n=9 (43%)	n=12 (57%)	n=21 (100%)

Of the nine (43%) participants from the private sector, two had been in the position of nurse manager for a period of 0–5 years, five for between 6 and 11 years, and one each for the periods of 12–15 years and 16 or more years respectively. From the public sector, three nurse managers have been in the position for 0–5 years, four for a period of 6 to 11 years, two for between 12 and 15 years, while three had been nurse managers in their organisation for 16 or more years. According to the selection criteria, these are nurse managers who are performing human resource functions, which include recruitment, selection and other other functions related to human resources management. From these statistics, it can be seen that the greater number of participating nurse managers had held their position for longer than 5 years, and could therefore be trusted to yield sufficient information on factors influencing professional nurse retention.

6.2.1.3 Birth year of participants

Of the 21 (100%) participants, 2 (9.5%) were from the silent generation, 14 (66.7%) were baby boomers and 5 (23.8%) were from generation X. The largest group was baby boomers, followed by generation X. There were no nurse managers from generation Y. The oldest professional nurses from this generation are currently in their late twenties and would most unlikely be considered for a nurse manager's post, as they would not as yet have acquired the experience and qualifications necessary for a managerial post. These participating nurse managers are responsible for professional nurses and in some instances student and pupil nurses who come from the younger generations X and Y. This might prove challenging to silent generation and baby boomer nurse managers, who might view their behaviour as playful and not committed, slack, arrogant and even disrespectful (Rhule 2004:40). The challenge lies in being aware of the different characteristics and behaviours displayed by employees of different generations and the ability to accommodate these differences in their management style. This will not only create harmony in the workplace, but will also enhance the quality of patient care.

6.2.1.4 Possession of a human resource or management qualification or training

Of the 21 (100%) nurse managers who participated, 15 (71.4%) had a qualification or formal training in human resource management, while 6 (28.6%) indicated that they did

not have any formal qualification, but that they had experience. It can be concluded from these findings that the majority of nurse managers had some form of human resource training. While they stated that they did not have a formal qualification, these 6 (28.6%) participants indicated that they had received in-service education and training related to human resource functions.

6.2.1.5 Retention strategy or policy

All 9 (43%) nurse managers from the private sector affirmed that their organisation had a policy or strategy for professional nurse retention. Of the 12 nurse managers from the public sector, 4 were not sure or did not know if such a policy existed in their organisation, while the other 8 said they did not have such a strategy. It was, however, indicated by 6 out of the 8 participants from the public sector that they were aware of the National Human Resources for Health Plan formulated by the National Department of Health, although they were not conversant with what it said about retention and were waiting for policy from their health authorities, to provide guidelines.

6.2.1.6 Conducting exit interviews

Of the 21 (100%) nurse managers, 13 (61.9%) conducted exit interviews when nurses left. Five (23.8%) nurse managers mentioned that they conducted exit interviews sometimes but not with all the nurses who resigned, while 3 (14.3%) indicated that they did not do so. One of the nurse managers who did not conduct exit interviews reported *“They never tell you the truth, anyway, so it is a waste of time and energy.”*

6.2.1.7 Opportunities where nurse retention is discussed

This question asked participants if there were opportunities or forums within their organisation, where nurse retention was discussed. Of the 21 (100%) nurse managers who participated, 15 (71.4%) mentioned that there were opportunities where nurse retention was discussed. Two (9.5%) nurse managers indicated that they thought it was possibly discussed at their head office, while 4 (19%) mentioned that it was not formally discussed, but “talked about” on an informal basis. As for the level at which it was formally discussed, there was a variety of forums, which included director’s or board meetings (n=5; 23.8%), especially in the private sector; one-to-one (n=4; 19%); at unit

level (n=2; 9.5%); and at zonal level (n=1; 4.8%). Three (14.3%) participants indicated that discussions were held at more than one level, namely at one-to-one, unit and zonal levels. The reported discussions on retention could indicate the seriousness with which the organisations regarded the retention of nurses.

6.2.2 Section B: Qualitative data analysis

This section deals with the analysis of data obtained through open-ended questions. The analysis of findings was done following Cresswell's (2003:203) method of qualitative data analysis, as described in Chapter 4. Interviews were audio taped and transcribed verbatim. After reading and re-reading the transcripts from the 21 interviews, themes were identified and classified into major categories. Coding was done manually and confirmed with an external coder, as a way of increasing credibility of findings. Credibility was further demonstrated by the two promoters who were consulted throughout the study.

6.3 PRESENTATION OF QUALITATIVE RESEARCH RESULTS

Data analysis of information collected from nurse managers on retention and related factors revealed three major themes:

- General factors that may influence professional nurse retention.
- Organisational factors that could influence professional nurse retention.
- Nurse managers' roles in enhancing nurse retention.

From these three major themes categories emerged, which were classified under each relevant theme. A summary of the themes and categories is illustrated in table 6.2.

Table 6.2 Themes and categories of data

THEME	CATEGORY
Theme 1 General factors that can influence professional nurse retention	1.1 Working conditions 1.2 Scheduling of working hours 1.3 Professional development 1.4 Rewards and benefits 1.5 Relationships at work 1.6 Re-attracting retired nurses 1.7 Image of nursing 1.8 Impact of values
Theme 2 Organisational factors that could influence professional nurse retention	2.1 Safety in the workplace 2.2 Lack of resources. 2.3 Organisational policy and strategic planning 2.4 Organisational culture 2.5 Organisational change
Theme 3 Nurse manager's role in enhancing professional nurse retention	3.1 Empowering nurse managers 3.2 Communication 3.3 Training and development 3.4 Leadership role 3.5 Management skills 3.6 Managerial attributes 3.7 Manager's role in retention 3.8 Managing a multigenerational workforce

6.3.1 Theme 1: General factors that can influence professional nurses' retention

The growing nursing shortage forces healthcare organisations to focus on ways of retaining professional nurses. By identifying issues which could influence retention, nurse managers and organisations will be more successful in their initiatives to enhance retention and improve the quality of patient care rendered by experienced nurses. Retention is a multifaceted and complex issue, which requires complex and multifaceted approaches. Factors that influence professional nurse retention rates are related to the nurse as an individual and part of a group, as well as factors in the organisation and nurse managers. Data collected during the semi-structured interviews with nurse managers, were categorised. The results are supported by relevant extracts of nurse managers' quotations.

6.3.1.1 Category 1.1: Working conditions

Conditions in the workplace have been widely mentioned by nurse managers as being contributory to professional nurses' intentions to leave their organisations. Nurses

reportedly find themselves in a desperate situation, where they cannot afford to work or not to work. The current shortages and looking after very ill patients are some of the reasons that, according to nurse managers, make working conditions unbearable. Nurse managers also concurred that the work environment could have a negative effect on professional nurse retention.

Other factors that have been cited as key factors included heavy workloads and excessive mandatory overtime as a result of nursing shortages. The state of hospitals and demands by management and authorities, patients and visitors made it almost impossible for nurses to function effectively. This led to frustration and the eventual decision to leave. This was evident in the following statements made by participating nurse managers:

“Conditions in the hospital are not favourable. Nurses sometimes find it difficult to stay on, due to the conditions in the work environment.”

“Hospitals have deteriorated. This is really not good for patients and the nurses themselves.”

“Conditions are at times not good, but the nurses soldier on.”

“Nurses are overburdened. Patient loads are too high, and nurses are too few.”

“Working conditions are difficult. With so many patients, some of them very, very ill, nurses feel they are not really giving good quality care. They are despondent and therefore some feel they’d rather leave.”

“Nurses say that they are discouraged by their working conditions. Job satisfaction is low, although some still care for the profession and their patients.”

El-Jardali, Jamal, Abdallah and Kassak (2007:9) identify the importance of working conditions as a push or pull factor for health workers. This includes unbearable working conditions, safety hazards and poor management. Aiken, Clarke, Sloane, Sochalski and Silber (2002:1989) also present extensive evidence of the impact of poor working conditions on the retention of nurses. The authors further note the complexity of nursing

shortages, and agree that it goes beyond a simple imbalance between supply and demand, and is further exacerbated by poor working conditions and a work environment that does not promote job satisfaction.

An investigation by the Trade Union Research Project (TURP) in South Africa also identified stressful working conditions as a factor contributory to nurse emigration (Xaba & Phillips 2001:7). Among the factors mentioned, work pressure and inadequately resourced working environments were key contributors to the high attrition rates of professional nurses.

A study on the impact of HIV/AIDS on health workers also explored workplace conditions for health workers in public and private health care organisations. Factors including increased workloads, long working hours due to staff shortages and higher patient loads were mentioned as increasing stress levels, physical exhaustion, lack of job satisfaction and poor motivation. While nurses mentioned that they were satisfied with the nature of their job as nurses, they felt powerless and frustrated due to the conditions under which they had to work (Hall 2004:33).

6.3.1.2 Category 1.2: Scheduling of working hours

Work schedules, inflexible hours, long shifts and mandatory overtime were mentioned as factors that make nurses disillusioned and looking for other jobs. The older nurses were reportedly feeling the strain of long hours, which could affect their health and force them to retire earlier than they had intended to do so. Younger nurses were reportedly also not happy with shifts as they meddled with their family and social lives. While nurse managers empathised with nurses they declared feelings of helplessness as they could not change the status quo, given the current nursing shortage with many vacant nursing posts and the increased numbers of patients, as well as the severity of the patients' illnesses. The following statements are examples of what participating nurse managers had to say:

"It is sometimes difficult for us as matrons . Much as we have empathy with the nurses, patients need care."

“Die ure is lank. Dis veral moeilik in jou besige plekke soos teater en intensief.”

(“The hours are long. It is especially difficult in your busy places like theatre and intensive”).

“Young and old, all nurses feel the strain with straight shifts.”

Lack of professional development opportunities, heavy workloads, inflexible schedules and excessive overtime are push factors that result in low retention. Where working conditions are good, the result is improved health and well-being of staff, quality patient care and safety, enhanced performance and increased staff retention rates (El-Jardali et al 2007:9).

6.3.1.3 Category 1.3: Professional development

Nurse managers expressed the need for continuing training and development of professional nurses. Due to the ongoing staff shortages, it is not always possible to continue with in-service education and on-the-job training of nurses, especially newly qualified nurses. As cited by nurse managers, at times it is not even possible to implement an orientation and induction programme for newly appointed professional nurses. This could put nurses at risk and may lead to patient complications and medico-legal incidents. Mentorship and preceptorship were said to be non-existing in some institutions as the nurses were busy at all times. The following statements support these standpoints:

“Nurses want opportunities to train. They will feel better and also give quality patient care.”

“Technology and treatment modalities change everyday. We need to train continuously, but it is not possible. There are not enough mentors.”

“.... Partykeer moet ‘n mens aan die diep kant gegooi word, sonder oriëntasie of induksie. Daar is net nie genoeg hande nie.”

(“....Sometimes people must be thrown in at the deep end, without orientation or induction. There are simply not enough hands.”)

“Training is lacking, especially for the newly-qualified nurses, who are not experienced. They do not feel safe, especially with conditions they have never dealt with, except to read in the text books. They need to develop clinical skills to give quality patient care.”

The need to provide training and development as a means of enhancing retention has been widely documented. Training and professional development is also recognised as one of the tenets of magnet hospitals (American Nurses Credentialing Centre 2004a:4; Wagner 2004:436)

Nursing's core function is the provision of quality patient care, requiring nurses to keep abreast of technological and medical advances. In order to give quality care, nurses need development and empowerment. According to Butler (2000:5), the best places to work are places where nurses are provided with training and opportunities to develop. Improving professional practice and enhancing nurses' clinical competence through further or ongoing education may increase retention and job satisfaction and help ensure a stable workforce. In return, the quality of patient care will also improve.

Curran (2003:58) identifies lack of career development as one of the reasons why nurses decide to leave, especially the younger generation X. While baby boomers remain with an organisation out of loyalty, generation X-ers put their need first for education and continued development. By identifying these differences, organisations can implement training and development programmes as a way of retaining generation X nurses.

According to Barbian (2001:94), companies with established training and development programmes are better geared to deal with any change that might be necessary. According to this author, these companies also have the confidence to decentralise decision making to their trained staff, which in turn motivates nurses, because they feel encouraged to exercise their creativity and innovation skills. Runy (2006:1) regards hospitals that have been successful in implementing retention programmes as those that provide professional development as one of their retention strategies. Development is seen as bringing growth in one's career and consequently happiness to nurses, enhancing retention rates.

6.3.1.4 Category 1.4: Rewards and benefits.

Nurse managers identified the importance of rewards in order to encourage nurses to stay and increase retention. These pertained to monetary and non-monetary rewards. Monetary rewards were mainly competitive salaries, performance bonuses and scarce skills remunerations. Scarce skills referred to specialities where organisations were experiencing dire shortages of staff, such as Intensive care units (ICU) and operating theatres (OTs), followed by benefits such as increasing housing and medical aid subsidies. Non-monetary rewards included extended leave, promotions and creating facilities for child care and recreation. Participants viewed salary as the primary source of job dissatisfaction among professional nurses, which authorities should address as a matter of urgency. Nurse managers pointed out that nearly all nurses who emigrated left because they were going to get better salaries abroad. Their former colleagues are then enticed and indeed do follow some of their former colleagues to overseas countries. The participating nurse managers did not think that messages of encouragement and congratulatory notes recognising good performance would make any difference to motivate nurses, contrary to what Pullan and Lorbergs (2001:21) maintain. Statements made regarding these factors were:

“... getting remuneration on par with other professions like law, architecture and IT will surely encourage our nurses to stay.”

“Promotion and salary structure must be reviewed. Except that the pay is dreadful, these poor nurses really work hard and selflessly give their everything. Their salaries got to improve in order to keep them.”

“A message of encouragement, a card, and a small token of appreciation used to be welcomed, but that seemed to have stopped making nurses happy. I saw that and colleagues have also experienced it.”

In a study on the factors contributing to nurse emigration, Oosthuizen (2005:117) asked nurses working in other countries their reasons for having left South Africa. Financial reasons were mentioned as one of the key factors. Participants stated their inability to provide for their needs, pay for their children’s education and improve their standard of living as some of the issues that caused them to emigrate from South Africa.

A better salary has also been regarded as a major factor that could keep nurses in hospitals and as a solution proposed to attract more entrants to the nursing profession (Spratley, Johnson, Sochalski, Fritz & Spencer, 2000:7; Steinbrook 2000:1759). According to these authors, nurses' salaries have been relatively low, and have not remained on par with the rate of inflation. This seemed to be a global phenomenon. Murray (2002:83) also mentions the need to improve compensation packages for nurses as one of the solutions to the crisis of nursing shortages.

While increased salaries, starting bonuses and other monetary rewards have alleviated staff shortages to some extent, higher wages alone are not sufficient to retain nurses (Upenieks 2003a:573). According to this author, nurses also want to be appreciated and be respected by management and doctors. They also want their expertise to be recognised and to participate in decision-making processes pertaining to patient care. In a study by Kuhar et al (2004:15), salary ranked highest amongst the top 10 retention items that staff nurses in North East Ohio "strongly agreed" would influence their retention.

6.3.1.5 Category 1.5: Relationship at work

Nurse managers identified that different relationships in the workplace could influence nurses' decision to stay or leave, including friendship and support between colleagues and peers. Another relationship was characterised by verbal abuse and lack of respect from doctors in particular, but also from nursing colleagues and nurse managers. Patients and their families abused nurses verbally and at times even physically. Where relationships with seniors and colleagues were happy and collegial, nurse managers agreed that patients also received good care. Team spirit, support and helping one another made the workload more bearable, contributing to lower turnover rates in such units. Statements that attested to this were:

"...no respect from the public, families of patients and co-workers."

"Nurses are sometimes not kind to one another and in fact, will do anything to break one another and portray them in a bad light."

“Verbal abuse from doctors and some managers must also be stopped, so that nurses remain in their jobs.”

“Gelukkige werksomstandighede... versekering dat hulle beskerm word teen onredelike dokters, pasiënte, ens.”

“Happy working conditions... ensuring that they are protected against unreasonable doctors, patients, etc.”

The Nursing Organisation Alliance in the USA developed a set of principles with the intention of helping health care organisations create a positive work environment, which might have a positive effect on nurse retention. According to Runy (2006:2), these principles include respectful collegial communication and behaviour, which can be demonstrated by team orientation, trust and respect.

Guillaume and McMillan (2002:39) describe a programme which aimed at enhancing team interaction, reducing conflict and promoting emotional, relational and spiritual wellness among staff. The programme, which was implemented at the Southern California’s Loma Linda University Medical Centre (LLUMC), entailed stress reduction, team-building excursions and conflict management education. Another component of the programme entailed uplifting spirituality amongst nurses through staff support rounds by spiritual caregivers, supporting management, prayer requests, prayer teams, spirit-lifting communication, annual retreats and thanksgiving teas, where staff hung written notes for thanksgiving. The result was a fulfilling environment, positive patient and staff outcomes and improved relations. Nurses were able to resolve issues with colleagues, become more functional, worked through differences and remained in their jobs.

According to Meyer, Naude and Van Niekerk (cited in Naude & McCabe 2005:4), support in the workplace develops when positive relationships are built, where there is mutual respect, trust and integrity. These characteristics, according to the authors, need not only be created, but must be maintained as well. The work environment needs to be friendly and supportive and the workplace must have a welcoming atmosphere.

