

**MEASURES TO IMPROVE RETENTION OF NURSES IN A KWAZULU-  
NATAL HOSPITAL: NURSE MANAGERS' VIEWS**

by

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**SUPERVISOR: DR M RAMUKUMBA**

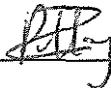
**FEBRUARY 2017**

## DECLARATION

I declare that **MEASURES TO IMPROVE RETENTION OF NURSES IN A KZN HOSPITAL: NURSE MANAGERS' VIEWS** is my own work and that all the sources I have used and quoted have been acknowledged through complete referencing and that this work has not been submitted before for any other degree at any other institution.

DATE: 4 FEBRUARY 2017

SIGNATURE: ZOE PILLAY



A handwritten signature in black ink, appearing to read 'ZOE PILLAY', is written over a horizontal line.

# **MEASURES TO IMPROVE RETENTION OF NURSES IN A KWAZULU-NATAL HOSPITAL: NURSE MANAGERS' VIEWS**

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## **ABSTRACT**

The shortage of nurses in any health care setting increases workloads and complicates workflow. In South Africa the shortage is exacerbated by multiple factors, one of which is the emigration of nurses to countries that offer better benefits and working conditions.

The purpose of the study was to explore and determine the views of nurse managers regarding staff turnover and retention, and to recommend effective measures to improve the retention of nurses.

The inquiry was conducted in a KwaZulu-Natal hospital, a natural setting for the participants. The study utilized a qualitative, explorative, descriptive design. The population of this study comprised of 36 nurse managers. Purposive and convenience sampling techniques were applied to select a sample of 18 nurse managers. Data were collected through focus groups. Data were transcribed and analysed thematically, emerging patterns were noted. The researchers examined these categories closely and compared them for similarities and differences. Identifying the most frequent or significant codes in order to develop the prominent categories. These were summarised in a narrative form.

Four themes emerged from the findings: the staff turnover challenge; current retention strategies; measures to improve retention and strengthening management. The shortage of nursing staff was critical at this selected hospital, and this situation could be considered to be a microcosm of what is happening in public health care sectors in South Africa. Various measures were put in place to curb the high turnover. However, these measures had a fair to low level of success. Therefore, improved retention strategies

are required to reduce the staff turnover. It is evident from the findings that needs to be done to investigate, plan and implement effective measures that are likely to retain nursing staff and recruit more nurses into the profession.

*Key words: nurse managers; nursing shortage; retention measures; staff turnover.*

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- Debbie Turrell, for editing and formatting my dissertation professionally.

## *Dedication*

*To my husband and son for the motivation and support that they have provided me during my studies.*

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## LIST OF ABBREVIATIONS

CPD	Continuous Professional Development
DENOSA	Democratic Nursing Organisation of South Africa
DoH	Department of Health
HFE	Human Factor Engineering
HR	Human Resource
ICN	International Council of Nurses
ICU	Intensive Care Unit
KZN	KwaZulu-Natal
MEC	Member of Executive Council
OSD	Occupation Specific Dispensation
RN	Registered Nurse
SANC	South African Nursing Council
WHO	World Health Organisation

# **CHAPTER 1: ORIENTATION TO THE STUDY**

## **1.1 INTRODUCTION**

The shortage of nurses in any health care setting increases workloads and complicates workflow. In South Africa the shortage is exacerbated by multiple factors, one of which is the emigration of nurses to countries that offer better benefits and working conditions. Mokoka, Oosthuizen and Ehlers (2010:8) found that nurses leave due to dissatisfaction with salaries, poor working conditions and limited professional development opportunities. The combination of a high disease burden, a higher population growth than growth in nursing resources, and ageing nurses has created a vicious cycle where disease burden is increasing because of inadequate care Barnett, Namasivayam and Narudin (2010:32–34). As the disease burden increases, high vacancy rates and mounting workloads increase, producing a chronic staff shortage (Van Rensburg 2014:2). Furthermore, the outflow of nursing staff and the lack of interest shown in the profession mean that the cycle will not be reversed unless improvements occur in the workplace. The importance of retention of nurses cannot be over emphasized (Ehlers & Oosthuizen 2011:8). Nursing managers have a significant role in designing and maintaining these strategies for effective management of human resources for health care. KwaZulu-Natal (KZN), as in the other regions in the country, faces this serious nursing shortage.

## **1.2 RESEARCH PROBLEM**

The research problem is an area of concern related to a gap in the knowledge base, in this case knowledge necessary for nursing practice. Research is conducted to generate essential knowledge to address the concern (Grove, Gray & Burns 2015:511).

### 1.2.1 Background to the problem

According to the Department of Health's (DoH) Human Resources for Health strategy, ensuring an appropriate, trained and sustainable workforce is a priority for the South African health sector (DoH 2012:8). However, there is a critical shortage of nurses, and the Democratic Nursing Organisation of South Africa (DENOSA) has stated that this "continuing gross shortage of nurses has a negative effect in the provision of quality health care to patients" (DENOSA 2013:1). In addition, by creating unsatisfactory working conditions the current critical shortage itself contributes to the more nurses leaving the profession, and deters newcomers from entering the field of nursing.

The statistics from the South African Nursing Council (SANC) (2013:1) show the total population of KZN in 2013 was 10 456 900 with the professional nursing power of 28 158. This gives a population - professional nurse ratio of 371:1 (SANC 2013:1). Students training to become professional nurses in KZN on December 31, 2013 were 3 083 (SANC 2013).

Statistics indicate a growing attrition rate among nursing students and suggest that 30–61% of new nursing graduates report an intention to leave the profession within the first year of professional practice (Price 2009:12). The nursing workforce, as with other health professionals, is an aging one, with 50% of nurses aged over 47 years. With a significant portion of registered nurses (RNs) approaching retirement within the next 15–20 years, future workforce predictions suggest that there will not be sufficient nurses to replace them (Powell 2010:4). In December 2013, 14% of South African nurses were aged 60–69 years, and 3% were above 69 years (SANC 2013). Aging nurses, low recruitment, and nurses leaving the profession or the country signify the importance of developing effective strategies to retain those who are in health care positions. The DoH (2012:12) estimated a shortage of 22 121 professional nurses in 2015.

According to the International Council of Nurses (ICN 2015:4, 5, 6), the global economic crisis has had a devastating impact on the nursing workforce at a time when the global shortage of nurses has produced a growing demand for health care. While the global nursing shortage is hurting health care systems and patients, it also has a negative impact on nurses, since nurses are the largest group of health professionals. Barnett et al. (2010:32–34) state that the shortage has been influenced by the globalization of the labour market, which has allowed nurses to seek higher nursing salaries in other

countries, and to pursue alternative careers. Barnett et al. further state that this reflects a sustained demand for nurses in developed countries.

The DoH's 2012 Annual Report (2012:45) states that "the greatest challenge to the rendition of an efficient and effective health care service has been human resource shortages". This is supported by a statement from the Africa Health Exhibition (2016:1) that "the loss of expertise results in a shortage of skilled labour from where it's most needed, leaving already fragile health systems even more vulnerable and adding a tremendous amount of pressure on the remaining workforce to meet the ever-growing healthcare demands". Recognising the depth of the challenges created by the nursing shortage, the SANC (2012:17, 34) has developed a project to identify the nursing gap, to guide the preparation of sufficient numbers of various categories of nurses, and to improve incentives to promote the retention and recruitment of nursing staff. How the policies are implemented relies on integrated management operations aimed at reducing staff turnover.

Globally there is recognition of a health workforce crisis characterised by critical shortages, an imbalanced skills mix, labour migration, and an uneven geographical distribution of health professionals. This crisis leaves millions of people without access to health services (SANC 2012:14). The president of DENOSA (2013:1) has highlighted the severe shortage of nurses and reports that it has resulted in nursing staff at public sector facilities experiencing burnout, with quality patient care consequently being compromised. The existing retention policy is not effective and the attrition rate is not improving, as nurses are still leaving in high numbers (DoH 2015:35).