In a study conducted by Lacey (2003:25), it was found that good professional relationships with doctors rated high, making this one of the top five reasons why nurses

remained in their organisations. Positive relationships have been cited as one of the key factors which enhance retention.

6.3.1.6 Category 1.6: Attracting retired nurses to re-enter the professionally active nursing ranks

Nurse managers were asked how their organisations could attract retired nurses who were still able to work, to re-enter nursing practice. Responses were mixed regarding the effective use of these nurses, with some nurse managers being in favour of their return, while others felt they were not as productive as one would like them to be. While nurse managers mostly agreed that these nurses had vast amounts of experience, the important issue was whether they could apply that experience as effectively as they used to, whether that experience would still be relevant and current and if they would be able to transfer that experience to newly qualified inexperienced nurses. Another factor that elicited different opinions from nurse managers was the role and level of entry of these retired nurses. Suggestions ranged from paying them a fee for service to giving them salaries equal to what senior personnel are getting. These different opinions are illustrated in the following statements:

“Daar is heelwat personeel wat nog kan werk vir ‘n paar jaar. Gee hulle erkenning vir hulle handigheid, maak seker dat daar steeds genoegsame bevorderingsmoontlikhede geskep word.”

(“There are still a number of staff that can work until for a few more years. Give them recognition for their knowledge, ensure that enough opportunities for their promotion are created.”)

“They have enough experience. Bring them back and relieve the shortage.”

Statements by nurse managers who were against bringing back retired nurses included:

“They are out of touch with what is happening now. They won’t cope.”

“Their experience is sometimes outdated and some are so set in their old ways, it will be difficult to teach them new things.”

“They will not allow the younger nurses to correct or teach them anything and the young nurses will not keep quiet if they do not agree with some of the things they do or say. You don’t need that conflict.”

“It is very difficult for the older nurses to adapt to change”

While there were differences of opinion, the effect of the current shortages was felt by all. They concurred that the return of professional nurses would be helpful in relieving the current nursing shortage, even if it was a short-term solution. Participants offered various alternatives to changes that could be made in the workplace to accommodate the retired nurses who were returning to practice, including the following suggestions:

“Schedule their working hours so that they have breaks in between. 12-hour shifts are too long.”

“Giving them lighter duties and mainly using their skills in mentoring will alleviate the shortage.”

“There is nothing like light work in nursing. We have to be careful that they are not just being accommodated and [are] there only in body and not adding any value.”

“They are generally not very quick and can’t work fast. To use them effectively, put them in your quiet, slow areas, where physical work is not heavy”.

“Use them as mentors and put them in-charge of orienting younger nurses new in nursing.”

A study conducted by Santos, Carrol, Cox, Teasley, Simon, Bainbridge, Cunningham and Ott (2003:248) indicated that baby boomer nurses required physical and psychosocial support in the workplace. The study was conducted in an in-patient care setting, where patients are sicker and require more intense care and treatment, making the setup labour-intensive. This, combined with personal responsibilities such as children, ageing parents with poor health and, at times, spouses’ poor health, all add up to cause stress for the baby boomer who is characteristically committed and does not want to let family, peers and patients down. Some of the recommendations made in this study were for nurse managers to establish employee assistance programmes, and to

modify the work environment and make it friendlier for the older nurses. The authors further suggested that the starting point should be asking the baby boomers directly what support they needed in order to keep them. By doing this, the nurse manager might be able to retain baby boomers' nursing experience of many years.

In the USA, Williams, Stotts, Jacob, Stegbauer, Roussel and Carter (2006:205) conducted a study investigating why inactive registered nurses stopped working and what they would require to return to nursing. The sample consisted of 245 nurses out of a population of 428, who were younger than 60 years, and who were listed as being inactive on the State Board of Nursing's list. The three most important reasons why these nurses were inactive: related to parenting duties, length of shifts and salaries. They would consider returning to the nursing profession if they could find a flexible work environment and attend refresher courses to prepare them to meet current nursing demands.

6.3.1.7 Category 1.7: Image of nursing

Responses from participants attest to the fact that the image of nursing needs to be improved, in order to improve nurse retention. Recruitment will also improve if the image improves. Nurse managers who were interviewed in this study, mentioned negative media reports about nursing, the 2007 nursing strike, which aggravated the negative image of nursing portrayed in the South African media, and emigration portraying nurses as being after money and rather than caring for their own country's citizens. Cases reported in the media were said to range from nurses' negligence, lack of attendance, abusing patients and lack of professionalism. Participants expressed a need to find ways to improve the image in order to keep nurses who are currently in practice and to attract new entrants into the profession. The following statements illustrate these participants' views:

“Nurses are not regarded as Florence Nightingales anymore. People see nurses as the opposite of what Florence Nightingale stood for.”

“Newspaper reports have done a lot of harm to the profession.”

“I don’t think anyone of us will want their child to be a nurse. Except that people do not respect you, it is too much sacrifice for nothing.”

“We must make the media and the people at large change their mind about us. It is up to us.”

6.3.1.8 Category 1.8: Impact of values

Participating nurse managers expressed the important role played by values of the different age groups of nurses and how these values influenced nurses’ behaviours towards their work, authorities and patients. Values were attached to how nurses viewed their positions, responsibilities and commitment to an organisation. Nurse managers reported a distinct difference between older and younger nurses in terms of their beliefs. The older nurses emphasised rank, age and job responsibilities like being in charge of a unit, while the younger nurses were more interested in getting the job done within the shortest time possible, disregarding rank and seeking permission from older senior more experienced nurses. This, according to the nurse managers, had the potential of conflict as each group felt strongly about their beliefs.

Regarding patients, different age groups’ interacted with patients according to different value systems. The older nurses were more caring, patient and took time to talk with patients, while the younger nurses would perform their tasks, also in a professional way but move on to the next patient or task. Participating nurse managers concurred that both approaches had advantages. Older nurses brought the human touch while the younger nurses completed tasks expeditiously. Some of the statements that attest to these standpoints are:

“The older nurses say nursing as a calling and follow the traditions of the old school. The young ones are really productive and complete tasks.

“Die ou gardes vat hulle tyd, maar die jonges werk vinnig en flink. Hulle maak hulle take klaar want hulle is meer taak-gerig, terwyl die oues meer mens-gerig is.”

“(The old guard take their time, but the young ones are quick and finish their tasks, because they are more task-directed, while the older ones are more person-directed).”

“The old and young nurses are different. That is why there are tensions at times.”

6.3.2 Theme 2: Organisational factors that may have an influence on retention

Nurse managers participating in this study seemed agreed that there were organisational issues that affected retention, requiring organisational redesigns or changes. Participants in this study agreed about the role that the organisation played in keeping or losing staff. Categories identified under this theme were as follows:

6.3.2.1 Category 2.1: Safety

Nurse managers expressed concerns about various factors that threatened the physical safety of nurses in their workplaces. Lack of safety in both the working environment and on the way to and from work due to violent attacks on vulnerable female nurses was cited as one of the main factors that affected retention. The hospital surroundings were also found to be unsafe. Nurse managers quoted incidents where nurses were attacked in parking areas and on their way to hospital departments. Hospital corridors were not well lit and nurses were at times attacked in the dark passages.

Hospital security was reportedly not vigilant, with incidents of violence being perpetrated in front of security. Nurses' personal possessions were not safe in their workplaces, according to the participating nurse managers. There were incidents of possessions and valuables being stolen at nurses' stations, duty rooms and even from inside nurses' lockers. This is attributed to unmanned entrances and poor control of movement within the hospitals. Participants reported incidents where nurses were verbally abused and attacked by patients and their relatives. The following statements illustrate what nurse managers had to say:

"Hospitals are not safe. Nurses are in constant fear of being attacked on duty and on their way home. Most of them do not have cars."

"Make hospitals safe by hiring private security firms and put strong control at all gates and entrances."

The security is not alert. People move in and out, even when it is not visiting hours. Nobody asks why."

“Nurses are women. They are easy targets.”

There is theft and violence. Unfortunately the hospital policy says it is at owner’s risk.”

6.3.2.2 Category 2.2: Lack of resources

A shortage of supplies and sometimes dysfunctional or lacking equipment were decried by nurse managers as one of the key issues that organisations need to attend to enhance nurses’ retention. When there are shortages of nurses, patient loads are increased and there is inadequate equipment or supplies to deliver effective patient care, nurses might decide to leave the nursing profession. Participants felt that organisations needed to be refurbished and better equipped. This will enhance patients’ quality care and nurses’ levels of job satisfaction, affecting nurses’ retention levels positively. The following statements illustrate these points:

“Replace old, dysfunctional equipment. They make patient care very dangerous and nurses do not feel safe using facilities/equipment. Lack of medicines and other stock also makes nursing unsafe.”

“Lack of protective clothing also compromises the safety of nurses in the case of highly infective conditions.”

“The buildings are old and neglected. There are leaks and basins are cracked. They are busy with hospital revitalisation.”

“Pharmacies and stores are sometimes empty. No medicines, no dressings.”

The Ethics Institute of South Africa found that most nurses at a South African hospital regarded their work environment as being unsafe and unacceptable (Hall 2004:33). Safety was compromised by neglected and poorly maintained buildings and outdated and non-functioning equipment. Runy (2006:1) postulates that in order to improve the retention of staff, organisations need to develop safe workplaces that promote quality health care. This function is seen as being the responsibility of the nurse manager. Nurse managers are in the front line and are regarded as sole custodians of nurses.

6.3.2.3 Category 2.3: Organisational policy and strategic planning

The overall feeling among nurse managers was that the health policy did little to curb the nursing shortage and exodus and did not affect organisational policies. Participants felt that organisations had insufficient and ineffective policies to address problems in the workplace and human resource management policies. Some organisations did not have policies on recruitment, retention or performance approval. These issues were addressed reactively, when unions intervened or when nurses started to leave in droves. With this lack of guidelines, it is not unusual to see the same issue being treated differently. This leads to inconsistencies that might be associated with discrimination or even racism. Policies will enhance consistency in dealing with dissatisfactions from the nurses or union representatives. Policy will also guide nurse managers in implementing strategies to retain nurses. Nurse managers felt career development is one of the crucial aspects influencing nurses' decisions to remain in a specific organisation. This was reportedly one of the most cited reasons during exit interviews. The following statements illustrate what nurse managers had to say about policies:

“Health policy as it is did very little to address the nursing shortage and exodus, and even worse, it does not affect some organisations.”

“Policy should spell out what we must do and how to do it, for our nurses to stay.”

“There are no clear guidelines about what should be done when there is a crisis. It must be spelled out. Right now nurse managers are being blamed when there is no clear guideline, especially in the public sector.”

“We need a plan to strengthen our organisations. We need a directing policy, but each organisation or group must have their own plan.”

“For us nurse managers to be instrumental in changing our hospitals, we need skills and knowledge to be successful.”

“We need to know where we are going before we go on the path for change. Planning is necessary.”

“Huidiglike organisasies moet strategies beplan om te kan bybly met globale veranderinge binne organisasies.”

(“Current organisations must plan strategically to keep up with global changes in organisations.”)

Thompson and Strickland (cited in Jooste 2003:300) identify eight components of implementing change strategy, of which development of policy is one. According to Jooste (2003:266), a national health care policy for human resource management needs to be considered when change is to be introduced. Given a national framework, organisations can tailor their own policies which will be guided by, and not be going against, national policy.

Nurse managers are regarded as change agents (Mashaba 2004:3). This is also supported by Jooste (2003:284), who regards nurse managers as being responsible for strategic change in their organisations. This author, however, questions whether nurse leaders or managers are conversant with the notion of strategic change. To be able to succeed as strategic change agent depends on the nurse manager’s awareness, knowledge and ability to manage successfully (Jooste 2003:285).

6.3.2.4 Category 2.4: Organisational culture

Statements related to organisational culture emerged repeatedly as a factor that must be taken into consideration when organisational change is being considered. Participating nurse managers felt that the organisations’ culture dictates whether nurses are going to stay or not. The culture of how things are done, who makes decisions, what are the lines of communication and how staff-related issues are reported and solved in an organisation are all factors that affect turnover. Participants felt that organisations that adhere to the old ways of doing things would fail to retain nurses, especially the newly qualified, young nurses who have different mindsets from the older generations. The following statements attest to what participants had to say:

Maybe the traditions of nursing and how we do things are the problem .Young nurses are not used to them.”

“Culture can be good, but if there is negativity, which is all that new people learn. The healthcare environment is negative. We must remedy that.”

”We must bring back professionalism. It is lacking.”

“The morale of the nurses who are still hanging on is low. I don’t know how we can motivate them”

“It is easy to influence people that do things and have a “buy-in” of your organisation. They will understand why you need to change to make your hospital better for patients and for staff.”

“I know we do not have the luxury of choosing who we want to fill a post, but if you are lucky to choose somebody who comes from a similar background, a private institution, they will stay longer. They understand the culture.”

The culture of the organisation can simply be interpreted as the way things are done in an organisation. Early authors to identify the significance of organisational culture to work performance and retention, Glaser, Zamanou and Hacker (1987:174) define organisational culture as referring to shared patterns of beliefs, shared meanings, and rituals and myths that evolve over time and function as a glue that keeps an organisation together. The authors used the Organisational Culture Survey (OCS) instrument in their research to examine six components of organisational culture, namely teamwork-conflict, climate-morale, flow of information, being involved, meetings and supervision, as these are regarded by the authors as being central to any construction of a culture within an organisation, around which rituals develop. By studying and defining the culture, it could be possible to identify trends such as dissatisfaction, in planning how to improve or change the culture in order to create a better environment where employees will perform better and subsequently stay longer (Glaser et al 1987:190).

6.3.2.5 Category 2.5: Organisational change

According to participating nurse managers, health care organisations faced a dilemma of providing patient care with limited human and other resources. They stated that

problems associated with recruitment and retention were not going to vanish in the immediate future. In hoping to make the best of what they had, nurse managers felt that the best step would be to introduce change and redesign health care delivery and health care organisations. Nurse managers agreed that managing this change would prove challenging. Statements to this effect included:

“We need to change certain things if we do not want healthcare to be in a crisis. Maybe it is already.”

“We can’t run away from it. We must change.”

“Health needs a new approach altogether before it is too late.”

*“Organisasies moet ‘n nuwe strategie ontwikkel om die krisis te voorkom.
(“Organisations must develop a new strategy to prevent the crisis.”)*

Donnelly (2003:69) urges nurse managers and leaders to think about their workplaces and their leadership perspective in four dimensions, namely identity, behaving, becoming and believing. Identity entails all components of a unit, physical and human, as they interact to form what is known as its identity. Behaving entails asking questions about changes or stability over time, the way the unit operates, if there is a need for adjustment and if staff functions smoothly in carrying out their responsibilities. Developing or becoming involves actual change and monitoring possible resistance to proposed changes. Believing is regarded as a world-view which influences all three previous dimensions, as it determines how the leader views the change process (Donnelly 2003:71).

6.3.3 Theme 3: Nurse manager-related factors that may influence retention of nurses

Comments from nurse managers regarding their role, contributions and related factors in retention indicated a need for manager support and autonomy in fulfilling their management roles during challenging times. The nursing shortages posed a challenge to all involved in health care and nurse managers felt that they were the ones who were in the midst of things. Authorities looked to them when problems arose and nurses also

expected them to act if they felt their needs were not met or if they had problems. Data under this theme were grouped into different categories.

6.3.3.1 Category 3.1: Empowering nurse managers

Responses from nurse managers indicated that managers, despite agreeing that they had powers to perform certain functions, independently of the hospital manager or the chief executive officer, did not feel empowered. Nurse managers felt they lacked authority to make certain decisions pertaining to nursing practice. The general perception was that the nurse managers had to consult executives, hospital managers or the regional offices before they could act on matters which they could handle themselves. Reportedly they had no autonomy to function independently. Decisions involving nurses and nursing were taken by authorities without a healthcare or nursing background. This impacted negatively on nurse managers' motivation levels and rendered them unable to motivate nurses in turn. This is illustrated by the following utterances:

“Matrons are at times helpless. We are not allowed by policy to make certain decisions. We still have to wait for permission.”

“Things happen, you are not told. Maybe lack of trust.... “

“We have no access to information. A memo can be sent, but it says very little.”

“Sometimes nurses blame us for not giving feedback. How do you give feedback if you have not been given feedback?”

Tappen, Weiss and Whitehead (2004:83) distinguish between the concepts of power and empowerment. Power is defined as being actually or potentially able to identify one's will even if there is resistance from others. Empowerment is referred to as a feeling of being competent and in control and having a feeling of enthusiasm. Spratzer and Quinn (in Tappen et al 2004:83) regard power as a feeling that you are making a difference.

Jooste (2003:233) sees the importance of empowerment as providing significant advantages for any organisation. Empowered managers feel vital to the health care organisation's successes and empowerment can be regarded as a vote of confidence in the manager's ability to contribute positively towards the success of the organisation (Jooste 2003:233).

Laschinger and Finegan (2005:12) link empowerment to positive organisational outcomes such as job satisfaction and commitment to the organisation. Empowered nurse managers will directly and indirectly lead to the empowerment of their subordinates, which in turn, might transmit job satisfaction and enhance nurses' intentions to stay with their current organisations.

6.3.3.2 Category 3.2: Communication

Lack of or limited communication between the authorities, peers and doctors was mentioned as one of the major obstacles nurse managers experienced in everyday practice. This, as expressed by participating nurse managers, limits their ability to contribute meaningfully when issues relating to nurse retention are discussed. Communication was also cited as being poor between nurse managers and professional nurses when it came to issues which could directly or indirectly influence their intent to leave or stay. There is no time to hold meetings due to staff shortages. Issues are not discussed before they become problems and push factors. The following statements illustrate what nurse managers said:

"We are not always told about directors' decisions or plans, but we are expected to act upon them. Feedback is also very important, but it is lacking."

"Doctors do not communicate their frustration with nurses to us. They resort to shouting and being abusive. By the time you hear about it, the relationship is damaged."

"Younger nurses hate meetings and circulars. They think it is a waste of time."

"Nurses feel they do not want to complain. You also hear of things during the exit interviews. By then, it is too late, they have made their decision to leave."

“Meetings are OK, but we need informal, day-to-day communication. This way you will be informed about what is happening.”

“Communication with our nurses is also difficult. Maybe we need to go team-building with them, and not only [be] managers alone. We need to associate with them informally.”

In a study on factors that contribute to nurse manager retention, Parsons and Stonestreet (2003:122) found that communication was an overarching theme in nurse managers' responses. Findings show that the availability of their directors to listen and provide guidance was important to nurse managers, followed by effective communication, being told what is happening, having the freedom to speak, clear expectations being communicated and feedback given appropriately. According to Fitzpatrick (2003:108), employees want communication, open presentation of problems and straight talk. This can be enforced through a clear communication strategy, where feedback and input are given and received effectively. Fitzpatrick (2003:109) sees the goal of effective communication as a move from information sharing to collaboration and the building of consensus.

Team building was also found to be one of the strategies that can be used to make nurse managers effective team leaders. This was demonstrated in a study examining the impact of team-building excursions on the communication and job satisfaction of staff in a medical-surgical unit (Amos, Hu & Herrick, 2005:11). Prior to the intervention, staff communication and job satisfaction levels of participants were measured. This was repeated after the team-building activities, and findings linked team-building activities to improved staff communication. This assisted the nurse manager to build an effective work team by strengthening interpersonal relationships and communication among staff, leading staff to function more cohesively. By identifying necessary resources and assistance in the planning and co-ordination of team-building strategies, nurse managers were assisted to become more effective team leaders (Amos et al 2005:14).

6.3.3.3 Category 3.3: Manager training and development

The majority of nurse managers participating in this study had training in human resource management. There were, however, concerns expressed about certain areas

of management where some participants felt they lacked skills. The overall feeling was that in-service training was insufficient to provide management skills required in the current healthcare environment. Some respondents were, however, reluctant and even resistant to undergo training, while others felt that content of nurse management education and in-service education was outdated and irrelevant. Areas that participants emphasised included labour issues, financial and conflict management. The following statements support these standpoints:

“We have a qualification, but healthcare changes, our role changes. We are expected to draw budgets. In my time, nursing administration courses did not teach us about money. Nurses never talked money.”

“We need to be taught how to deal with labour issues without depending on the human resource department.”

“Nothing terrifies me like the union people. I don’t know how to deal with them and they can be very intimidating.”

“We should be taught how to keep staff. Practical workshops where we can share success stories with our colleagues who are not having a crisis.”

“Training must include conflict management and other interpersonal skills. Computers are also important.”

“Everybody communicates by electronic mail. I’d like to be taught working with a computer.”

The changing health care industry has put remarkable pressure on the nurse manager. The nursing shortage and the heightened focus on nurse retention calls for nurse managers’ expertise in these areas. Shaffer (2003:1) sees the nurse manager as vital in effecting nurse retention and subsequently the success of any health care organisation. This author further asserts that, if organisations want to keep nurses, it is essential that they train excellent nurse managers. Areas where nurse managers felt they needed training and development were in business, staff retention, coaching, monitoring, new patient care systems and communication. Most nurse managers, according to Shaffer

(2003:2), lacked skills in management, problem-solving, negotiating and communication, which are skills most necessary for retaining a multigenerational and multicultural workforce.

Studer (in Childers 2005:4) identifies having a good nurse leader as one of the top factors that nurses require in order to be happy in their jobs. This calls for the training of nurses who are promoted to leadership positions. The author adds that “being a good nurse doesn’t automatically make you a good leader; you need to give them training; they need to be successful in their new roles” Childers 2005:4).

6.3.3.4 Category 3.4: Leadership role

The general feeling among participating nurse managers was that not much was being done in their organisations to recognise or even develop their leadership roles. Examples to support this statement included the fact that nurse managers were not involved at strategic level, did not attend board meetings and were not considered for higher executive positions. The interviewees agreed that the healthcare environment requires managers who are also leaders. This was expressed in the following statements:

“We did management courses, but leadership is something else. How do we achieve it?”

“If I could influence nurses to stay, then I will call myself a good leader.”

“I don’t think we are doing as well as we should. We need guidance to lead in this critical time.”

Current nursing literature has shifted focus from talking about management, and moved towards more and more talk of leadership (Donnelly 2003:2; Jooste 2003:25; Sellgren, Ekvall & Tomson 2006:349; Tappen et al 2004:4). The essence of leadership is the ability to exert influence over other people (Tappen et al 2004:5). The author identifies three primary tasks associated with leadership, namely to assist people in developing a sense of purpose and direction; building a group’s commitment to its goals; and facing the challenges which arise.

According to Kleinman (2004:3) leadership styles that are effective have been associated with nurses' job satisfaction and retention levels. Two styles of leadership have been identified as being effective, namely the transformational and transactional leadership styles.

Schryer (2004:400) describes a model which can be used to change the work environment. Nyberg et al (2005:31) report on a pilot study with the overall aim to generate ideas on the relationship between leadership and the health of subordinates in organisations within the European Union (EU). One of the findings of this pilot study was that management or leadership style might, in interaction with the organisation, be a factor that has an impact on the health of subordinates (Nyberg et al 2005:19). In testing the transformational leadership theory, McDaniel and Wolf (cited in Nyberg et al 2005:26) found that the leader's charisma, ability to stimulate staff intellectually and individual consideration are aspects of leadership that enhance the job satisfaction of staff and their retention. Transformational factors are found to be similar to the leadership qualities which are described in organisations. The model is said to facilitate checks and balances between clinical and fiscal operations, streamline organisational structure, increase communication and clarify roles. The model's effect was measured after a year of implementation. It yielded positive results in terms of retention and other characteristics seen in magnet hospitals, as described in Chapter 3 of this thesis. The effect of leadership on retention has also been confirmed by Frame and Hendren (2004:82). These authors point out that filling leadership gaps in organisations can change performance in that organisation from failure to success. In turn, a successful organisation enhances job satisfaction among employees, staff retention and patient satisfaction. Where people's leadership potentiality, characteristics and talents are recognised, there tends to be job satisfaction and subsequent higher staff retention rates.

6.3.3.5 Category 3.5: Management skills

Skills in management were seen in the context of taking charge of the current workplace, where four different generations were working together. This is further complicated by factors that pose challenges in health care delivery, namely the escalating shortage of nurses, very ill patients that requiring more intensive care, poor working conditions, lack of resources and equipment, and a dwindling supply of new

recruits. The situation, according to nurse managers, requires exceptional management skills. Nurse managers, participating in this study, also felt that these skills needed to be updated on a continuous basis, in order to manage challenges as they occurred. This was expressed by nurse managers in the following statements:

“Management today is not what it was in the past. There are more demands and different demands too.”

“Not everybody wants the same things. We must match our management so that we can reach out and manage the nurses of different ages. It is tough.”

“Nurses of today have a different approach or understanding of nursing. Their needs come before the needs of patients. Then you get the old ones who are tired but put patients first. You need to know how to manage that.”

According to Fitzpatrick (2003:90), the art of managing people requires the manager to have exceptional people skills and connect with subordinates on a human level. This entails understanding their needs, fears, hope and dreams. Brewer (2003:381) depicts the role of the manager as that of a person wearing two hats, that of administrator and that of a coach. As administrator, the manager focuses on issues such as policy, procedures, compensation and strategic development. As coach, the role focuses on helping subordinates to develop in such a way that they attain their maximum potential, which entails communication and tapping into the subordinates' internal influences and energy.

A study by Jooste (2003:20) attempted to identify essential attributes of a nursing service manager in running a health care service effectively. Specific categories of attributes included those of a planner, an organiser, human resource officer, director and controller. The planning role entailed determining the goals of the organisation and setting means to achieve them. Being an organiser meant organising one's own work and the unit's functioning and personnel in order to prevent chaos and ensure the smooth running of the service. This could be achieved by the manager's being knowledgeable, managing time and conflict, and being a problem solver who exercised equity and delegated effectively. The human resource attributes address effective staff utilisation, while as director, the manager must be able to guide, advise and support

staff. As controller, the nurse manager must be able to control staff and equipment, evaluate whether goals are being met and exercising authority, discipline and punctuality. Control is essential to enhance quality patient care (Jooste 2003:26).

According to Tappen et al (2004:13), an effective nurse manager possesses a combination of qualities including leadership, clinical expertise and business sense. The authors further postulate three elements of behaviour which are key to effective management. These are divided into interpersonal, decisional and informational categories. Interpersonal behaviour or skills pertain to networking, conflict negotiation and resolution, employee development and rewards and punishment. Decisional skills are necessary for staff evaluation, resource allocation, hiring and firing, as well as planning for the future and job analysis and redesign. The informational role entails being a spokesperson for both administration and staff, monitoring activities within departments and disseminating information to clients and staff and the employing authority.

6.3.3.6 Category 3.4: Managerial and leadership attributes influencing nurse retention

The statement posed in one question in the interview schedule, that “people do not leave their jobs, they leave their managers” did not go down well with some of the nurse managers participating in this study. They felt the researcher was accusing them of being responsible for nurses leaving their organisations. Showing literature which supported this statement convinced the managers that other authors supported this statement. Managers pointed out that retention is not a simple matter which is caused by one single factor. However, one nurse manager in this study agreed that some nurses could indeed be leaving due to their managers. The following statements illustrate what nurse managers’ responses were:

“I agree that we play a crucial role in nurse retention, but we do not control all the factors that cause nurses to leave.”

“Dit is tot ‘n mate waar. As die bestuurder die personeel hanteer met die nodige respek, ondersteuning, erkenning, ens., sal die personeel nie sommer van werk verander nie.”

“It is true to some extent. If the manager treats staff with the necessary respect, support, recognition, etc., staff will not easily change jobs.”

“Certain individuals do leave because of unhealthy relationships with their managers and an unhealthy atmosphere in the organisation. We need to work on our interpersonal relationships.”

“I do not think that managers do anything deliberately to make nurses leave. Maybe it is because they don’t know how to deal with a situation, especially when they are blamed for poor patient care. You automatically become a nag.”

“People leave their jobs for better salaries, according to exit interviews conducted with nurses who have resigned. On the other hand, who will tell the manager in the face that she is the cause?”

In a study conducted by Talentkeeps 2003, a total of 1 380 newly employed workers in the USA were asked what characteristics their managers should have in order to retain them. Findings indicated that employees wanted leaders who maintained relationships of trust, making time to listen, keeping open communication lines and being flexible with their employees.

Rehm and Ware (2003:3) argue that while leaders have a crucial role to play in attrition and retention, they do not control all the factors that affect attrition. However, according to Buckingham and Coffmann (1999:35), the role of the manager cannot be underestimated in retaining staff. According to these authors, a manager defines the working environment. They state categorically that “it is better to work for a great manager in an old-fashioned company than for a terrible manager in a company offering an enlightened, employee-focused culture.”

Buckingham and Coffmann (1999:39) further point to the efforts that companies make in order to keep employees, such as increasing wages and giving more training, while in the end, employees might leave due to manager-related issues. The authors advise that organisations experiencing increased turnover must first look at their managers. According to Jordan-Evans and Kaye (in Rhule 2004 76), managers exert great

influence over the people they manage. They have a role to play in employees' decision to leave or remain in an organisation.

Schoealer (in Rosebrough 1999:2) supports the notion that nurses do not leave their jobs, but leave bad managers. The solution the author offers in solving this problem is by providing extensive managerial and leadership training to managers, supervisors and nurse executives. Managers who do not perform at the expected standard are given one opportunity to improve their performance with extensive support and coaching. If there is no improvement, the poorly performing manager is asked to either leave the organisation or find a more suitable job within the organisation.

6.3.3.7 Category 3.7: Nurse managers' roles in enhancing the environment to influence retention rates of nurses

The nurse managers who participated in this study were committed to enhancing the quality of patient care. There was a realisation that this could be achieved by making the workplace attractive and a place where nurses wanted to continue working.

Supporting statements to that effect include the following:

“Our healthcare must change. We must make our hospitals places of excellence, where patients get better and nurses want to work.”

“Unless the hospitals change, we cannot start to talk of quality patient care.”

“In the private sector, there are continued programmes to improve working conditions and working environments. That is why nurses go from public to private because private hospitals continue to get better. They have resources.”

Despite nursing shortages, increased workloads and poor conditions in hospitals, there is evidence that some hospitals are successful in their recruitment and retention of nurses, specifically in the developed countries. These are hospitals known as magnet hospitals. According to various authors, magnet hospitals are known to place a high premium on nursing service, with every nurse in the hospital being there because they want to be there and are interested in improving patient care. Among the specified

characteristics of magnet hospitals is the emphasis on creating a positive work environment which allows autonomy and flexibility. The nurse leader is a knowledgeable, strong, dynamic and highly qualified individual. This, coupled with other characteristics such as participative management styles, the use of professional models of care, nurse accountability, quality improvement processes, community presence, peer support and consultation with experts, professional development and recognition of nurses' integral role as quality care providers, all combine to reduce turnover rates, offer higher levels of job satisfaction, increase patient satisfaction and lower patient complications and mortality rates in organisations (Aiken, Smith & Clarke 1994:772; Bliss-Holtz, Winter & Scherer 2004:38; Cook, Hiroz & Mildow 2006:2).

6.3.3.8 Category 3.8: Managing the multigenerational workplace

While the terms used to distinguish the four generations in the workplace were not familiar to some nurse managers, differences were mentioned in terms of work behaviours, attitudes towards work and superiors, experiences, work attendance and communication aspects. The following statements illustrate this notion:

“The old nurses find it difficult to adapt to change.”

“The older nurses are slow but very thorough and experienced. The younger nurses are alive and these are the ones who easily find work here and abroad, we must keep them.”

“The young nurses must be guided. We must bring back professionalism. Some of them don't know why they came to nursing. They do not care.”

“Generations X and Y are characterised by absenteeism, single parenthood, HIV/Aids infected and affected. The very young ones are also not “hands on”. During training, they spend most of their time as observers. They still need experience.”

“Sometimes the mix of both can be rewarding. There is support and if the unit manager is able, she can capitalise on the strengths of each generation.”

“Baby boomers is oor die algemeen meer professioneel as generasie X en Y, dus moet daar baie meer klem gelê word op die jonges om respek aan te leer en te betoon, betroubaar te wees, maar ook dat die partye mekaar moet verdra en met mekaar kommunikeer en ook om van mekaar te leer.”

(“Baby boomers are generally more professional than generation X and Y, therefore there must be pressure put on the young ones to learn and show respect, be trustworthy, but also that the parties must tolerate one another, communicate and learn from each other.”)

While the different characteristics of the four generations currently in the workplace – the silent generation, baby boomers, generation X and generation Y – have been discussed in chapter 3, the discussion here will focus more on what the nurse managers can do to keep nurses of all four generations in their organisations.

In a study by Moats-Kennedy (in Hart 2006:11) about motivating cross-generation cooperation, the author suggests varying the reward system by generation and giving each generation what it wants: more money to the baby boomers and more time off for the two younger generations. According to Hart (2006:11), in order to ensure adequate staffing, there is a need for specific translation of specific needs into personnel policies and workplace initiatives that will be fair and meet the needs of staff of different generations.

Stuenkel, Cohen and De la Cuesta (2005:283) regard awareness of differences among generations as a first step towards retention. This will lead the nurse managers to tailor their management styles to an individual's generation background, which will enhance nurse retention. These authors quote one nurse manager who said: “My nurses' job is to take care of the patients, my job is to take care of the nurses” (Stuenkel et al 2005:284). Nurse managers have to look after issues such as patient classification systems, acuity levels, budgets and strategic plans. This leaves little time to take care of the nurses. It is for this reason that some organisations employ people who run employee assistance programmes (EAPs), whose main function is to take care of employee-related issues. Kupperschmidt (2006:9) suggests the adaptation of cultural diversity educational programmes so that they address generational diversity.

Sujansky (2005:5) points out that each generation has a different set of values, attitudes and expectations but this need not result in conflict and lost productivity. This author suggests four things that can be done to manage the different generations in the workplace. These are offering choices for each generation, creating training opportunities, evolving a workplace which is accommodating and building a successful multigenerational environment by using a multigenerational strategy and approach in management.

Different age groups of nurses portrayed different values and attitudes to work. Findings reveal that some participants believed that, the nurses' ages had much to do with their work ethic and how committed they were to patient care and the organisations where they worked. According to these responses, the different age groups of nurses displayed different characteristics, which could be misinterpreted by nurse managers of a different generation.