The hospital selected for this study lies on the north coast of KZN. The DoH Strategic Plan (2015:5) aims at the prevention of disease and the promotion of health and wellness. It also calls for a patient-centred system of care that emphasises quality and effectiveness. The shortage of nurses limits the achievement of these health outcomes; therefore, this study intends to focus on the retention of nurses and the reduction of staff turnover rates at one hospital in KZN.

## **1.2.2 Statement of the research problem**

Globally, the shortage of human resources for health undermines the ability of countries to improve health outcomes and the performance of health systems. This is exacerbated in South Africa, where there is a quadruple burden of disease (SANC 2012:9). There are multiple factors related to this shortage — excessive workloads, poor remuneration and a lack of opportunities for career advancement characterise the extremely negative working environment of nurses in the public sector (Oosthuizen 2012:56). The high turnover of professional nursing staff and the difficulties in finding replacements have a negative impact on effective human resource management and the general management of hospitals (Osara & Chima 2014:425).

The hospital in this study has 500 beds and a total of 221 nurses, and it serves a population of 630 464 (KZN DoH 2016:1). The nurse: population ratio is very high and is further exacerbated by resignations. Since 2012, 115 nurses, of whom 78 were professional nurses, resigned from the hospital (Regional Hospital Persal 2014). There was an urgent need for the hospital to develop appropriate measures to retain nurses and reduce turnover rates. Nurse managers play a pivotal role in the hospital, because they act as the bridge between senior management and the nurses at the bedside (Powell 2010:18). Their views and role in developing or improving retention measures are important, and for this reason it was felt necessary to conduct this study.

## **1.3 RESEARCH PURPOSE**

This study explored and determined the views of nurse managers regarding staff turnover and retention, and recommended measures to improve the retention of nurses.

### **1.3.1 Research objectives**

The objectives of this research were as follows:

- To explore nurse managers' views regarding staff turnover and retention.
- To describe the experiences of nurse managers of the current turnover.

- To recommend measures to improve the retention of nurses.

### 1.3.2 Research question

The primary research question for this study was the following:

*What measures could be employed to improve the retention of nurses in a selected hospital in KZN?*

## 1.4 SIGNIFICANCE OF THE STUDY

Improved retention rates of nurses would enhance the quality of patient care, improve the morale of the remaining nurses, help to attract more recruits into nursing, and encourage non-practising nurses to re-enter the profession. Patients would benefit from high-quality care, and hospital management would benefit by saving the costs of staff turnover and diverting the resources to where they are most needed. Therefore, the outcome of this study, which sought to identify nurse-retention solutions specific to the selected hospital in KZN, was recommendations for consistent and effective measures to address the critical issues related to staff turnover.

## 1.5 DEFINITIONS OF KEY CONCEPTS

- **Professional nurse:** This term refers to a person registered as such in terms of section 31 of Nursing Act 33 of 2005 (Republic of South Africa 2005:6). In this study, professional nurse refers to Registered Nurses in a clinical facility.
- **Retention measures:** This term refers to employers' efforts intended to encourage their current employees to remain in their employ (Zlotnik, DePanfilis, Daining & McDermott Lane 2005:33). In this study, retention measures means strategies that the hospital and nurse managers developed to retain nurses.
- **Staff turnover:** This is determined as the ratio of the number of organisational members who have left during the period being considered, divided by the

average number of people in that organisation during the period (Ongori 2007:1). In this study, staff turnover refers to professional nurses leaving the hospital for reasons other than retirement.

- **Nurse manager:** These are charge nurses with broader responsibilities for direct patient care, the management and leadership of staff, and organisational resource management (McCallin & Frankson 2010:319). In this study, nurse manager refers to all professional nurses in senior and departmental management positions in the hospital.
- **Nursing shortage:** This refers to the evidence that the dynamics of supply and demand are out of balance (Buchan 2006:457).

## **1.6 RESEARCH METHODOLOGY**

The study utilised a qualitative research methodology. According to Babbie and Mouton (2012:646), qualitative researchers attempt to study human action from an insider's perspective. This approach involves an emic understanding, which means that behaviour is described from the participants' point of view and is context-specific. The research design, population, sample and sampling methods for this study will be discussed further in the following sub-sections.

### **1.6.1 Research design**

Research design refers to an overall plan for conducting a research project that includes data collection, sampling, ethics and analysis (Vogt, Haffaele & Gardner 2012:340). The study adopted a qualitative, explorative, descriptive research design. Qualitative research is a means of exploring and understanding the meanings that individuals or participants give to a social or human problem (Creswell 2014: 4). The problem and the nature of the data that would be generated in answering the research questions influence the choice of qualitative design. Data was collected from nurse managers, and the study focused on eliciting in-depth descriptions of these nurse managers' views and experiences regarding staff turnover and measures to improve retention.

Exploratory design is a means of understanding and gaining insight into a phenomenon under study (De Vos, Strydom, Fouche & Delpont 2011:114). An exploratory design was deemed appropriate for this study, because the study sought an in-depth understanding of nurse managers' views on staff turnover and on their recommended retention measures. A descriptive research design is defined as an attempt to describe what is happening in more detail, by filling in the missing parts and expanding understanding (Babbie & Mouton 2012:271). The experiences of nurse managers in relation to the current high staff turnover and their suggestions for effective measures to improve retention were fully described. The goal was to describe and understand human behaviour, rather than to explain and predict it (Babbie & Mouton 2009:53).

### **1.6.2 Population**

The population of a research study is the entire group of persons that one wants to describe and understand (Gideon 2012:53). The population of this study included 36 nurse managers in a KZN hospital at senior and departmental levels. Nurse managers were considered to be useful and relevant participants, as they are directly involved in the management of human resources for health.

### **1.6.3 Sampling and sampling methods**

Sampling involves the selection of the specific research participants from the entire population, or the process by which a sample is taken (Cottrell 2011:125). Due to the qualitative nature of this study and the need to obtain rich information that was relevant to the research question and objectives, the researcher used a non-probability sampling method to select the study participants.

Non-probability sampling is defined as any kind of sampling where the selection of elements is not determined by the statistical principle of randomness (Terre Blanche, Durrheim & Painter 2009:561). Participants were included in the study according to their knowledge and experience, and the type of information that was needed. Purposive and convenience sampling was used to select 18 participants for this study. Purposive sampling was considered appropriate to this study as it is based on the researchers'

judgement in selecting participants according to the knowledge they possess and experiences they have had that represent the phenomenon under study. A more detailed discussion of the research methodology employed in this study is provided in Chapter 2.

## **1.7 RESEARCH SETTING**

The research setting refers to the location in which the study is conducted (Burns, Grove & Gray 2011:40). The inquiry was conducted in a natural setting in the selected KZN hospital, which was the participants' working environment. Further details on the research context are provided in Chapter 2.

## **1.8 DATA COLLECTION**

According to Saldana (2011:31), data is collected in order to understand the participants' experiences and to document the meanings that the participants have created. The researcher used unstructured data collection approaches, such as semi-structured interviews and focus groups, meaning that only broad guidelines were used to direct the data collection method. The rationale for these approaches is that they allow for deeper, more thoughtful responses, they are not based on preconceived answers, and they are appropriate for explanatory studies, as they provide rich, diverse data (Saldana 2011:31). Babbie and Mouton (2012: 292) state that group interviews create meaning when the participants engage in discussions that provide direct evidence of the similarities and differences in the participants' views and experiences.

The focus group interview is a method where participants meet in a group to talk to one another under the guidance of a researcher. Focus group interviews were deemed appropriate to this study as they allow participants to share their thoughts, views, and experiences, and they facilitated the generation of new ideas about staff turnover and retention measures. Further details on the focus group interviews are provided in Chapter 2.