6.4 SUMMARY

The findings in this study warrant a discussion about the overall role that nurse managers fulfil in retention. As the purpose of the study is to identify factors influencing the retention of nurses, the role played by nurse managers and their views on retention and its related factors are of the utmost importance. The complexity of nurse retention cannot be overestimated. Nurse managers are in the front line in terms of bearing the brunt of poor health care delivery resulting from nursing shortages, poor working conditions and shortcomings in the health care environment. While required to focus on improving leadership skills, communication, training and development, nurse managers also need support in meeting their obligations. The data that were collected reveal what nurse managers who participated in this study regarded as core issues affecting and relating to the retention of professional nurses. Retention is an interplay of factors relating to the professional nurse, the nurse manager and the organisation. Nurse managers concurred that while retention posed a challenge, certain factors could contribute more than others to creating an environment where nurses want to remain working. While mixed feelings were expressed in terms of recruiting retired nurses to re-enter the professionally active nursing ranks, the possibility that these retired nurses could offer short term solutions to the dire nursing shortage was acknowledged. Nurse managers believed that with proper training, the retired nurses, with their wealth of

experience, could fulfil a major role in rendering quality patient care and in being mentors to the newly recruited nurses, although inter-generational conflict could be expected between baby boomers and generations X and Y.

Generational differences also concerned some nurse managers. The differences in work ethic, values, needs and the general outlook on issues pertaining to work are radical, and if not managed, could be a source for conflict, job dissatisfaction and the eventual decision to leave. Managing these differences and potentially associated conflict can turn a bad situation into a good one. Of great importance is that each generation has a contribution – through its strengths – that it brings to the workplace. By capitalising on each generation's strengths, and by using effective management and leadership skills, nurse managers can help to create and maintain a work environment where nurses are satisfied and patients receive quality care.

Managing change is no easy matter. If change is to be implemented, it needs to be considered and planned carefully. Lewin's force field analysis theory can be used as a guideline to assess, plan and implement change from the current state in the health care sector to an optimally improved situation, where both patients and nurses can experience satisfaction. The theory emphasises the driving and restraining forces associated with any change. In order to achieve the desired goal, managers, supported by authorities, and by communicating with professional nurses, can affect the necessary change by ensuring that driving forces outweigh restraining forces. By strengthening the driving forces and weakening restraining forces, change for the better can be accomplished. Ways in which restraining forces could be limited include improving the security at hospitals, in the parking areas, and lighting passages properly; ensuring that there are sufficient resources and that equipment remains in good working order, and by paying nurses competitive salaries and decent rates for working over time. The driving forces which can be strengthened include establishing and maintaining effective communication lines among nurses but also between nurses and all other categories of health workers, with patients and their visitors. Clearly stated policy guidelines will help to reduce uncertainties in the work place.

Nurse managers also expressed the desire for their organisations to be places of excellence. Magnet hospitals (in the USA) have proven that their environment can enhance retention and quality patient care.

The research findings from phase 2 of the study, indicate that management, work-related issues and education are some of the main issues which may ensure that healthcare organisations retain, but also attract and recruit new and retired nurses and keep nurses currently in their employment.

This chapter dealt with findings from interviews conducted with nurse managers. In the next chapter, the conclusions, recommendations and limitations of the study will be discussed.

CHAPTER 7

LIMITATIONS, CONCLUSIONS AND RECOMMENDATIONS

7.1 INTRODUCTION

The overall aim of this study was to investigate and explore factors within the workplace (from the points of view of professional nurses and nurse managers) which affect nurse retention. Based on these results, guidelines will be suggested for enhancing professional nurse retention (see Annexure G).

The following objectives were stated in chapter 1 to achieve the aim of the study:

- To determine elements of individual needs which, if strengthened, will enhance the retention of a multi-generational nursing workforce
- To explore and describe actions which organisations could take to create a workplace environment that would promote the retention of professional nurses of different generations
- To determine and explore the views of nurse managers regarding factors that could influence professional nurse retention.
- To develop and recommend guidelines that could enhance and sustain ongoing professional nurse retention in health care service organisations. (These guidelines are not presented in this chapter but are included as Annexure G of the thesis).

7.2.1.1 LIMITATIONS OF THE STUDY

The following limitations impact on the generalisation of the findings of this study:

- The sample size of 108 professional nurses during phase I of this study is a limitation which could limit the generalisation of the study's findings.
- Only postal questionnaires were used to obtain information from professional nurses, and the response rate remained poor despite repeated reminders. It can not be assumed that those professional nurses who completed and returned the questionnaires had the same ideas about factors influencing their retention as those who failed to do so.

- The respondents did not complete all the items on all the questionnaires. The reasons for such omissions could not be derived from the completed questionnaires. This might have been possible during interviews.
- The small number of three (2.8%) Generation Y participants during phase 1 of the study limits the research results relevant to this generation that will soon become a significant part of the professional nurse population in South Africa.
- The majority of the participants belonged to the baby boomers and generation X. The similarity of the findings between these two generations might have been a product of the small number of respondents, as some literature sources (discussed in chapter 3) revealed differences between these two generations' influences on retention.
- The small number of seven (6.5%) male participants could have had an effect on the findings, as males might have experienced different needs from those of females.
- This study was conducted only in the Gauteng Province, which is largely an urban province. The environment, organisation and working conditions differ between urban and rural healthcare organisations and these findings might not be generalisable to other provinces.
- Data from the nurse managers were obtained through semi-structured interviews conducted with 21 nurse managers who agreed to be interviewed. It cannot be assumed that their ideas about the retention of professional nurses are necessarily as the same as those of the nurse managers who were not interviewed.
- Nurse managers provided insufficient information about the different generations of nurses. More probing might have produced more in-depth information.
- The impact of the improved South African nurses' salaries negotiated during 2007, could not be addressed by the postal questionnaires (completed at the end of 2006) nor during the semi-structured interviews conducted with the nurse managers because these salaries, and the anticipated dates of the implementation thereof, were unknown to the nurse managers at the time of the interviews. Consequently, the nurse managers could not comment on the potential influence of these salaries on the retention of nurses.
- The guidelines for enhancing the retention of nurses (see Annexure G) were not tested empirically and remain suggestions until tested.

7.3 CONCLUSIONS

Both phases of the study elicited information that indicates that the professional nurse, the organisation and nurse manager share the important role of influencing professional nurses' intentions to remain with a specific organisation. Conclusions drawn from the study will be discussed following the objectives of the study and in the context of the theoretical framework. Based on these conclusions, guidelines that could enhance and sustain ongoing professional nurse retention will be suggested (see Annexure G).

7.3.1 Objective 1: Individual needs which, if strengthened, will enhance the retention of a multi-generational nursing workforce

Table 5.13 portrays the ten most important factors influencing professional nurses' retention according to their generations. Only the ten factors with which most respondents "strongly agreed" are listed. Consequently the number of responses for every item varies, but the percentages presented in these conclusions are calculated based on the total number (n=108) of respondents who returned completed questionnaires. The conclusions, based on these responses are listed in descending order of importance.

- Nurses from all four generations (n=95; 88.9%) regarded competitive salaries as the most important factor which influences their retention.
- Annual revisions of salaries (n=91; 84.3%) were almost as important for the retention of professional nurses as receiving competitive salaries.
- Incentives for working unsocial hours would influence the retention potential of 75.0% (n=81) of the respondents.
- According to 73.1% (n=79) of the respondents they would be more likely to remain with their institutions if vacant posts were filled more quickly. Vacant posts imply shortages of nurses, increasing the workload of the remaining nurses.
- Lack of respect from managers, physicians and nursing colleagues would influence 63.1% (n=79) of the professional nurses to abandon their jobs.
- Shortages of adequate supplies and equipment to deliver quality patient care would reportedly influence 72.2% (n=78) of the professional nurses' decisions to leave their organisations.
- Lack of recognising professional nurses' outstanding performance would influence the retention decisions of 70.4% (n=76) respondents.

- Bonuses paid to nurses who obtained further qualifications would influence the decisions of 69.4% (n=75) of the professional nurses to remain with their organisations.
- Financial rewards for professional nurses' outstanding performance would influence 68.5% (n=74) of the respondents' decisions to remain with their organisations.
- Financial rewards for working late shifts would influence 66.7% (n=72) respondents to remain with their employers.

The same factors would influence the four generations of professional nurses' retention decisions. Marked similarities occurred between the importance of factors influencing the retention of baby boomer and generation X professional nurses (comprising 91.7% of the 108 respondents as indicated in section 5.2.6).

Out of the ten most important factors influencing the retention of nurses, six were grouped as falling within the lowest (physiological) level of Maslow's Hierarchy of Needs (Maslow 1970:74). These related to competitive salaries being reviewed annually, financial incentives for working unsocial hours and late shifts, and financial rewards for outstanding performance as well as for additional qualifications. Safety and security needs would imply addressing shortages of supplies and equipment as well as personnel so that safe effective patient care could be provided. Esteem needs are reflected in the needs expressed for respect from managers, physicians and colleagues as well as for the recognition of outstanding performance. No self-actualisation needs were indicated among the ten most important factors influencing professional nurses' retention decisions. This might be expected in terms of Maslow's Hierarchy of Needs where lower level needs should be gratified before higher level needs become activated (Maslow 1970:74).

According to Vogt et al (1983:130) the physiological level is met through money and this is the area where retention is fulfilled. Factors on the next level of safety have also been ranked as important in influencing professional nurses' retention. Safety does not only pertain to professional nurse retention, but also the safety of patients, which could be jeopardised if vacant posts are not filled and if there are inadequate supplies and equipment. This requires a planned process, whereby the old status quo is removed, change is implemented and the new strategy entrenched. As described by Lewin's Force-Field Analysis Theory (cited in Sullivan & Decker 2001:219), the process entails

unfreezing the current situation, moving on implementing change and refreezing the new status quo.

7.3.2 Objective 2: Actions organisations could take to create a workplace environment that would promote professional nurses' retention

In Section C of the questionnaire professional nurses were asked to identify the 10 most important organisational changes that would influence their decisions to remain with their organisations. These findings, as portrayed in table 5.11, are prioritised in descending order:

- Salary and financial incentives(85.2%; n=92)
- Improvement of the workplace environment and conditions (77.8%; n=84)
- Training of nurse managers (72.2%; n=78)
- Training and education of professional nurses (68.5%; n=74)
- Recognising and rewarding good performance (64.8%; n=70)
- Treating nurses with respect (62.0%; n=67)
- Enforcing safety in the workplace (56.9%; n=61)
- Rewarding additional qualifications and achievements (51.9%; n=56)
- Allowing more time for patient care (49.1%; n=53)
- Improving communication between professional nurses, management and health authorities (42.6%; n=46)

Complex and multiple factors influence professional nurses' retention levels. In this study most factors identified by the respondents were at the lowest two levels of Maslow's Hierarchy of Needs (Maslow 1970:74), namely physiological (including monetary rewards) and safety needs.

According to Vogt et al (1983:103) major bottleneck constrictions may occur at the esteem level. Professional nurses would appreciate more respect and recognition. As indicated by Vogt et al (1983:103), unless the esteem needs are addressed, nurses seek satisfaction of these needs elsewhere. If esteem needs could be addressed, nurses might be able to activate their self-actualisation needs which were not mentioned by professional nurses participating in this study.

In terms of Lewin's Force-Field Analysis Theory (cited in Sullivan & Decker 2001:219) the unsatisfactory situations, such as lack of respect, need to be unfrozen, changed and refrozen.

7.3.3. Objective 3: Nurse managers' views regarding factors that could influence the retention of professional nurses

The research results from phase 2, when semi-structured interviews were conducted with 21 nurse managers, address the third objective of the study contextualised within the theoretical framework.

The research findings obtained in phase 2 of the study, reveal that nurse managers' views could be grouped according to factors (influencing professional nurses' retention) pertaining to individual nurses, the organisation and nurse managers.

Factors affecting individual nurses:

- Working conditions in hospitals influence nurses' decisions to leave or stay.
- Working hours pose problems to both the older and younger generations in nursing, in terms of their length and (in)convenience, working unsocial hours and late shifts.
- Professional development is important if professional nurses are to be retained. Development is essential for nurses currently in practice and also in refreshing the skills of non-practising nurses who are recruited to re-enter the professionally active nursing ranks.
- A competitive salary is important if professional nurses are to be retained, together with other benefits such as bonuses, incentives for working unsocial hours and late shifts.
- Enhancing professional nurse retention should begin at recruitment which should attract sufficient numbers of nurses from the younger generations. Recruitment should start with improving the image of professional nursing, making it attractive and rewarding.
- The value system of professional nurses of different generations requires attention in order to enhance retention levels. Differences need to be identified and managed, to create a harmonious workplace where nurses will want to stay.

Organisational factors that, according to nurse managers, could influence professional nurse retention include that:

- Nurses need to feel safe in their jobs, both in physical and emotional terms to improve retention levels.
- Safe practice can be enhanced by the availability of sufficient resources and equipment. Unsafe practice leads to increased medico-legal risks, job dissatisfaction and reduced retention rates of professional nurses within an organisation.
- Vague organisational policies on the retention of professional nurses lead to unclear actions in addressing retention.
- The organisational culture of each hospital/institution is instrumental in deteriorating or enhancing professional nurses' retention rates.
- Nurse managers acknowledged a need for change in order to enhance professional nurse retention.

Nurse managers' roles in enhancing professional nurse retention included that:

- Nurse managers need to be empowered, to make decisions without being doubted or questioned by seniors. This will have a snowball effect. They in turn, will empower their subordinates. This might influence retention positively.
- Lack of communication threatens working relationships and contributes to nurses' leaving the organisation. Nurse managers might lack information to give to nurses, especially in the face of problems in the workplace. This could disillusion professional nurses, who could then decide to leave.
- Nurse managers need continuing education in fields related to industrial relations, conflict management, financial management and technology.
- Nurse managers need to develop retention leadership qualities, in order to improve retention rates of professional nurses.
- The diversity presented by the different generations of professional nurses, coupled with the changing healthcare scene, challenge nurse managers to implement strategies to enhance the retention of professional nurses amidst changing healthcare demands addressing the needs of four generations of nurses.

Improving retention will require changes from professional nurses, organisational factors and nurse manager-related issues. Lewin's Force-Field Analysis Theory (cited in Sullivan

& Decker 2001:219) purports change as comprising three stages of unfreezing, changing and refreezing. Change can be viewed negatively as upsetting the comfort zone in organisations, and might be met with resistance from professional nurses, the organisation and/or the nurse manager. Change should be directed at strengthening the factors mentioned by nurse managers during the semi-structured interviews.

7.3.4 Comparative conclusions based on the findings of phases 1 and 2 of the study

In this section, the purpose is to identify differences and similarities between what professional nurses and nurse managers regarded to be factors that could influence professional nurses' retention. Nurse managers are gatekeepers between operational activities carried out by professional nurses and existing policies and procedures established by healthcare authorities.

Some of the factors mentioned by both professional nurses and nurse managers include competitive salaries and rewards, working hours, relationships at work, lack of safety and lack of resources. Factors such as values, the image of nursing and re-attracting retired nurses were not regarded as being important by professional nurses, but were mentioned by some nurse managers.

Professional nurses and nurse managers agreed that there are factors in the workplace that affect professional nurses negatively and that change needs to be implemented in organisations to create a working environment that is not only conducive to quality patient care, but will also offer nurses reasons to remain in the organisation.

7.4 RECOMMENDATIONS

Recommendations of this research are made with special reference to professional nurses, nurse managers and the organisation. The focus is on retention and the changes that can be implemented to enhance the retention of professional nurses.

7.4.1 Recommendations for addressing factors that could influence the retention of professional nurses

According to the ten highest ranking factors influencing nurses' intentions to remain with their organisations, the following recommendations could enhance such retention:

- Ensure that nurses' remuneration packages are competitive with those of similar professions
- Review nurses' salaries annually – not only during crisis situations
- Pay nurses incentives for working unsocial hours
- Fill vacant nursing posts as rapidly as possible
- Respect should be shown by physicians, managers and colleagues
- Ensure that there are sufficient supplies and equipment to render effective patient care
- Recognise outstanding performances by nurses
- Pay nurses bonuses for acquiring additional qualifications
- Reward outstanding performances by nurses (financially)
- Pay nurses' who work late shifts additional allowances

Organisational aspects, that should be improved to enhance the retention of professional nurses (without duplicating factors mentioned in the preceding list) include:

- Improve the workplace environment and working conditions of nurses
- Train nurse managers
- Provide training and education opportunities for professional nurses
- Enhance safety in the work place
- Provide more time for patient care
- Improve communication between professional nurses, management and authorities

7.4.2 Recommendations for further research

Based on the findings of this study, it becomes evident that there are untapped areas in the South African healthcare situation that need to be further explored pertaining to the retention of professional nurses, including:

- Qualitative research should be done to obtain more in-depth information about factors that could enhance nurses' retention rates in South Africa.
- The recruitment of generation X and generation Y to become professional nurses should be done in conjunction with continued research as to factors influencing the job satisfaction levels of these generations.
- Ongoing research on the retention of professional nurses will enable authorities and organisations to keep pace with nurses' changing needs. A national register of nurse turnover should be kept.
- Data should be gathered during every exit interview conducted with every professional nurse who leaves the services of a specific organisation and entered on a national anonymous data base.
- Nurses who had left their employers should be interviewed to identify those factors which actually made them leave.
- Focus group interviews should be conducted with nurse managers involved in developing and implementing retention strategies.
- The re-employment of retired nurses is regarded as a potential solution to the shortage of nurses, reducing the workloads of nurses and thus also their turnover rates. However, research should be done about re-entered nurses' coping capacities with changing work demands and with colleagues from younger generations.
- The multigenerational workforce poses a challenge to nurse managers. Research is needed to see if there is any correlation between inter-generational conflict in the workplace and nurse retention.
- Continued research should be conducted about the competencies of newly qualified nurse managers to be retention managers and the curriculum for this programme should be adapted accordingly.
- Communication challenges between nurses and managers should be investigated and addressed within every institution.
- Safety issues should be addressed by every health care institution in South Africa. Records should be kept on a country-wide basis of all safety-related incidents that occurred and measures taken to prevent similar future occurrences.

- The lack of resources and equipment should be addressed locally by every institution and nationally by the National Department of Health and by the national management of private groups of health care institutions.
- Follow-up research should be done about the impact of the improved remuneration packages offered to South African nurses during the 2007 financial year.
- A theory or model of professional nurse retention in the South African healthcare services should be developed.
- Specific research should be conducted about the effect the improved salaries negotiated for South African nurses during 2007 had on the retention of nurses since 2008.

7.5 CONCLUDING REMARKS

As many as 73.1% (n=79) of the professional nurses who participated in this study had considered leaving their current organisations, while 53.7% (n=58) of them considered resigning within a year of this study being conducted. Financial reasons were the highest ranking factors (39.8%; n=43) indicating why nurses would want to leave their employers, followed by organisational (30.6%; n=33), management (13.9%; n=15), personal (10.2%; n=11) and other (6.5%; n=7) factors.

“There is, however, clear agreement ... that solving the nursing shortage, and preventing its return, is wholly dependent on a simple, two-sided equation: namely adequate recruitment and effective retention” (Tierney 2003:325). Healthcare organisations that attract and retain nurses, have the characteristics of healthy workplaces which are “... characterized by intentional, systematic and collaborative efforts to maximize employee wellbeing and productivity by providing well-designed and meaningful jobs, a supportive social-organizational environment and accessible equitable opportunities for career and work-life enhancement” (Wilson et al 2004 as cited in Stordeur & D’Hoore 2006:53). The retention of nurses, and by implication their levels of job satisfaction, cannot be overemphasised in terms of the anticipated shortage of nurses when the baby boomer nurses reach retirement age. Although statistics for South Africa could not be obtained, those for the USA emphasise the dire necessity to emphasise nurses’ retention. “As the demand for nurses increase, the supply is not sufficient to meet the demand. The Bureau of Labor Statistics (2005) projected that an additional 703 000 jobs would be created for registered nurses between 2004 and 2014, 29% more than currently employed. As the

baby boomers begin to retire, there will be an estimated shortfall of approximately 400 000 nurses (in the USA) ..." (Zangaro & Soeken 2007:445). As the USA recruits nurses from other countries, including South Africa, to make up its own shortfall, the emigration of South African nurses can be anticipated to increase in future. This will aggravate the shortage of nurses in South Africa, making the successful recruitment and retention of professional nurses ever more important for the continued operation of the South African healthcare services.

LIST OF REFERENCES

- Acibadem build community of nurse leaders pivotal to patient and staff satisfaction. 2005. *Harvard Medical International World*: July/August.
http://hmiworld.org/hmi/issues/July_aug_2005/Feature_acibadem.htm (accessed 2 April 2007).
- ANC – see African National Congress.
- African National Congress. 1994. *A national health plan for South Africa*. Maseru: Bahr.
- Aiken, LH, Clarke, SP, Sloane, DM, Sochalski, J & Silber, JH. 2002. Hospital nurse staffing and patient mortality, nurse burnout and job dissatisfaction. *JAMA* 288(16):1987-1993.
- Aiken, LH, Smith, HL & Clarke, ET. 1994. Lower medicare mortality among a set of hospitals known for good nursing care. *Medical Care* 32(8):771-785.
- Aiken, LH, Sochalski, J & Lake, ET. 1997. Studying outcomes of organisational change in health services. *Medical Care* 35(11):6-18.
- Alspach, JG. 1995. *The education process in nursing staff development*. New York: Mosby.
- American Association of Colleges of Nursing. 2003: *Nurse reinvestment act*.
www.aacn.nche.edu (accessed 12 March 2006)
- American Nurses Association. 2001. *Code of ethics for nurses with interpretive statements*. Washington: American Nurses Association.
- American Credentialing Centre. 2004a. Magnet designation attracts top talent pool. *Trustee Bulletin* September/October.
<http://www.ana.org/ancc/magnet.htm> (accessed 20 August 2006).
- American Nurses Credentialing Centre. 2004b. *Magnet nursing services recognition program*.
<http://www.ana.org/ancc/magnet.htm> (accessed 20 August 2006).
- American Society of Health-System Pharmacists. 2003. ASHP guidelines on the recruitment, selection and retention of pharmacy personnel. *American Journal of Health-System Pharmacists* 60:587-593.
- Amos, MA, Hu, J & Herrick, CA. 2005. The impact of team building on communication and job satisfaction on nursing staff. *Journal for Nurses in Staff Development* 21(1):10-16.
- Andrews, GJ. 2003. Nurses who left the British NHS for private complementary medical practice: why did they leave? Would they return? *Journal of Advanced Nursing* 41(4):403-415.

- Anthony, MK, Standing, TS, Glick, J, Duffy, M, Paschall, F, Sauer, MR, Sweeney, DK, Modic, MB & Dumpe, ML. 2005. Leadership and nurse retention. *Journal of Nursing Administration* 35(3):146-155.
- Antrobus, S & Kitson, A. 1999. Nursing leadership: influencing and shaping health policy and nursing practice. *Journal of Advanced Nursing* 29(3):746-753.
- Appel, NB. 2005. Generations: dealing with boomers, gen-X and beyond. *Practice Management Digest*, 27 July.
- Babbie, E & Mouton, J. 2003. *The practice of social research*. Cape Town: Oxford University Press.
- Barbian, J. 2001. C'mon get happy. *Training* 38(1):92-96.
- Barney, SM. 2002. The nursing shortage: why is it happening? *Journal of Health Management* 47(3):153-155.
- Baulcomb, JS. 2003. Management of change through force field analysis. *Journal of Nursing Management* 11:275-280.
- Bethune, G, Sherrod, D & Youngblood, L. 2005. Tips to retain a happy, healthy staff. *Nurse Management* 36(4):24-30.
- Black, K. 2003. Strategies at work: Innovative program grab a thumbs up. *Nursing Management* 34(6):19-22.
- Blegen, MA. 1993. Nurses' job satisfaction: a meta-analysis of related variables. *Nursing Research* 42(1):36-41.
- Bliss-Holtz, J, Winter, N & Scherer, EM. 2004. An invitation to magnet accreditation. *Nursing Management* 35(9):36-42.
- Booyens, SW (ed). 1998. *Dimensions of nursing management*. 2nd edition. Kenwyn: Juta.
- Borglum, K & Kubala, T. 2000. Academic and social integration of community college students: a case study community college. *Journal of Research and Practice* 24:567-576.
- Bower, FL. 2000. *Nurses taking the lead: personal qualities of effective leadership*. Philadelphia: WB Saunders.
- Bozak, M. 2003. Using Lewin's force field analysis in implementing a nursing computer system.
http://www.nursingcentre.com/prodev/ce_article.asp?tid=408434 (accessed 12 February 2008).
- Brand Autopsy. 2005. *The Domino's theory to keeping employees*
http://brandautopsy.typepad.com/2005/03/the_dominos_the.html. (accessed 20 June 2006).

- Brannigan, E. 2000. *Macro nursing issues*. Paper delivered at the Nursing 2000 Conference, 14-17 May, Emperors Palace, Johannesburg.
- Brewer, M. 2003. Quality in nursing practice, in *Five keys to successful nurse management*, edited by NH Holmes. Philadelphia: Lippincott Williams & Wilkins:311-341.
- Brink, HI. 1999. *Fundamentals of research methodology for health care professionals*. 2nd edition. Kenwyn: Juta.
- Brink, PJ & Wood, MJ. 1998. *Advanced design in nursing research*. 2nd edition. Thousand Oaks: Sage.
- Buchan, J, Parkin, T & Sochalski, J. 2003. *International nurse mobility. Trends and policy implications*. Geneva: WHO.
- Buckingham, M & Cofferman, C. 1999. *First break all the rules*. New York: Simon & Schuster.
- Burnard, P, Morrison, P & Phillips, C. 1999. Job satisfaction amongst nurses in an interim secure forensic unit in Wales. *Journal of Mental Health Nursing* 8:9-18.
- Burns, N & Grove, SK. 2001. *The practice of nursing research: conduct, critique and utilization*. 4th edition. Philadelphia: WB Saunders.
- Butler, AS. 2000. Best place to work. *Executive Excellence* 17(11):4-5.
- Cameron, S & Armstrong-Stassen, M 2005. Retention of community nurses: strategies for success. Innovations in retention of nurses. http://stti.confex.com/stti/inrc16/techprogram/paper_21876.htm (accessed 3 May 2006).
- Cardin, S. & Ward, CR. 1989. *Personnel management in critical care nursing*. Baltimore: Williams & Wilkins.
- Cavanagh, SJ. 1992. Job satisfaction of nursing staff working in hospitals. *Journal of Advanced Nursing* 17(6):704-711.
- Champoux, JE. 2003. *Organizational behaviour: essential tenets*. Ohio: Thomson.
- Chan, CCA, McBey, K, Basset, M, O'Donnel, M & Winter, R. 2004. Nursing crisis: retention strategies for hospital administrators. *Research and Practice in Human Resource Management* 12(2):31-56.
- Cheng, R. 2003. Effective tools to retain top talent. *Career Times*, 12 September:21.
- Childers, L. 2005. Staying power-strategies for nurse retention. *Nurse Spectrum*. June
- Clay, T. 1987. *Nurses power and politics*. London: Heineman.
- Codrington, GT. 1999. Multi-generational ministeries in the context of a local church. Unpublished MA dissertation. University of South Africa, Pretoria.

- Cook, A, Hiroz, J & Mildow B. 2006. *Strategies and outcomes associated with magnet hospitals*. Toronto: Nursing Health Services Research Unit.
- Cowin, L. 2002. The effects of nurses' job satisfaction on retention: an Australian perspective. *Journal of Nursing Administration* 32(5):283-291.
- Cox, S. 2005. Engagement as a retention strategy. *The centre for health workforce development*.
http://www.healthworkforce.org/guide/retention_sec/1.htm (accessed 18 April 2006).
- Creswell, JW. 2003. *Qualitative, quantitative and mixed methods approaches*. 2nd edition. Thousand Oaks: Sage.
- Cumbry, DA & Alexander, JW. 1998. The relationship of job satisfaction with organisational variables in public health nursing. *Journal of Nursing Administration* 28(5):39-46.
- Curran, CR. 2003. Becoming the employer of choice. *Nursing Economics* 21(2):57-58.
- Cyr, JP. 2005. Retaining older hospitals nurses and delaying their retirement. *Journal of Nursing Administration* 35(12):563-567.
- DA's six steps to address SA's healthcare crisis. 2004 *Medical Chronicle*. September:11
 No move to medical chronicle – see comments there
- Daft, RL & Noe, RA. 2001. *Organizational behaviour*. Fort Worth: Harcourt.
- Davies, C & Love, J. 2002. The baby boomer generation: baby boomers attitudes. *Aging Hipsters*.
<http://www.aginghipsters.com/blog/archives/000135.php> (accessed 24 April 2005).
- Democratic Nursing Organisation of South Africa. 1998. *Standards for nurse researchers*. Position statements. Pretoria.
- DENOSA – see Democratic Nursing Organisation of South Africa.
- De Vos, AS, Strydom, H, Fouché, CB & Delpont, CSL. 2005. *Research at grass roots for the social sciences and human service profession*. 3rd edition. Pretoria: Van Schaik.
- Dieleman, M, Cuong, PV, Anh, LV, Martineau, T. 2003. Identifying factors for job motivation of rural health workers in North Viet Nam. *Human Resources for Health* 1(10).
<http://www.human-resources-health.com/content/1/1/10> (accessed 11 October 2005).
- Donley, R, Flaherty, MJ, Saxfield, E, Taylor, L, Maloni, H & Flanagan, E. 2003. What does the Nurse Reinvestment Act mean to you? *Online Journal of Issues in Nursing* 8(1).
- Donnelly, MC. 2003. Why leadership is important to nursing, in *Five keys to successful nursing management*, edited by NH Holmes. Philadelphia: Lippincott Williams & Wilkins:61-68.

- Doran, D, McCutcheon AS, Evans, MG, MacMillan, K, Hall, LM, Pringle, D, Smith S & Valente, A. 2004. *Impact of the manager's span of control on leadership and performance*. Toronto: Canadian Health Services Research Foundation.
- Duchscher, JE & Cowin, L. 2004. Multigenerational nurses in the workplace. *Journal of Nursing Administration* 34(11):493-501.
- Earls, AR. 2003. Clash of generations in the workplace. *The Boston Globe*, October:1.
- Ehlers, VJ. 2003. Professional nurses' requests to remove their names from the South African Nursing Council's register. Part 1: Introduction and literature review. *Health SA Gesondheid* 8(2):63-69.
- El-Jardali, F, Jamal, D, Abdallah, A & Kassak, K. 2007. Human resources for health planning and management in the Eastern Mediterranean region: facts, gaps and forward thinking for research and policy. *Human Resources for Health* 5(9):1-12.
- Ellenbecker, CH. 2004. A theoretical model of job retention for home health care nurses. *Journal of Advanced Nursing* 47(3):303-310.
- Fabre, J. 2002. *Improve nurse recruitment and retention by being Maslow conscious*. www.junefabre.com/resources/articles.html (accessed 01 July 2005).
- Fabre, JC. 2005. *Smart nursing: how to create a positive work environment that empowers and retains nurses*. New York: Springer.
- Fisher, ML. 1994. Selected predictors of registered nurses' intent to stay. *Journal of Advanced Nursing* 20(5):950-957.
- Fitzpatrick, MA. 2001. Create change on purpose (editorial). *Nursing Management* 32(4):6.
- Fitzpatrick, MA. 2003. Getting your team together, in *Five keys to successful nurse management*, edited by NH Holmes Philadelphia: Lippincott Williams & Wilkins.
- Fletcher, CE. 2001. Hospital RN's job satisfaction and dissatisfactions. *Journal of Nursing Administration* 31(6):324-331.
- Force, MV. 2005. The relationship between effective nurse managers and nursing retention. *Journal of Nursing Administration* 35(7/8):336 – 341.
- Frame, D & Hendren, A. 2004. Digging out the leadership hole. *Nursing Management* 35(4):80-81.
- Frazier, SC. 2003. Magnet home care agencies: a professional way to impact quality and retention. *Home Healthcare Nurse* 21(9):603-610.
- Furnham, A. 1997. *The psychology of behaviour at work: the motivation in the organization*. Hove: Psychology Press.
- Geyer, N. 2001. Where are the nurses? *HASA Newsletter*, October:4-6.

- Geyer, N. 2004. Re-marketing the nursing profession. *Nursing News*. 28(3):34-37.
- Gillies, DA. 1994. *Nursing management: a systems approach*. Philadelphia: WB Saunders.
- Glaser, SR, Zamanou, S & Hacker, K. 1987. Measuring and interfering organisational culture. *Management Communications Quarterly* 1(2):173-198.
- Goldman, M. 2006. The law of supply and demand. *ERE blog network*. http://www.evexchange.com/blogs/retention_secrets.asp (accessed 1 July 2005).
- Gopwami, J. 2004. Boomer Bust: new opportunities for generation X and Y. *Business News*. <http://www.freep.com/money/business/genxy27e20041227.htm> (accessed 1 July 2005).
- Guillaume, C & McMillan K. 2002. Spirit lifting. *Nursing Management* 33(1):39-40.
- Gurney, GA. 1990. *Determinants of intent to leave among nurses with doctoral degrees*. Chicago: UMI Dissertation Services.
- Gwynne, R. 1997. Maslow's hierarchy of needs. *University Press*. <http://www.utk.edu/gwynne/maslow.htm>
- Hall, EJ. 2004. Nursing attrition and the work environment in South African health facilities. *Curationis* 27(4):28-36.
- Hallmarks of the professional nursing practice environment. 2002. American Association of Colleges of Nursing. *Journal of Nursing Administration* 32(11):564-576.
- Hammill, G. 2005. Mixing and managing four generations of employees. *FDU Magazine*. <http://www.fdu.edu/newspubs/magazine/OSWS/generations.htm> (accessed 27/08/2005).
- Hart, SM. 2006. Generational diversity: Impact on recruitment and retention of nurses. *Journal of Nursing Administration* 36(1):10-12.
- Haserot, PW. 2001. Resolving intergenerational tension in the workplace. *Practice Development Counsel*. <http://www.pdcounsel.com/resolving%20intergenerational%20article.html> (accessed 27 August 2005).
- Havens, DS & Aiken, LH. 1999. Shaping systems to promote desired outcomes. *Journal of Nursing Administration* 29(2):14-20.
- Heinrich, J. 2001. *Multiple factors create nurse recruitment and retention problems*. United States: General Accounting Office.
- Henry, A. (Sa). Talking about our generations. *Australian Institute of Management (AIM) News*. <http://www.nursingworld.org/OJIN/topic14/tpc14-5.htm> (accessed 26 July 2005).

Hirschfield, MJ, Henry, B & Griffith, H. 1993. *Nursing personnel resources: results of a survey of perceptions in Ministries of Health on nursing shortages, nursing education and quality of care*. Geneva: WHO.