### **1.8.1 Data analysis**

According to De Vos et al. (2011:399), data analysis in qualitative studies is a process of inductive reasoning. It is performed during and after data collection. The study followed a thematic analysis to analyse data and identify common issues that recurred, and these were summarised in a narrative form. A detailed account of the data analysis procedures is provided in Chapter 2.

## **1.9 MEASURES TO ENSURE TRUSTWORTHINESS**

Trustworthiness is defined as the conceptual equivalent of validity applied to research on qualitative data (Vogt et al. 2012: 355). Lincoln and Guba's model (1985) was used to ensure truth value, applicability, consistency and neutrality. The measures taken to ensure trustworthiness will be discussed in more detail in Chapter 2.

## **1.10 ETHICAL CONSIDERATIONS**

Research ethics comprise of principles, standards and values that guide appropriate conduct in research decisions (Cottrell 2011:331), or can refer to applied ethics that seek to ensure that the welfare of the research participants is protected (Terre Blanche et al. 2009:563). Additionally, Grove et al. (2015:100) describe ethics as human rights that include self-determination, privacy, anonymity and confidentiality, fair selection, fair treatment, and protection from discomfort and harm.

Participants were informed of the nature and purpose of the study, the procedures to be followed, and how the results will be published. Informed consent was sought prior to the commencement of the study and participants were informed about their option to withdraw from the study at any time, if they so desired. The participants were allowed to ask questions for clarity and were given the opportunity to confirm their participation by signing a written consent form. Further details on the ethics applied in this research are provided in Chapter 2.

### **1.11 SCOPE AND LIMITATION**

A qualitative approach was used to conduct this study at a hospital in KZN. Purposive and convenience sampling was used to select nurse managers employed in a public hospital, which may limit the generalisability of the findings to other hospitals. However, in a qualitative study, researchers do not seek to generalise the findings but rather seek an in-depth understanding of a phenomenon that might prove valuable in other situations. The researcher attempted to minimise limitations by providing authentic descriptions of the data.

### **1.12 OUTLINE OF THE STUDY**

Table 1.1 presents an outline of the study.

**TABLE 1.1 OUTLINE OF THE STUDY**

<b>CHAPTER</b>	<b>CHAPTER HEADING</b>	<b>CHAPTER CONTENT</b>
1	Orientation to the study	The researcher discusses the research problem, the purpose of the study, and methodology and ethical considerations.
2	Research design and methodology	Describes the research design and methodology.
3	Presentation and description of research findings	Presents data analysis and presentation of research findings.
4	Findings and comparison with literature	This chapter presents the data analysis and the comparison to literature.
5	Interpretations, discussions of research findings, conclusions and recommendations	This chapter presents the interpretations, discussions, concludes the study, makes recommendations for practice, and for further research.

### **1.13 CONCLUSION**

This chapter provided an overview of the research problem, the purpose and significance of the study, and the research design and methodology, including population, sample, data collection, analysis and ethical considerations. Key terms were defined, and a chapter outline of the study was provided.

The following chapter discusses the research methodology and design of the study in greater detail.

## **CHAPTER 2: RESEARCH DESIGN AND METHODOLOGY**

### **2.1 INTRODUCTION**

The research methodology is the strategy that guides the collection of data to achieve the research objectives. It dictates the different techniques to be used to sample the population to be studied, the data collection methods, and how data will be analysed and interpreted (Leedy & Ormrod 2010:6). This chapter describes the research design and methodology of the study, including the research setting and population, data collection and analysis, trustworthiness and ethical considerations.

### **2.2 PURPOSE OF THE STUDY**

This study explored and determined the views of nurse managers regarding staff turnover and retention, and, based on these views, recommended effective measures to improve the retention of nurses.

### **2.3 RESEARCH DESIGN**

Research design refers to a plan or blueprint of how to conduct the study. It focuses on the end product and logic of the study (Babbie & Mouton 2012:74). This is supported by Leedy and Ormrod (2010:85), who indicate that a research design provides a framework for the steps to be followed, regarding collection of data and analysis of data, with the aim of answering the research questions. The research question lent itself to a qualitative study, which was exploratory and descriptive in nature.

### **2.3.1 Qualitative research**

The study utilised a qualitative research methodology. According to Babbie and Mouton (2012:646), qualitative researchers attempt to study human action from an insider's perspective. This requires an emic understanding of the situation, which means that behaviour is described from the participants' point of view and is context-specific. The methods are based on naturalistic inquiry, data collection and analysis, and interpretation (Tracy 2013:36).

Qualitative methods enabled the researcher to explore the experiences of the participants and the powerful meaning they generate (Anderson 2010:2). Qualitative inquiry seeks an in-depth, contextualised understanding of the phenomena. Such studies are interested in understanding particular and specific events within their own contexts, and "thick", lengthy descriptions capture a sense of the participants' views and behaviours (Babbie & Mouton 2012:272). The objectives and rationale of this present research study were to explore nurse managers' views regarding staff turnover and retention, to describe the experiences of nurse managers of the current turnover, and to recommend measures to improve the retention of nurses. Therefore, it was concluded that qualitative approaches would be most appropriate for finding solutions to the problem of nursing staff turnover. According to Anderson (2010:3), the strengths of qualitative research are that issues can be examined in detail, in-depth interviews are not restricted to specific questions and can be guided or redirected by the researcher in real time, and the research framework and direction can be quickly revised as new information emerges.

The researcher used unstructured data collection approaches, such as semi-structured interviews using focus groups, meaning that only broad guidelines were used to direct the data collection method. The rationale for these approaches is that they allow for deeper, more thoughtful responses, they are not based on preconceived answers, and they are appropriate for explanatory studies, as they provide rich, diverse data (Saldana 2011:31). A qualitative approach assumes that subjectivity is essential for an understanding of the participants' human experiences (Brink, Van der Walt & Van Rensburg 2012:11). This approach assisted the researcher in making representations on new and improved retention strategies based on the nurse managers' views and experiences, understanding, knowledge and recommendations. Babbie and Mouton (2012: 292) state that group interviews create meaning when the participants engage in

discussions that provide direct evidence for similarities and differences in the participants' views and experiences. While conducting this present research study, the researcher's continuous interpretations served as a basis for deciding on subsequent courses of action.

As the study unfolded, the researcher reflected continuously on what had emerged, and made ongoing decisions on the focus and process of data collection. The researcher asked open-ended questions to elicit the views and opinions of the participants regarding staff turnover (Creswell 2014:186), and the overall design was thus exploratory and descriptive.

### **2.3.2 Exploratory design**

An exploratory design is a means of understanding and gaining insight into a phenomenon under study (De Vos et al. 2011). Exploratory research helps the researcher to answer a study's research question. It also provides the researcher with the information needed to achieve the purpose of the study. The findings of the study are the real situation of what is happening (Grove et al. 2015:77). Babbie and Mouton (2012:80) state that explorative design is conducted to satisfy the eagerness and the desire for better understanding, to test the feasibility of the researcher undertaking a more extensive study, to develop the methods to be utilised in the study, to derive the central concepts of the study and to determine priorities for future research.

An exploratory design was deemed appropriate for this study as it allowed the researcher to obtain an in-depth understanding of nurse managers' views on the phenomenon of staff turnover and the recommended retention measures for nurses.

### **2.3.3 Descriptive design**

A descriptive research design is defined as attempts to describe what is happening in more detail, filling in the missing parts and expanding understanding (Babbie & Mouton 2012:271). It enables the researcher to discover new meaning, to describe what exists, and to categorise information in a real-world setting (Grove et al. 2015:33). The

purpose of a descriptive design is to observe, describe, and document the aspects of a situation as it naturally occurs (Polit & Beck 2012:505).

The rationale for using a descriptive design was to describe the experiences of the participants in a way that allowed full descriptions of the nurse managers' views regarding factors related to staff turnover and of their experiences of staff turnover, and that allowed further probing on what could be done to reduce staff turnover.

## **2.4 RESEARCH METHOD**

The research method is the technique used to obtain and analyse information (Polit & Beck 2012:741), and it takes into account the research setting, the population and the sampling of the study.