Hospersa. 2002. Professional migration. *Nursing Today* 5(2):8.

Hospersa. 2003. The global crisis in the retention of nurses and midwives. *Nursing Today* 6(2):5.

Hospersa. 2006. Shortage of nurses in public service. *Nursing Today* 9(2):5.

Huston, CJ & Marquis, BL. 1989. *Retention and productivity strategies for nurse managers*. Philadelphia: JB Lippincott.

ICN – see International Council of Nurses

International Council of Nurses 2005. *Report of the ICN Workforce Forum 2005*. ICN: Geneva
<http://www.icn.ch/policy.htm> (accessed 16 March 2007).

Jooste, K. 1998. Work motivation, in *Dimensions of Nursing Management*, edited by SW Booyens. Kenwyn: Juta.

Jooste, K (editor). 2003a. *Leadership in health services management*. Lansdowne: Juta Academic.

Jooste, K. 2003b. Essential Managerial attributes of the nowadays nursing service manager in the South African context. *Curationis* 26(2):19-29

Jurkiewicz, C & Brown, R. 1998. GenXers vs Baby Boomers vs Matures. *Review of Public Personnel Administration* 18(1):19-37.

Kaestner, R. 2005. An overview of public policy and the nursing shortage. *Journal of Nursing Administration* 35(1):8-9.

Kane, D. 1999. Job sharing: a retention strategy for nurses. *Canadian Journal of Nursing Leadership* 12(4):6-17.

Kaye, B & Jordan-Evans, S. 2000. Retention: Tag, you're it! *Training and Development*, April:29-34.

Keller, RT. 1991. The role of performance and absenteeism in the prediction of turnover. *Nursing Management* 34(8):18 -19.

Kimball, B & O'Neil, E. 2002. Health care's human crisis: the American nursing shortage. *Report for the Robert Wood Johnson Foundation*.
http://www.rwjf.org/news/special/nursing_report.pdf (accessed 10 May 2004).

Klein, E. 2004. Associate degree nursing student retention grant. *Career Kaleidoscope*, April(2):2-4.

- Kleinman, CS. 2004. Leadership and retention: research needed. *Journal of Nursing Administration* 34(3):111-113.
- Kuhar, PA, Miller, D, Spear, BT, Ulreich, SM & Mion, LC. 2004. The meaningful retention strategy inventory: a targeted approach to implementing retention strategies. *Journal of Nursing Administration* 34(1):10-18.
- Kumar, S. 1999. Force field analysis: applications in PRA. *PLA Notes Issue* 36:17-23. London: International Institute for Environment and Development.
- Kupperschmidt, B. 1998. Understanding generation X employees. *Journal of Nursing Administration* 28(12):36-43.
- Kupperschmidt, B. 2000. Multi-generational employees. Strategies for effective management and leadership. *Health Care Managers* 19(1):65-75.
- Kupperschmidt, B. 2001. Understanding net generation employees. *Journal of Nursing Administration* 31(12):570-574.
- Kupperschmidt, B. 2004. Making a case for shared accountability. *Journal of Nursing Administration* 34(3):114-116.
- Kupperschmidt, B. 2006. Addressing multigenerational conflict: mutual respect and care fronting as strategy. *The Online Journal of Issues in Nursing* 11(2). www.nursingworld.org/ojin/topic30/tpc30_3.htm (accessed 7 July 2006).
- Lacey, LM. 2003. Called into question: what nurses want. *Nursing Management* 34(2):25-26.
- Laschinger, HKS, Almost, J & Tuer-Hodes, D. 2003. Workplace empowerment and magnet hospital characteristics. *Journal of Nursing Administration* 33(7/8):410-422.
- Laschinger, HKS & Finegan, J. 2005. Using empowerment to build trust and respect in the workplace: A strategy for addressing the nursing shortage. *Nursing Economics* 23(1):6-13.
- Lephalala, RP. 2006. Factors influencing turnover rates among professional nurses in the UK. Unpublished MA Cur dissertation. University of South Africa, Pretoria.
- Letvak, S. 2002. Retaining the older nurse. *Journal of Nursing Administration* 32(7/8):387-392.
- Lewin, K. 1951. *Resolving social conflicts*. New York: Harper & Row.
- Lewin, K. 1952. *Field theory in social science: selected theoretical papers*. London: Tavistock.
- Loveridge, CE & Cummings, SH. 1996. *Nursing management in the new paradigm*. Maryland: Aspen.
- Ma, C, Samuels, ME & Alexander, JW. 2003. Factors that influence nurses' job satisfaction. *Journal of Nursing Administration* 33(5):293-299.

- Manion, J. 2003. Joy at work! Creating a positive workplace. *Journal of Nursing Administration* 33(12):652-659.
- Manojlovich, M & Laschinger, HK. 2002. The relationship of empowerment and selected personality characteristics to nursing job satisfaction. *Journal of Nursing Administration* 32(11):586-595.
- Marshall, C & Rossman, GB. 1995. *Designing qualitative research*. 2nd edition. Thousand Oaks: Sage.
- Mashaba, TG. 2004. *Nurses as change agents*. Paper delivered at the Nursing 2000 Conference, 14-17 May, Emperors Palace, Johannesburg.
- Maslow, AH. 1970. *Motivation and personality*. New York: Harper & Row.
- Maslow, AH, Stephens, DC & Heil, G. 1998. *Maslow on management*. New York: John Wiley.
- Mathena, KA. 2002. Nursing manager leadership skills. *Journal of Nursing Administration* 32(3):136-142.
- Mattonen, K. 2006. Managing a younger team? No need to get chummy. www.recruiting.com/managing_a_younger_team.htm (accessed 26 October 2995).
- Maxwell, M. 2004. Recruitment realities : building a HR/nursing partnership. *Nursing Economics* 22(2):86-87.
- McCoy, J. 1999. Recognize, reward, retain. *Nursing Management* 30(4):41-43.
- McManis & Manslave Associates. 2003. *Healthy work environments: striving for excellence*. Washington: The American Organization of Nurse Executives.
- Medical Chronicle. 2004. see September 11. Acibadem build community of nurse leaders pivotal to patient and staff satisfaction. 2005. *Harvard Medical International World*: July/August. http://hmiworld.org/hmi/issues/July_aug_2005/Feature_acibadem.htm (accessed 2 April 2007).
- Ministry of Health and Long-term Care. 2004. Booklet 4: *Long-term care facility worker retention*. Booklet 4. Ontario: Queens Printer.
- Mitchell, GJ. 2003. Nursing shortage or nursing famine: looking beyond numbers? *Nursing Science Quantity* 17(3):279-281.
- Moody, J. 2004. Four Generations: achieving unity key to effective health care delivery. *Trustee Bulletin*, September/October:5.
- Moore, DP. 2002. Workplace generational differences noteworthy. *Business Major*, 20 May:1.

- Morse, JM. 1991. *Qualitative nursing research: a contemporary dialogue*. Newbury Park: Sage.
- Mouton, J. 1996. *Understanding social research*. Pretoria: Van Schaik.
- Mouton, J. 2001. *How to succeed in your masters and doctoral studies*. Pretoria: Van Schaik.
- Mouton, J. & Marais, HC. 1990. *Basic concepts in the methodology of the social sciences*. Pretoria: Human Sciences Research Council.
- Muller, M. 1998. *Nursing Dynamics*. Sandton: Heinemann.
- Murray, MK. 2002. The nursing shortage: Past, present and future. *Journal of Nursing Administration* 32(2):79-84.
- Murray, B. 2003. Positive discipline reaps retention. *Nursing Management* 35(2):18-19.
- Nagelkerk, JM. 1996. *Study guide for Huber: leadership and nursing care management*. Philadelphia: Saunders.
- Nagle, T. 2004. Coaching generation X. *Centre for coaching and mentoring*. <http://www.coachingandmentoring.com/Articles/X=s.html> (accessed 30 June 2005).
- Nakata, JA & Saylor, C. 1994. Management style and staff nurse satisfaction in a changing environment. *Nursing Administration Quarterly* 18(3):51-57.
- Naude, M & McCabe, R. 2005. Increasing retention of nursing staff at hospitals: aspects of management and leadership. *WISER Working Paper no 43*. <http://www.cbs.curtain.edu.au/wiser> (accessed 12 March 2007).
- Nel, I. 2001. What's happening to nursing? *Nursing Update* 25(5):18.
- Nelson, D, Godfrey, L & Purdy, J. 2004. Using a mentorship program to recruit and retain student nurses. *Journal of Nursing Administration* 34(12):551-553.
- Netswera, FG, Rankhumise, EM & Mavundla, TR. 2005. Employee retention factors for South African higher education institutions: a case study. *SA Journal of Human Resource Management* 3(2):36-40.
- Neuhauser, PC. 2002. Building a high retention culture in healthcare. *Journal of Nursing Administration* 32(9):470-477.
- Nyberg, A, Bernin, P & Theorell, T. 2005. *The impact of leadership on the health of subordinates*. Stockholm: The National Institute for Working Life.
- O'Brien-Pallas, L, Duffield, C & Alksnis, C. 2004. Who will be there to nurse? Retention of nurses nearing retirement. *Journal of Nursing Administration* 34(6):298-302.
- Oosthuizen, MJ. 2005. *An analysis of the factors contributing to the emigration of South African nurses*. Unpublished D Litt et Phil thesis. University of South Africa, Pretoria.

Optimising patient flow: moving patients smoothly through acute care settings. 2003. *IHI Innovation Series*. Boston: Institute for Healthcare Improvement.

Orlovsky, I. 2006. Effective and ineffective leadership. *Team Performance Management* 11(3/4):98-103.

Ortin, EL. 1990. The brain drain as viewed by an exporting country. *International Nursing Review* 37(5):340-346.

Otube, NW. 2004. Job motivation of teachers educating learners with special needs in four provinces of Kenya. Unpublished Ph D thesis, University of Hamburg, Germany.

Parsons, ML & Stonestreet, J. 2003. Factors that contribute to nurse manager retention. *Nursing Economics* 21(3):120-126.

Polit, DF & Hungler, BP. 1991. *Nursing research: principles and methods*. 4th edition. Philadelphia: Lipincott.

Pullan, SE & Lorbergs, KA. 2001. Recruitment and retention. A successful model in forensic psychiatric nursing. *Journal of Psychosocial Nursing* 39(9):18-25.

Raines, C. 2002. Managing millenials. Connecting generations. *The Sourcebook*. <http://www.generationsatwork.com/articles/millenials.htm> (accessed 25 November 2005).

Rehm, B & Ware, BL. 2003. The workforce attraction crisis. http://www.conferenz.co.zn/library/rehm_bill_print.htm (accessed 05 July 2005).

Rhule, KJ. 2004. The effects of the managers' behaviour on the retention of high potential employees from different generations. Unpublished D Ed Thesis, Duquesne University, Pittsburgh.

Rosebrough, C. 1999. Retaining "Me Generation" nurses: management strikes back. *Managerial Thought Shots* 1(3):1-3.

Rothwell, WJ & Kazanas, HC. 1994. *Planning and managing human resources*. Massachusetts: Human Resources Development Press.

Runy, LA. 2006. Cultural transformation. *Hospital & Health Networks*, 18 April:1-4.

SANC – see South African Nursing Council.

Santos, SR, Carroll KA, Cox, SL, Teasley SD, Simon A, Bainbridge L, Cunningham, MR & Ott, L. 2003. Baby boomer nurses bearing the burden of care: a four-site study of stress, strain and coping for impatient registered nurses. *Journal of Nursing Administration* 33(4):234-250.

Santos, S & Cox, K. 2000. Workplace adjustment and intergenerational differences between matures, boomers and Xers. *Nursing Economics* 18(1):7-13.

Schmeling, D. 2002. Facing the future: addressing the nursing workforce crisis. *The Pulse* 39(1):1-23.

- Schwering, RE. 2003. Focusing leadership through force field analysis: new variations on a venerable planning tool. *Leadership and Organization Development Journal* 24(7):361-370.
- Sellgren, S, Ekvall, G & Tomson, G. 2006. Leadership styles in nursing management: preferred and perceived. *Journal of Nursing Management* 14(5):348-355.
- Shaffer, FA. 2003. Stepping outside of yesterday thinking: Preparing nurse managers for a new world order. *Nurse Leader* 1(4):33-37.
- Sherman, R. 2006. Leading a multigenerational workforce: issues, challenges and strategies. *OJIN: The Online Journal of Issues in Nursing* 11(2), manuscript 2. http://www.nursingworld.org/ojin/topic30/tpc30_2htm (accessed 20 May 2006).
- Shimkus, J. 2005. Rx for RN shortages. *National Commission on Correctional Health Care*. <http://www.ncchc.org/pubs/CC/rnshortage.html> (accessed 28 November 2005).
- Shobbrook, P & Fenton, K. 2002. A strategy for improving nurse retention and recruitment levels. *Prof Nurse* 17(9):534-536.
- Smith, L. 1999. An evaluation of programmes for staff motivation in NHS and hotel ancillary staff. *Facilities* 17(7/8):1-19/
- Snow, JL. 2002. Enhancing work climate to improve performance and retain valued employees. *Journal of Nursing Administration* 32(7/8):393-398.
- Sochalski, J. 2001. Quality of care, nurse staffing and patient outcomes. *Policy, Politics and Nursing Practice* 2(11):3.
- Sochalski, J. 2002. Nursing shortage redux: turning the corner on an enduring problem. *Health Affairs* 21(5):157-164.
- South Africa. 1978. *Nursing Act (Act no 50, 1978, as amended)*. Pretoria: Government Printer.
- South Africa. 1989. *Regulation relating to the minimum requirements for a bridging course for enrolled nurses leading to registration as a general nurse or a psychiatric nurse*. Government Gazette no R683. Pretoria: Government Printer.
- South Africa. 1997. *Basic Conditions of Employment Act (Act no 75, 1997)*. Pretoria: Government Printer.
- South African Nursing Council. 2005a. *Ratio of professional nurses to population*. <http://www.sanc.co.za> (accessed 20 October 2005).
- South African Nursing Council. 2005b. *Output of 4yr program from South African nurse training institutions*. <http://www.sanc.co.za> (accessed 12 April 2006).

- South African Nursing Council. 2005c. *Age distribution: registered nurses and midwives*. <http://www.sanc.co.za> (accessed 12 October 2005).
- Spratley, E, Johnson, A, Sochalski, J, Fritz, M & Spencer, W. 2000. *The registered nurse population: findings from the national sample survey of registered nurses*. US Department of Health and Human Services.
- Staiger, DO, Auerbach, D & Buerhaus, PI. 2001. Expanding career opportunities for women and the declining interest in nursing as a career. *Urologic Nursing* 21(3):185-195.
- Statistics South Africa. 2006. *Population of South Africa: 1996 – 2006*. <http://www.statssa.gov.za> (accessed 02 November 2006).
- Steinbrook, R. 2000. Nursing in the crossfire. *New England Journal of Medicine* 346(22):1756-1766.
- Stordeur, S & D'Hoore, W. 2006. Organizational configuration of hospitals succeeding in attracting and retaining nurses. *Journal of Advanced Nursing* 57(1):45-58.
- Strachota, E, Normandin, P, O'Brien, N, Clary, M & Krukow, B. 2003. Reasons registered nurses leave or change employment status. *Journal of Nursing Administration* 33(2):111-117.
- Stratton, K. 2006. Building nurse leadership competencies. http://stti.confex.com/sttr/congrs06/techprogram/paper_30733.htm (accessed 18 April 2006).
- Strauss, W & Howe, N. 1991. *The fourth turning*. New York: Broadway Books.
- Stuenkel, D, Cohen, J, De la Cuesta, K. 2005. The multigenerational nursing workforce: essential differences in preceptor of work environment. *Journal of Nursing Administration* 35(6):283-285.
- Sujansky, J. 2005. Leading a multigenerational workforce. *Material Handling Management*. <http://www.mhmonline.com/NED/1212/MHM/viewstory.asp> (accessed 01 July 2005).
- Sullivan, EJ & Decker, PJC. 2001. *Effective leadership and management in nursing*. 6th edition. Upper Saddle River, NJ: Prentice Hall.
- Swansburg, RC & Swansburg RJ. 2002. *Introduction to management and leadership for nurse managers*. Sudbury, Massachusetts: Jones & Barlett.
- Talentkeeps. 2003. *Retention in the workplace: are we there?* <http://talentkeeps.co/whitepapers/viewarticles/retention.pdf> accessed 20 August 2007.
- Tappen, RM. 2001. *Nursing leadership and management: concepts and practice*. 4th edition. Philadelphia: FA Davis.
- Tappen, RM, Weiss, SA & Whitehead, DK. 2004. *Essentials of nursing leadership and management*. Philadelphia: FA Davis.

- Thio, S. 2000. Retention strategies in turbulent times. *Research and Practice in Human Resource Management* 8(2):135-152.
- Tierney, AJ. 2003. What's the scoop on the nursing shortage? *Journal of Advanced Nursing* 43(4):325-326.
- Tinto, V. 1993. *Leaving college : rethinking the causes and cures of student attrition*. 2nd edition. Chicago, IL: The University of Chicago Press.
- University of South Africa. Department of Health Studies 2004. *MA Cur and D Litt et Phil. Tutorial Letter MNUALL B L/301/2004*. Pretoria.
- Upenieks, VV. 2003a. Assessing difference in job satisfaction of nurses in magnet and non-magnet hospitals. *Journal of Nursing Administration* 32(11): 564-576.
- Upenieks, VV. 2003b. Nurse leaders' perception of what compromises successful leadership in today's acute inpatient environment. *Nursing Administration Quarterly* 27(2):140-153.
- Valentine, SO. 2002. Nursing leadership and the new nurse. *University of North Carolina*.
<http://juns.nursing.arizona.edu/articles/Fall%202002/Valentine.htm> (accessed 26 October 2005).
- Vogt, JF; Cox JL; Velthouse, BA & Thames, BH. 1983. *Retaining professional nurses: a planned process*. London: Mosby.
- Wagner, CM. 2004. Is your nursing staff ready for magnet hospital status? *Journal of Nursing Administration* 34(10):463-468
- Wainwright, M. 2004. Retaining nurses: the nurse-friendly hospital. *Trustee Bulletin*, September/October:4.
- Weiss, HM, MacDermid, SM, Strauss, R, Kurek, KE le B & Robbins, D. *DATE Retention in the armed forces: past approaches and new research directions*. Purdue University: Military Family Research Institute.
- Weston. 2006. Integrating generational perspectives in nursing. *The Online Journal of Issues in Nursing* 11(2).
www.nursingworld.org/oijn/topic30/tpc30_1.htm (accessed 7 July 2006).
- Wieck, KL, Prydun, M & Walsh, T. 2002. What the emerging workforce wants in its leaders. *Journal of Nursing Scholarship* 34(4):283-288.
- Williams, KA, Stotts, RC, Jacob SR, Stegbauer C, Roussel P & Carter, D. 2006. Inactive nurses: A source for alleviating the nursing shortage? *Journal of Nursing Administration* 36(4):205-210.
- Wilson, AA. 2005. Impact of management development on nurse retention. *Nursing Administration Quarterly* 29(2):137-145.

Xaba, J & Phillips, G. 2001. *Understanding nurse emigration: final report*. Pretoria: Trade Union Research Project(TURP). Pretoria: Denosa.

Yate, MJ. 1991. *Keeping the best: building a competitive workforce*. London: Kogan Page.

Zangaro, GA, & Soeken, KL. 2007. A meta-analysis of studies of nurses' job satisfaction. *Research in Nursing and in Health* 30:445-458.

Zimmermann, PG. 2002. *Nursing management secrets*. Philadelphia: Hanley & Belfus.

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02 July 2007

The Regional Manager
Nursing Services
Medi Clinic Tshwane Region

Mr Smith

REQUEST TO CONDUCT RESEARCH INTERVIEWS

I am a D Litt et Phil student at the University of South Africa, currently busy with research. The title for my thesis is A RETENTION MODEL FOR PROFESSIONAL NURSES.

I hereby request your permission to conduct interviews with matrons/nursing service managers in your hospitals, as their input is of cardinal importance.

Retaining professional nurses has become a priority in health human resource planning. In order to avert the looming crisis that might result due to nurses leaving practice, a retention plan or strategy is needed. While reasons nurses leave are numerous and complex, research and literature have indicated that nurse managers can play a pivotal role in increasing retention.

Responses from professional nurses who were involved in the first phase of this study also refer to the nurse manager's role as being of cardinal importance in enhancing retention.

By participating in this study, nurse managers will shed information that might assist the researcher in developing a programme, which, if implemented, might enhance nurse retention. Participation is voluntary.

The interview will take approximately 20 – 25 minutes and will be held a time and place that is suitable for the nurse manager. All interviews will be recorded on audio-tape. After the data has been transcribed, it will be disposed of. All the information given will be treated confidentially and the anonymity of all respondents as well as their organisations, will be maintained at all times.

I am available to answer any questions you might have and can be reached at the following numbers:

(012) 343-5873 (Business hours)
(012) 373-6029 (After hours)
083 677 0432 (Cell number)

Thanking you in anticipation.

K E Mokoka (ms)

Dear Colleague

DETERMINING FACTORS THAT MAY PROMOTE THE RETENTION OF PROFESSIONAL NURSES

I am currently busy with research for my doctoral studies at the University of South Africa. The aim of the study is to explore factors that affect the retention of professional nurses in health care services in South Africa.

The target population for this research is professional nurses who are currently employed in private and public hospitals. As a professional nurse, I trust that you can give valuable information on the topic and therefore request you to participate in the study by completing the enclosed questionnaire. This will take approximately 20 minutes of your time.

All the information you give will be treated confidentially, and your anonymity, as well as that of your organisation, will be maintained at all times.

I am grateful for your participation and will gladly share the results of the study after its completion. Should you wish to obtain a research report, please supply your name and postal address on a separate sheet of paper.

Please find included a self-addressed, stamped envelope, in which to return your completed questionnaire. It would be appreciated if it could be returned by **16 January 2007**.

If you have any questions, you can contact me by letter at the above address. In order to ensure anonymity, you should please post such a written request in a separate envelope. In this way your name will not be linked to your completed questionnaire. You can also contact me by telephone at the following numbers:

(012) 343-5873 (Office hours)
(012) 373-6029 (After hours)
083 6770 432 (Cell number)

Thanking you in anticipation.

K E MOKOKA (ms)

INSTRUCTIONS

- 1) The questionnaire is divided into three sections:
 - 1.1) Section A: Demographic as well as general information regarding your work situation.
 - 1.2) Section B: About factors in the workplace which might influence nurses to stay in their current organisations.
 - 1.3) Section C: The most important factors which, if changed for the better, will make you stay.
- 2) Please answer all questions by placing an "X" in the block that you feel is most appropriate.
- 3) Please be as objective and honest as possible in completing the questionnaire.
- 4) The term organisation as it is used in the questionnaire, refers to the place or hospital where you are currently employed.
- 5) Remember, the answers you provide will be kept completely confidential. The research report, compiled from the totality of completed questionnaires, will portray the combined facts and figures. No participant's name and no institution's name will be mentioned in the research report.
- 6) By providing your honest answers, you will help to identify factors which could influence the retention of nurses in South Africa.

Please answer each question by placing an "X" in the block that describes your response.

1	2	3	4
---	---	---	---

SECTION A

DEMOGRAPHIC AND BACKGROUND INFORMATION

- 1) In what sector are you currently employed?

PUBLIC	PRIVATE
1	2

For official use only

	5
--	---

- 2) What is your current position. (Please tick the applicable square)

Chief Professional Nurse	1
Senior Professional Nurse	2
Professional Nurse	3
Other (Specify)	4

	6
--	---

- 3) How long have you been employed at your current organisation?

0 – 5 Years	1
6 – 10 Years	2
11 – 15 Years	3
More than 15 Years	4

	7
--	---

- 4) How long have you held your current position?

0 – 1 Year	1
2 – 4 Years	2
5 – 8 Years	3
9 – 12 Years	4
More than 12 Years	5

	8
--	---

- 5) What year did you qualify as a professional nurse?
(Please place each digit in its block, e.g.):

1	9	2	8
---	---	---	---

--	--	--	--

9	10	11	12
---	----	----	----

- 6) What course did you do to obtain your qualification as professional nurse?

Degree	1
Diploma	2
Bridging	3

	13
--	----

- 7) In which year were you born? (Please place each digit in its block, e.g.):

1	9	2	8
---	---	---	---

--	--	--	--

14	15	16	17
----	----	----	----

8) What is your gender?

MALE	FEMALE

	18
--	----

9) Have you ever considered leaving you current organisation?

YES	NO
1	2

	19
--	----

10) Do you consider leaving within the next year?

YES	NO
1	2

	20
--	----

11) If you answer yes to questions 8 & 9 what do you intend to do?

Stop working	1
Working overseas	2
Move from public to private	3
Move from a rural to urban area	4
Retire	5
Other (specify)	6

	21
--	----

12) What is your most important reason for this intended move?

13) In your opinion, is there a shortage of professional nurses in your hospital or organisation?

YES	NO
1	2

	22
--	----

14) In your opinion, is it necessary for your organisation to have a nurse retention plan/strategy?

YES	NO
1	2

	23
--	----

15) What are your career plans for the next 2 years?

16) How can your employer / organisation help you towards achieving these plans?

17) Please list the six most important things **you like** in your current organisation, which make you stay.

18) Please list the six most important things **you do not like** in your current organisation, which might influence your decision to leave?

19) What can be done to amend/change the things that **you do not like**, in order to make you stay with your current employer?

20) Do you know any nurses who have left in the past year?

YES	NO
1	2

	24
--	----

- 21) If your answer “yes” to question 20, what were their main reasons for leaving. (Please list **at least** six most common reasons).

SECTION B

THE FOLLOWING ITEMS (1 – 68) RELATE TO FACTORS THAT MIGHT CONTRIBUTE TO THE RETENTION OF PROFESSIONAL NURSES WITHIN HEALTH CARE ORGANISATIONS.

THE KEY TO YOUR ANSWER IS AS FOLLOWS:

- SA - STRONGLY AGREE
 A - AGREE
 D - DISAGREE
 SD - STRONGLY DISAGREE

PLEASE PLACE AN “X” UNDER THE BLOCK THAT DESCRIBES YOUR RESPONSE TO EACH OF THE FOLLOWING STATEMENTS:

FOR EXAMPLE:

THE FOLLOWING FACTORS CAN CONTRIBUTE TO NURSE RETENTION:

STATEMENT	SA	A	D	SD	OFFICIAL USE
Monthly transport allowance	X				
Working permanent night duty.				X	

“This means that I strongly agree that a monthly transport allowance will convince me to stay, but I strongly disagree that working permanent night duty might convince me to stay”.

Now please proceed with the following statements as in examples above.

STATEMENT	SA 1	A 2	D 3	SD 4	OFFICIAL USE
1) A competitive salary					25
2) Company share options					26
3) Health care benefits (medical aid and insurance)					27
4) Late shift allowance					28
5) Housing subsidy					29
6) Annual revision of salary					30
7) Incentives for working unsocial hours					31
STATEMENT	SA 1	A 2	D 3	SD 4	OFFICIAL USE
8) Retirement benefits					32
9) Certificate and qualification bonus					33

STATEMENT	SA 1	A 2	D 3	SD 4	OFFICIAL USE
10) Long-service bonus at five-year intervals					34
11) Meal vouchers when on duty					35
12) Child care facilities at work					36
13) Adequate supplies and equipment					37
14) Zero tolerance policy on victimisation					38
15) Well ventilated rest-rooms for nurses					39
16) Safety rules and regulations					40
17) Safe working environment					41
18) Flexible working hours, which I am allowed to choose					42
19) Team building excursions					43
20) Decreasing mandatory overtime					44
21) Social activities with colleagues outside work					45
22) Organisation newsletter					46
23) Recognition for outstanding performance					47
24) Reward for outstanding performance					48
25) Respect from management and physicians/doctors					49
26) Fair and consistent application of disciplinary procedures and policies					50
27) Continuous feedback from management regarding performance					51
28) One-to-one verbal communication with unit managers/supervisors					52
29) Electronic communication access within the organisation					53
30) Recruitment policies					54
31) Retention policies					55
32) Giving input into patient care programmes					56
33) Time for direct patient care sufficient					57
34) Participation in clinical committees					58
35) Cultural sensitivity					59
36) Respect of diversity					60
37) Challenging work					61
38) Addressed by appropriate title, e.g. Sr instead of by surname only					62
39) Rotation in taking charge of unit					63
40) A positive image of nurses in the community.					64
41) Regular staff meetings, not only in crises.					65
42) Support from colleagues					66
43) Financial support for furthering studies					67
44) Opportunities for advancement within the organisation					68
45) Minimising "non-nursing" duties by nurses.					69
46) Structured orientation and induction on appointment.					70
47) In-service education at the workplace					71
48) Mentorship programmes					72
49) Clearly defined organisational structure					73
50) Decentralised management at unit level.					74
51) Respect by patients and family/next-of-kin					75
52) Minimising close supervision.					76
53) Trust to make correct decisions in the workplace					77
54) Decreasing the patient care workload					78

STATEMENT	SA 1	A 2	D 3	SD 4	OFFICIAL USE
55) Responsibility with equal authority					79
56) Committed work ethic within the organisation.					80
57) Flat hierachichal structure					81
58) Exchange programmes with other healthcare organisations.					82
59) The use of technology in patient records, e.g. computers					83
60) Less rigid nurse managers					84
61) Management not "ruling by fear", e.g. threats					85
62) Management leading by example					86
63) Acceptance that differences between generations are normal.					87
64) Making new employees feel at home					88
65) Creating more nursing positions to ease workload					89
66) Filling vacant positions more quickly					90
67) Counseling after traumatic events					91
68) Accelerating the training of new nurses					92

SECTION C

Of the factors mentioned in Section B, please state any 10 (Ten) MOST IMPORTANT factors which must be changed, for the better, in order to make you stay in your current position.

THANK YOU FOR YOUR PARTICIPATION

INTERVIEW SCHEDULE

Section A: Biographic Data

- 1) In which sector are you employed?

PRIVATE	1	PUBLIC	2
---------	---	--------	---
- 2) How long have you held the position of nursing service manager in this organization?

	3
--	---
- 3) In which year were you born?

	4
--	---
- 4) Do you have any human resource/management Qualification/training?

Y	5	N	6
---	---	---	---
- 5) Does your hospital have a retention strategy or policy?

Y	7	N.	8
---	---	----	---
- 6) Do you conduct exit interviews when nurses leave your organization?

Y	9	N	10
---	---	---	----
- 7) Are there opportunities/forums where nurse retention is discussed?

Y	11	N	12
---	----	---	----
- 8) If you answer "yes" to 7 above, at which of the levels indicated here below are they held:

One-to-one		13
Unit/Ward		14
Zonal		15
Board		16
Other		17

SECTION B: OPEN-ENDED QUESTIONS

- 1) Retaining professional nurses seems to be a major challenge facing health care organisations in South Africa.
- What are the most important things or factors, in your view, which can contribute towards keeping professional nurses?
- 2) What can be changed in your organisation, which will help in reducing the number of professional nurses currently in your employ, who are intending to leave?
- 3) How can your organisation entice and attract retired nurses who are still able to work, back into practice?
- 4) There are currently four generations of professional nurses in practice: the silent generation, baby boomers, generation X and generation Y.

What challenges do you face in dealing with these nurses of different ages, which could influence their decision to stay or leave?

- 5) What strategies can your organisation implement to counteract these challenges and subsequently reduce the number of nurses who are intending to leave?
- 6) What areas of training and development do you feel are necessary to develop nursing service managers into “retention managers”?
- 7) What other support would you require from the hospital manager, CEO and the top structures or authorities to strengthen your role of enhancing nurse retention?
- 8) Literature studies indicate that “people do not leave their jobs, they leave their managers”.

What is your opinion regarding this statement?

THANK YOU FOR PARTICIPATING

ANNEXURE G

GUIDELINES FOR ENHANCING THE RETENTION OF PROFESSIONAL NURSES

TABLE OF CONTENTS

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1 INTRODUCTION

This section annexure addresses the final objective of this study, which entails the development of guidelines for enhancing the retention of professional nurses. In chapter 7 of this study, the conclusions and corresponding recommendations are provided based on the ten most highly ranked factors which nurses felt could enhance their retention.

The conclusions under this objective point to the three cornerstones of retention, namely, the individual nurse, the organisation and nurse managers. The issue of retention requires a multifaceted approach in coming up with tangible solutions. There cannot be a one-size fits all approach to finding solutions. McManis and Monsalve Associates (2003:10) encourage nurse executives to acknowledge that solutions to the workforce shortage and failed retention do not lie with the authorities, but are within their control and require change within the hospital walls. According to these authors organisations require radical change of employer-staff relationships, the creation of supportive cultures as well as work redesign which results in the return of meaning to hospital and organisational jobs.

2 GUIDELINES FOR ENHANCING THE RETENTION OF PROFESSIONAL NURSES IN HEALTHCARE SERVICES

In setting guidelines for the study, the researcher firstly looked at a framework which encompasses the three key result areas and proposed actions which serve as guidelines to enhance the retention of professional nurses. The second part addresses how the proposed actions can be implemented through change. The framework for these guidelines is summarised in table 1.

Table 1 Guidelines for addressing key areas to enhance the retention of professional nurses

Key area	Guidelines for proposed actions
-----------------	--

<p>Enhancing the retention of a multigenerational nursing workforce</p>	<ul style="list-style-type: none"> • Identify and assess individuals' and groups' needs in relation to their respective generations • Analyse the profile of the different generations currently in the organisation. • Recognise and capitalise on the strengths that each generation brings to the workplace and educate nurses' about these strengths • Create and maintain effective communication pathways.
<p>Enabling nurse managers to influence nurse retention Positively</p>	<ul style="list-style-type: none"> • Educate and train nurse managers in areas such as conflict management, effective communication, financial management and technological advances • Develop nurse managers' leadership capacities • Improve relationships between nurse managers, nurses and authorities. • Enhance nurse managers' skills to manage a multigenerational workforce.
<p>Creating organisations that foster a culture of nurse retention</p>	<ul style="list-style-type: none"> • Improving conditions in the workplace • Developing recruitment strategies. • Review policies on remuneration and compensation annually • Implement strategies to postpone baby boomers' retirement and attract retired and non-practising nurses. • Developing strategic plans that focus on retention.