### **2.4.1 Research setting**

The study setting is the environment within which the researcher collects data pertaining to the problem under observation (Polit & Beck 2012:743). The research setting refers to the location in which the study is conducted (Burns et al. 2011:40). The inquiry was conducted in a natural setting in the selected KZN hospital, which was the participants' working environment. KZN is located in southeastern South Africa. The province is the second most populous province in South Africa and is divided into eleven health districts, namely, eThekweni, Ugu, Umgungundlovu, Uthukela, Umzinyathi, Amajuba, Zululand, Umkhanyakude, UThungulu, iLembe and Sisonke. The study focused on a hospital in KZN that services a health district with a population estimation of 630 464 (KZN DoH 2016:1).



**FIGURE 2.1 MAP OF ILEMBE DISTRICT MUNICIPALITY (Source: Localgovernment.co.za)**

## **2.4.2 Population**

The population of a study is the entire group of persons that one wants to describe and understand (Gideon 2012:53). The population of this study included 36 nurse managers in the selected KZN hospital at senior and departmental levels. Nurse managers were considered relevant, as they are directly involved in management.

The inclusion criteria refer to the characteristics that the elements or subjects of the population must possess in order to be included as participants of the study (Grove et al. 2015:505).

#### **2.4.2.1      *Criteria for inclusion in the study***

The eligibility criteria for inclusion in the study were as follows:

- The participants had to be employed full time as nurse managers, and had to take responsibility for staff-related human resource management functions such as the recruitment, selection, orientation, induction, retention and turnover of professional nurses.
- The participants had to have more than one year's experience in their management position. The researcher believed that in this time they would have had adequate opportunity to experience staff turnover, to have reflected on it and to have implemented some plans to address the problem.

#### **2.4.2.2      *Criteria for exclusion from the study***

Nursing managers from the population of the study who had less than one year's experience in their position, and who were not directly involved with recruitment and retention issues, were excluded from the study.

#### **2.4.3      *Sampling***

Sampling involves the selection of specific research participants from the entire population, or the process by which a sample is taken (Cottrell 2011:125). A sample is a subset of the population selected for a particular study, and the members of a sample are the subjects or participants (Grove et al. 2015:46). Due to the qualitative nature of the study and the need to obtain rich information that was relevant to the research question and objectives, the researcher used non-probability sampling to select the study participants.

Non-probability sampling is defined as any kind of sampling where the selection of the elements or participants is not determined by the statistical principle of randomness (Terre Blanche et al. 2009:561). The purpose was to select participants who were

knowledgeable about the phenomenon and would be in a position to provide rich data on staff turnover and retention (Brink et al. 2012:139).

Purposive and convenience sampling were utilised to select 18 participants. Purposive sampling refers to the selection of participants for a specific purpose based on the judgement of the researcher (Polit & Beck 2012:765). Participants had special knowledge on and experience of the topic under study (Holloway & Wheeler 2010:138). They were purposively selected from a population of nurse managers in the hospital based on the eligibility criteria.

Purposive sampling was considered appropriate to this study, and the researcher's judgement was used to select participants according to their involvement in human resources for health issues. Nurse managers who were willing to share their views and experiences on staff turnover and retention measures were recruited. Convenience sampling refers to the selection of participants who might be useful for the study and who are easily accessible (Holloway & Wheeler 2010:141). The approach was appropriate for this study as the nurse managers who were readily available in the hospital and willing to participate in the study were selected. The study focused only on nurse managers who were on day duty on the day of data collection.

#### **2.4.4 Data collection**

Polit and Beck (2012:532) state that data collection is a way of gathering information to answer the research questions and objectives. Qualitative researchers use data collection methods such as interviews, focus group, observations, and examining written documents and records (Grove et al. 2015:82). The researcher used unstructured data collection approaches in the form of semi-structured interviews and focus groups interviews, using an interview guide, to explore nurse managers' views and experiences regarding staff turnover. The advantage of semi-structured interviews is that they are not based on preconceived answers, and they were deemed appropriate for this explanatory study because they provided rich, diverse data and the questions were easier to construct. The aim was to delve deep in order to obtain rich data on the nurse managers' views and experiences (Saldana 2011:31).

LoBiondo-Wood and Haber (2010:274) refer to interview guide as a list of questions and probes that are used during the interview. For this study an interview guide consisting of open-ended questions was used. These questions were related to the objectives of the study, which were to explore nurse managers' views regarding staff turnover and retention, to describe the nurse managers' experiences of the current turnover, and to recommend measures to improve the retention of nursing based on the nurse managers' views and experiences.

In qualitative research, the researcher has prolonged contact with the participants, and the data gathered from the participants is added to the sample until data saturation has been reached. Data saturation is defined as the point where the researcher has explored the data to satisfaction, and no new insights are gained from adding further data from the participants (Terre Blanche et al. 2009:564).

#### **2.4.5 Focus group methods**

Tracy (2013: 167) defines focus groups as group interviews with between three and 12 participants, in which the interview is characterised by a guided group discussion, questions and answers, and an interactive dialogue. Terre Blanche et al. (2009:304) define focus groups as a group interview of people who share a similar type of experience and are affected by a proposed change. They further state that group interviews are selected in order to reflect various interests within the parameters of the topic. Focus groups are particularly suitable for testing new ideas, because the group context helps people to make sense of new ideas. A focus group interview was considered appropriate to this study as it allowed the participants to share their views on and experiences of staff turnover with one another and to generate new and improved retention strategies (Brink et al. 2012:158).

In an ideal focus group interview, participants produce insightful self-disclosure and effectively explore their experiences (Tracy 2013:167). Babbie and Mouton (2012: 292) state that group interviews create meaning when the participants engage in discussions, and when there is a large amount of interaction on a topic in a limited period of time. They further state that the focus groups interviews are advantageous in that the participants are able to articulate their ideas freely, and the discussions provide direct evidence on similarities and differences in the participants' views and experiences.

#### **2.4.6 Preparing for focus group interviews**

The participants selected the time and location of the focus group interviews that was convenient for them. A comfortable and private room was prepared to ensure privacy. A table and chairs were set up so that all the participants could view each other, and notepads, pencils, a list of the participants, the interview guide, and an audio recorder were assembled.

#### **2.4.7 Facilitation of a focus group**

The nurse managers who met the criteria and were willing to participate were given consent forms (Annexure A) that outlined the conditions of participating in the study. The purpose of the study and central question were discussed with the participants, and the researcher informed the participants of their rights concerning their participation in the study. All participants voluntarily signed an informed consent form and the interviews were audio-taped to capture the participants' original accounts of their views and experiences, and their recommended strategies. The first group consisted of four senior managers, the second group consisted of eight departmental managers, and the third group consisted of six departmental managers.

The researcher welcomed the participants and introduced herself, and then the participants introduced themselves. Certain ground rules relating to the use of cell phones and ensuring that one person spoke at a time were emphasised. Participants were again made aware of their right to withdraw at any stage. The researcher explained the purpose and use of the voice recorder, which was placed in the middle of the group to ensure the full and clear recording of the discussions. All participants were given ample time to express themselves, as the group was manageable. The focus group interviews lasted approximately 90 minutes. The participants were allowed to express their views, experiences, feelings, and perceptions freely. One focus group interview was done in a week to avoid disruptions in the hospital.

## 2.5 DATA ANALYSIS

According to De Vos et al. (2011:399), data analysis in qualitative studies is a process of inductive reasoning. It is performed during and after data collection. A thematic analysis was used to review the data to identify common issues that recur, and these were summarised in a narrative form. Saldana (2013:175) describes a theme as a sentence that identifies the meaning of data. The analysis of texts pursued two goals; one was to reveal the statements or to put them into their context, the other goal was to reduce the original text by paraphrasing, summarizing or categorizing (Flick 2014:371).

The following steps were followed:

- The researcher studied the recordings from all focus groups and transcribed them.
- After transcription, the researcher read the written data again to check for accuracy and immerse herself in the entire dataset, making notes on general impressions.
- Sections of the data which seemed to be distinct opinions of participants were highlighted to develop broad topics which were abbreviated into the predetermined code. The text was searched to find, list and cross tabulate the identified analytical units.
- Coded sections were read again to mark sections that fitted into the topic, cut, pasted and grouped similar data from the quotes and classified them to develop themes, sub-themes and categories. Themes appeared as major headings in the findings. The strategies of categorising, contextualisation and constant comparison were followed where the data was compared to establish relationship among the different categories. Connections and links were identified.
- A general description of the themes was described by developing emerging meanings into sub-themes and categories from individual quotes. (De Vos et al. (2011:399)

## **2.6 MEASURES TO ENSURE TRUSTWORTHINESS**

Trustworthiness is defined as the conceptual equivalent of validity applied to research on qualitative data (Vogt et al. 2012: 355). Lincoln and Guba's model (1985) was used to ensure truth value, applicability, consistency and neutrality (as outlined in Table 2.1).

**TABLE 2.1 TRUSTWORTHINESS IN QUALITATIVE RESEARCH**

CRITERIA FOR TRUSTWORTHINESS		CURRENT STUDY
<b>CREDIBILITY</b>	<i>Credibility</i> refers to the level of confidence in the findings of the study and it can be established in various ways such as prolonged engagement in the setting and triangulation of data sources and member checking (Major & Savin-Baden 2012:179).	The researcher enhanced the credibility of the study by using prolonged interviews of approximately 60 minutes, by applying bracketing, and recording the interviews. One participant from each focus group read the transcripts from that particular focus group to confirm that they were a true reflection of what had been described. The credibility of the study was enhanced by continuing with the data collection until data saturation had been attained. The researcher increased interactions with the nurse manager participants until no further useful information was obtained.
<b>DEPENDABILITY</b>	<i>Dependability</i> is the notion that the researcher can be trusted over time (Major & Savin-Baden 2012:179). The researcher must show evidence that the findings are consistent and could be repeated.	The researcher enhanced the dependability of the study by maintaining a “thick” description of all data and relevant methodological information, in order to enable other researchers to replicate the study.
<b>CONFIRMABILITY</b>	<i>Confirmability</i> refers to the neutrality of the researcher during data analysis and interpretation (Major & Savin-Baden 2012:179). This can be achieved when the truth value and applicability are established.	The researcher ensured that the results reflected the nurse managers’ views and experiences that they revealed during data collection. The audit trail, member checking and bracketing served to enhance the confirmability of the research results. The researcher also sought confirmation from the participants that the interpretations were true reflections of their views and experiences.
<b>TRANSFERABILITY</b>	<i>Transferability</i> means that the findings have applicability in other contexts (Tracy 2013:239).	The researcher aimed to achieve transferability of the study by selecting information-rich nurse managers, by conducting data collection until data saturation had occurred, by providing in-depth accounts of the implementation of retention measures, and by providing dense descriptions of the research data, so that in similar contexts and conditions the results could be transferable.

## **2.7 ETHICAL CONSIDERATIONS**

Ethics comprise of principles, standards and values that guide appropriate conduct in research decisions (Cottrell 2011:331). Research ethics is concerned with the protection of the human rights of the subjects who participate in the research study. These human rights are self-determination, privacy, anonymity and confidentiality, fair selection, fair treatment, and protection from discomfort and harm (Grove et al. 2015:100).

### **2.7.1 Permission**

This researcher sought permission from the hospital authorities to conduct the research (Annexure C). Permission was granted from the manager of the medical services of the selected hospital in KZN (Annexure E). The researcher also obtained ethical clearance to conduct the study from the Higher Degrees Committee of the Department of Health Studies of the University of South Africa (UNISA) (Annexure G), and permission to conduct the study from the KZN Department of Health (Annexure F).

### **2.7.2 Informed consent**

The researcher informed the participants of the purpose of the study and participants signed a form indicating their informed consent to participate. They were made aware that they were not being forced to participate in the study, and that they had the right to withdraw at any time, the right not to answer questions that they felt violated their privacy, and the right to withhold information without being penalised (Annexure A).

### **2.7.3 Self-determination**

The participants' right to self-determination is based on the principle of respect for persons, which implies that an individual has the right to decide whether or not to participate in a study, without the risk of penalty or prejudicial treatment. Participants had the right to withdraw from the study at any time, to refuse to give information, and to ask clarification about the purpose of the study (Brink et al. 2012:35). The researcher explained the purpose of the study and informed the participants that they had the right

to choose to participate or withdraw at any time. Participants participated voluntarily after informed consent was signed.

#### **2.7.4 Privacy, anonymity and confidentiality**

Privacy involves keeping to oneself that which is normally not intended for others to observe or analyse. Participants have the right to decide when, where, to whom and to what extent to reveal their beliefs, behaviours and attitudes (De Vos et al. 2011:119). In this study, the researcher ensured the participants' privacy by making appointments for times that were convenient for the participants and by using a private room for the focus group interviews.

Anonymity means that a participant's identity should not be linked, even by the researcher, with his or her individual responses (LoBiondo-Wood & Haber 2010:252). Such anonymity is achieved when participants' identity, responses and information cannot be linked in any way to them (Burns et al. 2011:533). In this study, participants were assigned code numbers for identification instead of names.

Confidentiality means that the individual identities of the participants will not be linked to the information they provide (LoBiondo-Wood & Haber 2010:253). In this study, no unauthorised person was allowed access to the data.

#### **2.7.5 Protection from discomfort and harm**

The right of participants to be protected from discomfort and harm is based on the principle of beneficence, which involves securing the well-being of the participants — physical, psychological, emotional, spiritual, economic, social or legal (Brink et al. 2012:36). Additionally, Grove et al. (2015:98) encourage the researcher to do good, and above all do no harm. They were periodically reminded and encouraged to communicate any form of discomfort. They were also monitored for any sign of psychological distress.

### **2.7.6 Fair selection and treatment**

The right of participants to fair selection and treatment is based on the ethical principle of justice, which indicates that the researcher must select with fairness the study population in general. The participants should be selected for reasons directly related to the research problem (Brink et al. 2012:36). In addition, Grove et al. (2015:98) add that human subjects should be treated fairly in terms of the benefits and the risks of the research. Participants were treated fairly and agreements made were respected by adherence to the dates and time of the appointments for data collection.

### **2.7.7 Scientific integrity**

Integrity involves maintaining honesty (Stake 2010:220).The researcher aimed to ensure scientific integrity by maintaining objectivity, honesty and integrity in collecting accurate data; by securing trustworthiness; by refraining from falsifying, fabricating, misinterpreting or distorting data; by acknowledging the sources consulted; and by acknowledging contributions.

The researcher aimed not to be prejudiced, but to be tolerant and to accept participants' subjective data as accurate, by reassuring participants that all the information they gave was important, by maintaining trust, confidentiality and rapport, by acknowledging participants' contributions and by being a good listener. The measures that the researcher applied to enhance the trustworthiness of the study also served to ensure its scientific integrity. The researcher acknowledged all sources and references used in the study, as well as all the individuals and institutions who contributed to the study. Findings were presented fully and were not misrepresented.

## **2.8 CONCLUSION**

This chapter discussed the research design and methodology, including the study's setting, population, sampling, data collection and analysis. The measures taken to ensure the study's trustworthiness and sound ethical position were presented. Chapter 3 presents and describes the research findings.

## **CHAPTER 3: PRESENTATION AND DESCRIPTION OF RESEARCH FINDINGS**

### **3.1 INTRODUCTION**

This chapter presents and describes the research findings. The findings are based on qualitative data collected from senior and departmental nurse managers working at the selected KZN hospital. The objectives of the study were to explore nurse managers' views regarding staff turnover and retention, to describe the nurse managers' experiences of the current turnover, and to recommend measures to improve retention of nurses based on the data gathered from the nurse managers. Three focus groups were conducted, with a total of 18 nurse managers. Data is presented by means of a discussion of the identified themes, subthemes and categories, with verbatim supporting statements.