Guidelines: key area 1: enhancing the retention of a multigenerational nursing workforce

While retention is a complex issue which requires multi approaches, it still remains a matter which an individual nurse has to make a decision about. Any steps that are taken to enhance the retention of professional nurses should take cognisance of the following proposed actions:

Identifying and addressing needs of individuals and groups

Nursing is a labour intensive job which entails working long and unsocial hours. In return, nurses have certain expectations in terms of what the employer does or gives in exchange of their services. Employees have different needs and goals at different levels and at different times. These needs should be identified and accommodated as far as possible to enhance nurses' retention rates.

■ *Analysing the profiles of the different generations of nurses*

Analyse the profiles of the different generations and utilising their strengths to improve the work environment. The four generations of nurses currently in the workplace pose a challenge for nurse managers and authorities. With different beliefs, characteristics, value systems, behaviours and work ethic they are all in demand and have to work together in harmony to provide quality patient care. With these differences comes different needs and expectations which should be accommodated in order to retain nurses from the different generations. The silent generation will bring loyalty, dedication and discipline to the workplace. Their experience and work ethic will contribute to enhancing the quality of patient care rendered. Baby boomers easily become loyal to organisations, are optimistic and ambitious to the extent of being workaholics. Baby boomers are known to be good mentors. The entrepreneurial spirit and multi-tasking skills of generation X can also be utilised, especially in cases of nursing shortages. Generation X is also known to be technologically competent and can teach the older generations about technology and computers. Generation Y are fast learners, want instant communication, are realistic and prefer collaboration to being commanded/ordered. Generation Y persons are generally find it easier to get along with older generations than generation X. Generation Y will voice their dissatisfaction and problems in the workplace, enabling nurse managers to be proactive and look for possible solutions, before they actually leave. Combining all the good qualities from each generation

will go a long way towards improving work relations, creating a supportive work environment, improve the quality of patient care, and enhance nurses' levels of job satisfaction, which will in turn enhance nurse retention.

■ *Creating communication pathways*

The importance of communication in the workplace cannot be overestimated. Where nurses have the freedom to communicate their problems, frustrations and dissatisfactions, solutions can be planned and implemented timeously before issues reach crisis levels. Communication between nurses, managers and authorities creates an environment of trust and enables the exchange of information about what threatens retention, what can be changed or enhanced and most importantly, how each party feels about the issues at hand. Organisations where communication does not take place regularly and openly, are bound to be riddled with problems. Where management, authorities and nurses have platforms to discuss, negotiate and confront issues that have a potential to cause destabilisation, there is a chance of addressing issues and taking remedial steps. In that manner, managers will not only hear of problems during the exit interview, when it is already too late to influence this person's retention. Poor communication and lack of feedback causes low morale and job dissatisfaction, which in turn lead to increased turnover.

Guidelines: key area 2: Enabling nurse managers to influence professional nurse retention positively

The role of nurse managers in nurse retention is of cardinal importance, even though retention is affected by numerous factors, some of which are out of the nurse manager's control. Regarding the factors that are within his or her control, findings of this study identified certain tools that are needed to equip the nurse manager with skills to become a retention manager.

■ *Education and training of nurse managers*

Nurse managers require education and training in areas of conflict management, financial management, industrial relations, information technology and skills to manage a diverse nursing workforce.

Today's multigenerational workforce has a potential for conflict, due to differences in behaviour, work ethic and values among nurses of different generations. There are also other factors in the workplace which can be sources of conflict. These include multiculturalism, increased workloads for fewer nurses due to shortages, as well as competition for scarce resources. Conflict is inevitable where people need to work together. The nurse manager requires skills to manage conflict situations, which can potentially sour working relationships and lead to turnover among nurses.

■ *Financial management*

Financial management can be considered as one of the tools that can empower nurse managers in their jobs. Financial management entails different functions, which include budgeting, forecasting, purchasing, interpreting balance sheets and audit reports. Displaying knowledge and skills in these areas will enable the nurse manager to identify needs, allocate resources, justify requests and needs for extra resources, which will enable smooth functioning and the rendering of quality patient care. In turn this will improve job satisfaction and patient satisfaction, attracting nurses to stay.

■ *Labour relations*

The current work environment, including nursing, has seen the escalation of trade union activities in the workplace. This requires the nurse manager to have skills in dealing with labour matters. Recently, there have been incidents of mass industrial action in South African healthcare organisations. The nurse manager needs skills to deal with these issues, efficiently, in order to minimise victimisation and intimidation, as well as to take remedial or disciplinary steps where there is evidence of breach of the labour laws. To be able to do this requires knowledge and skills from the nurse manager.

■ *Technological skills*

Part of transformation in healthcare is in the use of technology in patient care equipment, control, communications and record-keeping. The use of computers is becoming rife in today's healthcare. Tappen et al (2004:26) state the potential benefits that the use of computers bring in healthcare. These include increased hours for patient care, improved accuracy and legibility of patient records, immediate availability of data, decreased errors in medication, safety related to patient identification and increased staff satisfaction. In the current nursing shortage, this can also relieve nurses from the task of writing everything by hand, which can lead to errors. Nurse managers need to be able to master the use of computers in order to fulfil their managerial role, especially in managing the technologically competent nurses from generations X and Y. Using electronic mail has also taken over from communication by letter or memorandum. Communication is faster and response can also be faster and efficient. To make leadership and managerial roles easier and more efficient, the nurse manager needs knowledge and skills of current computer technology. He or she will be able to encourage and motivate his or her subordinates, especially the older generations, to also develop computer skills, which will ease their workload and also breach the electronic gap between them and the younger generations.

■ *Developing leadership capacity*

Jooste (2003:9) defines leadership capacity as the ability to lead in a difficult, unknown situation where reliable information and strategies to lead are not readily available. This portrays the current healthcare environment with all its shortages of staff, equipment and other resources. The scenario is further complicated by diseases such as HIV/AIDS and the multiple drug resistant (MDR) and its extreme form (XDR) Tuberculosis (TB). Nurse managers need approaches and strategies to manage these situations.

Nurse managers should have clear policy guidelines about the handling of needle prick injuries among nurses and should treat all these occurrences sympathetically.

■ *Improved relationships between nurse managers, nurses and authorities*

Nurse managers usually find themselves in the middle, between healthcare authorities and professional nurses. This requires a balancing act in order to reach organisational goals. The nurse manager should be skilled in maintaining a healthy relationship between the two parties and even with other members of the multidisciplinary team in the healthcare organisation. Nurse managers should therefore be more than just managers, they should be leaders, whose core function is to contribute to the success of the organisation, help sub-ordinates to reach their potential and advance nursing practice. In order to obtain this, the nurse manager needs to explore, understand and establish relationships. This could begin with exploring relationships at work and with self, before moving on to the next level of relationships with others (Donnelly 2003:4). Building relationships with nurses starts from knowing nurses in their professional and personal capacities. This can be a daunting task for nurse managers in big organisations, but with time and effort, it can be initiated and be achieved if the immediate subordinates such as deputies and other supervisors are involved.

Understanding patterns of relationships is also very important, especially where the organisation intends to move towards redesign and change. Change can encounter hurdles. Factions and cliques need to be understood in order to be managed, otherwise, they can impede the planned change. This also ties in with the necessary skills for managing conflict. Relationships must not only stop at subordinates, but also with authorities, other managers of the multidisciplinary team, physicians, patients and families. In this manner, there will be an understanding of a broader context of problems before they can culminate into bigger problems. A healthcare environment does not solely comprise nurses. Understanding the bigger personnel picture can assist the nurse manager in addressing issues which can affect job satisfaction negatively before they affect retention.

■ *Enhancing skills to manage a multigenerational workforce*

Managing a multigenerational workforce requires skills and knowledge. Nurse managers need to be flexible in terms of scheduling, understanding and accepting that employees are different, come from different backgrounds and have different motives, values and beliefs. These differences are not to be considered as weaknesses. Instead of castigating or penalising staff, nurse managers must show understanding, give support, bring the necessary change to accommodate these differences and avoid sticking to rules that lead to

dissatisfaction among staff. Accepting that baby boomers will need more time, assistance and support in carrying out some tasks, shortening their hours and giving them tasks that require less physical effort, will go a long way in keeping them. On the other hand, they can be utilised to transfer their skills and experience to younger generations through mentoring. This will not only encourage them to stay but all attract heir peers back to practice.

Being more approachable, visible, and encouraging, will make nurses feel appreciated, and will encourage them to remain in their jobs. Outstanding performance should be recognised by the nurse managers. Nurses who work unsocial and late shifts should be compensated financially.

2.3 Guidelines: key area 3: Creating organisations that foster a culture of nurse retention

By improving conditions in the workplace, organisations will be able to retain staff and also re-attract nurses who have retired or left. The following recommendations are made regarding organisational factors:

■ *Improving the workplace*

Characteristics or factors in the workplace that can affect the retention of nurses include physical factors, safety, relationships and opportunities that challenge nurses to develop and use their full potential. This will not only improve retention, but will also enhance patient outcomes.

Enhancing the physical environment entails refurbishing dilapidated buildings, providing equipment, repairing all physical structures, providing nurses with restrooms, where they can rest between shifts and during their tea and lunch breaks.

Safety refers to patient and personnel safety. Patient safety can be enhanced by ensuring that the required equipment are available and fully functioning. Personnel safety can be ensured through policies and actions that address incidents of victimisation and violence in the workplace. The physical safety of personnel should be catered for by employing

dependable security personnel, installing security cameras where necessary, lighting dark passages, installing panic buttons in lifts, and at strategic places throughout the hospital/clinic.

Relationships between colleagues, with subordinates, physicians and other members of the multidisciplinary team should be based on respect, co-operation and common commitment towards rendering quality care, with each person's contribution towards organisational success and goal achievement being recognised and rewarded. Relationships can also be improved through sound communication pathways, regular feedback and healthy peer review mechanisms which improve provision of care. Communication with patients should also be based on respect, empathy and caring.

Achieving their potential will raise nurses' levels of self-esteem. This could be achieved through the provision of training and development, allowing autonomy and decision-making especially in clinical situations where a person has shown expertise.

■ *Developing recruitment strategies*

Healthcare organisations need to develop strategies that will attract entrants to nursing, and then retain them. Recruitment can be established through partnerships with education centres such as high schools. Open days held at schools, with nurse specialists discussing what nursing is all about, might attract young entrants into nursing. Once recruited, strategies should be developed to retain them. With the looming retirement of baby boomers, who form the bulk of professional nurses, such strategies are utmost important.

■ *Reviewing policies on remuneration and compensation*

Nurses' salaries and benefits need to be reviewed if they are to be retained. Salary must be commensurate with qualifications as well as job responsibilities. Nursing will be competitive and will attract new entrants and nurses that have left, citing poor salaries as the reason for leaving. Retired nurses who are still able to work can also be drawn back into nursing, thus alleviating the looming crisis of shortages.

■ *Creating an environment with characteristics that promote retention and quality care*

Healthcare organisations need to move towards becoming places of excellence, where patients and personnel are satisfied. Such an organisation displays certain characteristics, to gain the reputation for excellence in nursing practice and are known as magnet hospitals in the USA (Aiken, Sochalski & Lake 1997:9; Havens & Aiken 1999:15).

The magnet programme provides a framework to recognise excellence in nursing management philosophy and practice, adhering to standards that improve the quality of patient care, nurse leadership and competent nursing staff and recognition of diversity among staff and patients. Although the magnet hospital system has not been applied in South Africa, much could be gained by studying these characteristics of USA hospitals successfully retaining nurses (AACN 2002:3). These characteristics include the creation of an environment that allows professional accountability and flexible decisions, based on expert judgement, encouraging nurses' participation in policy formulation, and procedures founded on evidence-based practise and research, strong visible leadership at senior and middle management levels, implementing clinical ladders, nurturing competence through financial and other support and enhancing nurse-patient ratios through flexible work allocation, collaboration and vigorous recruitment. Organisations will also be in a position to attract and retain nurses, which will reduce costs associated with increased turnover and staff replacement (Aiken, Smith and Lake 1994: Cook, Hiroz and Mildon 2006:2).

■ *Implementing strategies to retain older nurses and attract retired and non-practising nurses*

While older and retired nurses have experience, inflexible working conditions might discourage them from returning to practice. Identify factors that may impede their return and implement changes such as part time work, shorter shifts, choice of working hours and flexible scheduling.

Older nurses can also transfer their knowledge to younger ones. Refresher courses can be structured to meet the re-entry professional educational needs of non-practising and retired nurses. Delaying retirement also requires that the mandatory retirement age of 60 or 65

years be amended, according to individual nurses' capabilities and the healthcare organisation's needs.

■ *Developing strategic plans that prioritise retention*

If healthcare delivery is to be enhanced, there is a need for an organisational strategic plan to be developed, which will look at nurse retention as a key priority. On the other hand, healthcare provision can be regarded as a national issue and any failure to deliver on health reflects a failure on the part of the government. For this reason, there is a need for strategic planning from governmental or ministerial level, especially for public healthcare organisations. Issues such as the emigration of nurses, taxation, setting of salary scales for nurses in public hospitals, are all decisions that rest on government or the relevant department of health. By formulating strategic plans on that level will then be communicated and passed down to organisations for implementation. Government can also set laws in terms of taxation, regulation of emigration, and retirement years, which also affect the private sector. Strategic plans at this level must address human resource development on a national scale. Once such a plan is developed, it must be communicated to healthcare organisations as a framework which can be used to develop its own innovations and operational plans which will address professional nurses' retention at national and local levels. Collaboration between the healthcare authority or government and healthcare organisations in both public and private sectors has become a crucial necessity which should be put in place before the nursing shortage becomes a crisis of such proportion that some organisations will have to close their doors.

7 IMPLEMENTING PLANNED CHANGE TO OPERATIONALISE GUIDELINES

While change sometimes brings feelings of anxiety and distrust, there is an overwhelming conviction among healthcare practitioners, especially nurses, that healthcare needs overall change. Nurse managers gave this indication, as reflected in the findings of this study. Professional nurses who participated in this study stated that if certain things can be changed, their retention will be enhanced. Lewin's force field analysis, which forms part of the theoretical framework maps the change process. Driving forces facilitate change while

restraining forces impede it. In order to implement change, these forces must be analysed and pushed towards change through unfreezing, moving and refreezing.

Sullivan and Decker (2001:252) describe an approach to change, which can be compared to the nursing process comprising assessment, planning, implement and evaluation.

8 GUIDELINES FOR THE IMPLEMENTATION OF CHANGE

Lewin suggests a three-step model in the implementation of change which consists of unfreezing, moving and refreezing. Unfreezing entails thawing attitudes and old ways of thinking in a system. In this study, unfreezing entails motivating and getting the professional nurses, nurse managers and the organisation ready for anticipated change, which will enhance professional nurse retention. By building trust and the recognition that change is necessary are two essential ingredients in this first step of the change process.

Moving entails getting participants in the change process to realise that old ways of doing things did not work. In professional nurse retention, it entails convincing the nurses, managers and the organisation that previous retention strategies have not worked, as nurses continue to leave, which all three parties will agree on, as they see the evidence.

Refreezing at a new level entails the acceptance of whatever change has been implemented as the new status quo which needs to be re-inforced. This can be achieved by implementing policies which support professional nurse retention and communicating the policies. Such policies could be organisational, or from higher authority such as the Government of the Department of Health provincial at national level.

Guidelines that need to be followed when implementing change include that:

- Change must be planned
- In order to address professional nurse retention, change must be focused on all three areas of professional nurses, nurse managers and the organisation.
- People for whom change is meant, must participate actively in decisions concerning the implementation and evaluation of the change process

- Plans for change must be adaptable
- There is a possibility of conflict in a change situation but this must not derail the change process.
- Change must be based on trust
- Where possible, a change agent must be appointed.

5 SUMMARY

While retention is complex and multifaceted, there is a need for organisations and the South African government to start putting retention of professional nurses as the top of their priority lists in terms of health human resources. By addressing issues pertaining to professional nurses, organisations, and the community at large will benefit if larger numbers of nurses retained.

6 LIST OF REFERENCES

AACN – see American Association of Colleges of Nursing

Aiken, LH, Smith, HL & Clarke, ET. 1994. Lower medicare mortality among a set of hospitals known for good nursing care. *Medical Care* 32(8):771-785.

Aiken, LH, Sochalski, J & Lake, ET. 1997. Studying outcomes of organisational change in health services. *Medical Care* 35(11):6-18.

American Association of Colleges of Nursing. 2003: *Nurse reinvestment act*. www.aacn.nche.edu (accessed 12 March 2006)

Cook, A, Hiroz, J & Mildow B. 2006. *Strategies and outcomes associated with magnet hospitals*. Toronto: Nursing Health Services Research Unit.

Donnely, MC. 2003. Why leadership is important to nursing, in *Five keys to successful nursing management*, edited by NH Holmes. Philadelphia: Lippincott Williams & Wilkins:61-68.

Havens, DS & Aiken, LH. 1999. Shaping systems to promote desired outcomes. *Journal of Nursing Administration* 29(2):14-20.

Jooste, K. 2003. Essential Managerial attributes of the nowadays nursing service manager in the South African context. *Curationis* 26(2):19-29

McManis & Manslave Associates. 2003. *Healthy work environments: striving for excellence*. Washington: The American Organization of Nurse Executives.

Sullivan, EJ & Decker, PJC. 2001. *Effective leadership and management in nursing*. 6th edition. Upper Saddle River, NJ: Prentice Hall.

Tappen, RM, Weiss, SA & Whitehead, DK. 2004. *Essentials of nursing leadership and management*. Philadelphia: FA Davis.

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