### **3.2 DATA ANALYSIS**

Data analysis in qualitative research refers to the non-numerical examination and interpretation of observations, for the purpose of discovering underlying meaning and patterns of relationships (Babbie & Mouton 2012:646). It is conducted concurrently with gathering data, making interpretations and writing reports (De Vos et al. 2011:409). Data in qualitative research is non-numerical and is usually in the form of written information (Brink et al. 2012:193), as was the case with this study. Tappen (2016:406) concurs and indicates that qualitative coding without quantification is most appropriate for most data obtained through interviews. Data analysis followed the steps described in Chapter 2 (section 2.5).

### 3.2.1 Participants' biographical information

The biographical data of the focus groups reflects the participants' gender, category of manager and years of experience in that position.

#### 3.2.1.1 Biographical information

TABLE 3.1 BIOGRAPHICAL DATA

	FOCUS GROUP 1 (N=4)		FOCUS GROUP 2 (N=8)		FOCUS GROUP 3 (N=6)	
<b>GENDER</b>	Males	0	Males	1	Males	0
	Females	4	Females	7	Females	6
<b>CATEGORY OF MANAGER</b>	Senior managers	4	Departmental managers	8	Departmental managers	6
<b>EXPERIENCE AS A NURSE MANAGER</b>	1–5 years	0	1–5 years	0	1–5 years	6
	6–10 years	2	6–10 years	7	6–10 years	0
	> 10 years	2	> 10 years	1	> 10 years	0

A total of 18 nurse managers, of whom one was male and 17 were female, participated in the focus groups. As Table 3.1 shows, 15 participants had 1–10 years' experience as managers, and three had over 10 years.

**Table 3.2 AGE OF PARTICIPANTS**

	FOCUS GROUP 1 (N=4)		FOCUS GROUP 2 (N=8)		FOCUS GROUP 3 (N=6)	
<b>AGE OF THE NURSE MANAGERS</b>	35–44 years	0	35–44 years	1	35–44 years	6
	45–54 years	2	45–54 years	7	45–54 years	0
	55-64 years	2	55-64 years	0	55-64 years	0

Across the three groups, there were seven managers between ages 35-44 years, nine between 45-54 years and lastly, only two between ages 55-64.

**3.3 THEMES**

Four themes with associated categories emerged from the data collected from the three focus groups:

- Theme 1: The staff turnover challenge
- Theme 2: Current retention strategies
- Theme 3: Measures to improve retention
- Theme 4: Strengthening management

**3.3.1 Theme 1: The staff turnover challenge**

The experiences of staff turnover are summarised in Theme 1, the staff turnover challenge. Three subthemes emerged from the data: patterns of staff turnover, implications for nurses’ health, and effects on the quality of patient care. The categories are presented in Table 3.2.

**TABLE 3.3 THEME 1: THE STAFF TURNOVER CHALLENGE**

THEME 1	SUBTHEMES	CATEGORIES
<p><b>THE STAFF TURNOVER CHALLENGE</b></p>	<p><b>Patterns of staff turnover</b></p>	<ul style="list-style-type: none"> <li>• nurses leaving without replacement</li> <li>• extent of resignations in the hospital and region</li> <li>• age of current workforce</li> <li>• push factors</li> </ul>
	<p><b>Implications for nurses' health</b></p>	<ul style="list-style-type: none"> <li>• psychological impact</li> <li>• emotional impact</li> <li>• physical strain</li> </ul>
	<p><b>Effects on the quality of patient care</b></p>	<ul style="list-style-type: none"> <li>• poor patient care</li> <li>• inability to execute organisational goals</li> <li>• decreased patient satisfaction with care</li> <li>• patients' prolonged length of stay</li> </ul>

**3.3.1.1 Subtheme 1.1: Patterns of staff turnover**

Questions were asked to gain information on the participants' experiences of staff turnover to understand how it affected them. The participants described issues related to staff turnover in their hospital and in the region. Categories that emerged were as follows: nurses leaving without replacement, extent of resignations in the hospital and region, age of current workforce, and push factors.

**3.3.1.1.1 Category 1.1.1: Nurses leaving without replacement**

All participants in the three focus groups agreed and described how, when nurses left their positions, the hospital could not find replacements, thus resulting in a high number of vacant posts. They (n=18) viewed staff turnover over as a challenge to them in terms of the hospital's position and resources. They also indicated the challenge of high patient numbers. The following statements support this finding:

*“When nurses resign there is no replacement, professional nurses do not want to apply because they know that this is a busy hospital. This is a regional hospital and services a large population and we do not turn the patients away.”*

*“High turnover for us means a struggle and overstretching of scanty resources we currently have. We have plenty vacant posts. The applications are few and do not match the resignations.”*

#### 3.3.1.1.2 Category 1.1.2: Extent of resignations in the hospital and region

The nurse managers elaborated on their experiences related to staff turnover in this particular hospital, and portrayed a grim picture of the extent of resignations. The majority (n=15) indicated that the situation is not unique to their hospital, and that other facilities in the region experience similar issues with staff turnover. However, a few of the participants (n=3) believed that their hospital was the most seriously affected in the region. Supporting statements are provided below:

*“Professional nurses are leaving at an alarming rate. Four professional nurses resigned in our ward last month. Another one has resigned, and is leaving at the end of this month and I know of others in other wards that are planning to leave.”*

*“In the past two years, 115 nurses resigned and 78 of them were professional nurses, so, the turnover rate is quite high in our hospital.”*

*“What we are experiencing in this hospital is almost similar to other facilities. The other three district hospitals in the region are likewise having high turnover rates and would have almost similar experiences.”*

#### 3.3.1.1.3 Category 1.1.3: Age of current workforce

The majority of the participants (n=15) commented that there was a greater number of nurses in the older age category, as younger nurses tend to work for a few years and then leave. Most (n=14) added to that observation and highlighted the need to recruit younger nurses and to address the issues that push these nurses to leave, in order to

create a steady and stable workforce. A few (n=4) believed that the age distribution is a nationwide phenomenon. Below are the quotes that support this finding:

*“In this hospital, there are many older nurses nearing retirement and this could pose a threat in the future if younger nurses are not employed promptly. The younger nurses get a few years’ experience and resign to work overseas because of various personal and work-related factors.”*

*“The group that frequently resigns is between 30 to 40 years of age and we are left with majority of the nurses between the ages of 45 to 60 years. It is obvious that we need to increase our efforts in addressing these problems so that there could be stability.”*

#### 3.3.1.1.4 Category 1.1.4: Push factors

The participants described various factors that influenced nurses to leave, such as the high nurse-patient ratio, poor working conditions, a lack of staff development, low salaries and an excessive workload. The majority (n=16) emphasised high workload. The others (n=2) added no new information. These issues have been cited in the literature; Sohaba (2012:67–68), for example, found that poor working conditions, staff shortages, an increased workload and limited access to staff development influence the nurses’ decision to leave. Below are the verbatim quotes that support this finding:

*“There are too many patients and nurses cannot cope with the high workload. They attend to all the patients that come in and it can be very stressful.”*

*“Nurses are unhappy and dissatisfied with their salaries, among other things, and this causes them to leave and mostly go overseas.”*

*“There is insufficient material resources to work with as well as shortage of staff which could influence the nurses’ decision to leave. Few opportunities for training and development programmes could also be the reasons for resignations. Nurses want to improve their professional knowledge and skill for career progression.”*

### **3.3.1.2 Subtheme 1.2: Implications for nurses' health**

Stable and healthy nurses are essential in any health care organisation. In the subtheme *implications for nurses' health*, participants described the impact that staff turnover had on the nurses. Three categories emerged from the data: psychological impact, emotional impact, and physical strain.

#### **3.3.1.2.1 Category 1.2.1: Psychological impact**

In this study, psychological impact refers to the impact on the mind and how it affects a person's level of functioning. Approximately half of the nurse managers (n=9) indicated that there was a high rate of staff absenteeism, and suggested, based on their observations, that an excessive workload and stress-related conditions could be common reasons for this absenteeism. Slightly less than half (n = 7), acknowledged the impact of psychological burnout on performance. Whereas, (n=2) did not add any information on this particular issue. However, they agreed with the inputs of others. This observation concurs with Salyers, Flanagan, Firmin and Rollins's (2015:206) findings that burnout has a negative impact on the quality of health care and on nurses' health. The following statements support the finding:

*"The absenteeism rate has increased, the majority of nurses experience work overload. Nurses constantly show signs of stress and burnout. It follows that if nurses cannot cope with the situation, they may leave."*

*"We have noticed some decline in performance in some nurses which may imply that they may be experiencing burnout. Some show difficulties in concentrating on a task at hand, because certain instructions have to be repeated several times before they are carried out. This could be indicative of mental exhaustion. However, nurses do their best under the circumstances."*

#### **3.3.1.2.2 Category 1.2.2: Emotional impact**

Emotional impact can be differentiated from psychological impact in that the focus is on the feelings and the heart. A greater number of the participants (n=11) believed that the excessive workload and the difficult circumstances nurses work under could result in

emotional strain that usually manifests as irritability, agitation and frustration. Less than half of the participants (n=7) indicated that most nurses were unhappy and unsociable, which could be due to emotional exhaustion. Below are the quotes that support this finding:

*“At times, the nurses become easily irritable and get annoyed with staff members and patients; maybe this could be signs of emotional strain due to the situation in the hospital.”*

*“Sometimes nurses are rude and become agitated or frustrated with the patients. I am not sure what could be the cause. There could be many things related to this behaviour or perhaps things they cannot deal with adequately. Some appear uninterested in their work.”*

#### 3.3.1.2.3 Category 1.2.3: Physical strain

The factors already cited, such as an excessive workload, and emotional and psychological exhaustion, also contribute to physical strain. A large number of participants (n= 13) acknowledged the high level of staff absenteeism, and observed that it was usually the same nurses who reported sick regularly, which could be indicative of fatigue. Meanwhile, a few (n =5), emphasised the relationship between general exhaustion and high patient load. This observation concurs with MacKusick and Minick’s (2010:337,339) finding that fatigue increases absenteeism and is the main reason for nurses leaving the profession. Below are the participants’ statements that support this finding:

*“Each week about three or more nurses book off sick and sometimes it is the same nurses that book off; there could be other reasons, but I believe that it may imply fatigue.”*

*“Nurses appear to be tired and seem to have difficulties in concentrating on the routine tasks and this can be seen when they take longer to complete tasks. It is a fact that if there is [a staff] shortage, nurses will carry heavy workloads.”*

### **3.3.1.3 Subtheme 1.3: Effects on the quality of patient care**

The participants acknowledged the negative effects of staff turnover and staff shortages on patient care delivery, such as poor patient outcomes and patients' dissatisfaction with their health care. Four categories emerged from the data: poor patient care, inability to execute organisational goals, decreased patient satisfaction with care, and patients' prolonged length of stay.

#### **3.3.1.3.1 Category 1.3.1: Poor patient care**

In response to the question on how staff turnover impacted patient care, participants described the nursing shortage as having a negative effect on the standard of patient care provided. Various indications of poor patient care were cited by a great number (n =15) of nurse managers as patients' personal hygiene, and safety, because nurses are unavailable to perform basic nursing care interventions. A few (n=3), added other issues such as feeding or checking on drip sites at the required times. The following verbatim quotes support this finding:

*"We can't run the departments effectively because of the shortage; for example, at times patients stay in their soiled linen until staff members become available to replace it. That is not an excuse for general poor nursing care, it is a reality that we experience."*

*"Due to the workload, there is not enough time to feed needy patients, for instance; patients that are incapable of eating on their own have to wait a while before they are fed."*

*"There are times when you find patients' drip site infiltrated and nurses only become aware of it only when you draw their attention to it because they do not have the time to check every drip site at regular intervals."*

### 3.3.1.3.2 Category 1.3.2: Inability to execute organisational goals

Hospitals have targets and timelines. The majority of participants (n= 13), expressed concern that more often than not they operate below expectations and are not able to achieve the organisational goals within the stipulated schedules. The rest (n=5), emphasised that the hospital strives for high-quality care. However, the lack of human resources compromised their targets. The participants' statements below support this finding:

*“More often we are unable to execute our expected goal of providing timeous services because we do not have adequate staff to meet patients' growing demands for health care services.”*

*“A very significant goal is to provide high-quality health care and attain optimal patient outcomes, which is being compromised because we are unable to meet expectations due to shortage of staff and material resources.”*

### 3.3.1.3.3 Category 1.3.3: Decreased patient satisfaction with care

Patients' experience of their care is one of the quality indicators that hospitals use to establish a sense of the quality of their health care delivery. The majority of the participants (n=14), expressed that patient surveys often showed displeasure and disappointment with the level of care rendered. Whilst a few (n=4), acknowledged that some patients expressed their unhappiness through violent behaviour and complaints about the waiting hours. This observation is supported by Ebrahimipour, Vafae-Najar, Khanijahani, Pourtaleb, Saadati and Molavi's (2013:275) findings that patients were dissatisfied and complained about the level of care, the quality of hospital care services, and the insufficient time that nurses have to attend to them. The following quotes support this finding:

*“We have experienced incidents of violence by patients who were unhappy because they expected better care. Some told us that they wanted to get well soon and go home whilst others asked for transfers to other hospitals because they felt that they would get better treatment and care in other hospitals.”*

*“Patient satisfaction surveys are done on a regular basis and a small percentage of the patients are satisfied with the level of care given. In this department patients are constantly moaning that they have to wait long hours before they are attended to and feel that their health and safety are compromised ... sometimes the security guards calm them down.”*

#### 3.3.1.3.4 Category 1.3.4: Patients’ prolonged length of stay

The dominant views (n=15) showed various factors that influenced the average length of stay for specific conditions. Among other factors, staff shortages were frequently mentioned, as a result of high staff turnover and low recruitment into the profession. This impact translated to the patients’ prolonged length of stay for common conditions. The main concern expressed by some of the participants (n=3) was patients’ exposure to nosocomial infections, and the associated high costs. The findings are supported by the quotes below:

*“Some patients stay longer than usual for the particular conditions because the nurses are unable to cope with caring for so many patients and that compromises safety. We have seen an increase in hospital-acquired infections across the hospital.”*

*“Patients get complications due to various reasons, some we have mentioned already, they stay longer in the hospital and that exposes them to infections and we know that this means more money because these infections are usually expensive to treat.”*

### 3.3.2 Theme 2: Current retention strategies

In Theme 2, *current retention strategies*, two subthemes emerged from the data: incentives to retain nurses, and evaluation of current strategies. The categories are presented in Table 3.3.

**TABLE 3.4 CURRENT RETENTION STRATEGIES**

THEME 2	SUBTHEMES	CATEGORIES
<p align="center"><b>CURRENT RETENTION STRATEGIES</b></p>	<p align="center">Incentives to retain nurses</p>	<ul style="list-style-type: none"> <li>• routine meetings</li> <li>• motivating staff</li> <li>• hospital-based incentive policies</li> <li>• support received from the DoH</li> </ul>
	<p align="center">Evaluation of current retention measures</p>	<ul style="list-style-type: none"> <li>• strengths of the measures</li> <li>• weaknesses of the measures</li> </ul>

**3.3.2.1 Subtheme 2.1: Incentives to retain nurses**

The participants described the measures that are currently being implemented to retain nurses, in order to enhance the stability of the workforce and the quality of patient care. The four categories that emerged from the data are as follows: routine meetings, motivating staff, hospital-based incentive policies, and support received from the DoH.

**3.3.2.1.1 Category 2.1.1: Routine meetings**

All the participants (n=18) explained that in an effort to retain nurses, they held regular team-building meetings with staff to discuss the challenges and successes in the work place, and to improve team work and support work effectiveness. These meetings involved human resources personnel and senior management, and some were ward-based. The verbatim quotes below indicate the participants’ views:

*“Human Resources and the management team arrange regular meetings to exchange information and solutions regarding issues, for example, ways in which we can reduce workload by allocating and planning a proper staff mix in the wards for each shift.”*

*“Meetings are held in the wards and the nurses discuss any concerns that they may have regarding patient care and ward management. The nurses get involved in discussing diagnoses, exchanging new ideas, resolving conflict, addressing patient care plans ... matrons meet on a weekly basis, to discuss relevant issues.”*

*“These team-building meetings help in developing good working relationships and interacting effectively with each other; for example, nurses in my ward get together sometimes and discuss patient and care issues.”*

#### 3.3.2.1.2 Category 2.1.2: Motivating staff

The nurse managers described various strategies that they employed to keep nurses sufficiently motivated, over half of them (n=10) emphasized that keeping nurses motivated is important in their organisation. Whilst others (n=8) focused more on the various measures they employed, such as effective feedback channels, listening, and support in their staff's professional and personal lives, to show that this is a caring hospital. The following quotes support this finding:

*“Nurses are given feedback on the duties they were assigned to do and when they do well, we acknowledge them in front of all the nurses on duty. Our staff meetings serve a dual purpose, as we listen to their ideas, we also aim to motivate and support them.”*

*“We support professional development in their chosen fields and encourage them to apply for post-basic courses. We also provide support in their personal life, for example during bereavement we make financial contributions. We have made this a norm for this hospital, just for them to feel that we care and they could feel motivated to stay.”*

*“We encourage nurses to suggest measures to reduce their workload and these suggestions are brought to the executive management's attention; one I remember was that nurses and intern doctors should work together in referring patients to the outpatients department for treatment because some patients can be treated effectively on an outpatient basis.”*

### **3.3.2.1.3 Category 2.1.3: Hospital-based incentive policies**

Participants in all groups agreed that the intention of the hospital-based incentive system currently being implemented was to increase nurses' performance. There were various incentives provided such as certificates, trophies and vouchers. This was from (n=16) participants, staff appraisal policies were suggested by two (n=2). They indicated that these policies were also implemented as part of a retention strategy. This is indicated from the following quotations from the participants:

*“Each ward has its own incentives and rewards, the manager decides who is the best performer and which nurse has the least amount of absenteeism, and those nurses will receive a certificate and a trophy. These certificates and trophies are given at an open day that is held once a year. In the medical ward the manager gives a R100 voucher to the best performing nurse.”*

*“We send one nurse per year to study for career advancement. We would like to send more, but with the current staffing challenges, we cannot. Nurses also get a 1% increase per year if they get a score of 4 on their performance evaluation.”*

### **3.3.2.1.4 Category 2.1.4: Support received from the DoH**

Most of the participants in all groups (n=12) acknowledged that staff turnover was a complex issue, and that multiple factors were involved, whilst (n=6) tended to focus on some of the initiatives by the DoH used to address poor remuneration, because they believed that non-market-related packages were the main cause of staff turnover. Mokoka et al. (2010:4), for example, found that offering monetary rewards, such as competitive salaries and scarce skills remunerations, is an important factor in addressing issues of remuneration to improve staff retention. The verbatim quotes below support this finding:

*“Nurses receive an allowance of 8% because we are in between the urban and rural area, four months paid maternity leave, double pay on Sundays and public holidays, sick leave and annual leave.”*

*“All nurses receive a housing allowance, pension fund and a subsidized government medical aid scheme, which is more affordable than private medical aid, but offers good benefits.”*

*“Nurses who meet the requirements set out by the DoH of having qualifications in specific post-basic courses like theatre and ICU are entitled to receive the Occupation Specific Dispensation (OSD) allowance.”*

### **3.3.2.2 Subtheme 2.2: Evaluation of current measures**

The participants' evaluations of the incentives to retain nurses discussed above revealed various levels of success. They attributed some successes to the retention efforts, as some had yielded positive outcomes, whilst the others had no impact on retaining staff. They also acknowledged the various challenges that frustrate the efforts to retain nursing staff.

#### **3.3.2.2.1 Category 2.2.1: Strengths of the measures**

Participants in all focus groups acknowledged the complexities involved in creating an environment conducive to work satisfaction for nurses. However, there were also some positive indicators. A great number of them (n=18) mentioned that under the current conditions, more needed to be done. They viewed the small successes as steps in the right direction that could be built on. The current efforts could be used to continue reflecting on what had worked and what had not. Half of the participants (n=9) cited staff motivation, constructive feedback, ward meetings, team meetings were somewhat successful, whilst the rest (n= 9) described other incentives that were found to be fairly successful such as fostering more positive attitudes, and increasing knowledge and confidence in some nurses who chose not to leave. Below are the quotes that support this finding:

*“In my department, ward meetings were successful because nurses seemed to have gained more knowledge in the diagnosis and design of patient care plans. They showed more confidence and competence in making appropriate decisions*

*regarding patient care; once patient care improves, the morale increases. I believe that the regular ward discussions were effective.”*

*“Those nurses who received positive feedback on tasks, and those whose ideas were put into practice seemed to get an uplift in work performance. Perhaps it is that sense of being valued and appreciated and perhaps they experienced some sense of belonging and chose to stay despite all the challenges we currently have. However, we need to continuously reflect and improve these small positive outcomes.”*

*“In my opinion, departmental incentives of rewarding nurses with trophies and vouchers for good performance is a positive strategy as this motivated nurses in various departments to strive for the good performance awards.”*

#### 3.3.2.2.2 Category 2.2.2: Weaknesses of the measures

Whilst participants acknowledged some small successes, they also indicated a multitude of challenges. They reiterated the complexities involved in issues of staff turnover and in retention efforts, and indicated that supportive strategies such as staff motivation had little noticeable impact on individual’s intent to leave, this was said by (n=12) nurse managers across all groups. However, on a personal level, and with individual-based units, there were some small successes, this was mentioned by (n=6) participants.

The biggest challenges were identified in relation to hospital-based incentives and support from the DoH. Those measures did not seem to achieve the intended goal of retaining nurses. A greater number of them (n=17) believed that poor implementation, among other things, could have resulted in the failure to retain nurses. The following verbatim quotes support this finding:

*“My opinion is that the meetings with HR and the management team regarding proper allocation of staff mix to reduce the high workload issues, was unsuccessful.”*

*“Some senior managers did not follow up, hence nurses still experience high work overload. It could have been better.”*

*“Currently only specialty nurses are receiving the OSD allowances, but there are many nurses who have numerous years of service in general wards who are not being considered for the OSD allowance. It is known that nurses are dissatisfied with their salaries.”*

*“Multiple factors influence the decision to leave or stay. Besides incentives, there are other issues such as material resources and nurses salaries which are beyond the scope of what hospitals could do. Supporting one nurse per year is not sufficient, but I do understand the financial issues.”*

*“Nurses are given the opportunity to share ideas regarding patients and ward management but in my opinion they should be given more opportunities to participate in shared decision making regarding issues that directly affect their practice. Currently the shared ideas worked regarding direct patient care but participation in decisions regarding working conditions and staffing is still found to be lacking.”*

### **3.3.3 Theme 3: Measures to improve retention**

According to the World Health Organisation (WHO 2010:12), governments around the world are looking for innovative, system-transforming solutions that will ensure the appropriate supply, mix and distribution of the health workforce. Nurse retention is crucial because of current shortages in many health care workforces globally, combined with high turnover rates and ageing populations. This theme gave rise to the following three subthemes: working conditions, resources for optimal functioning, and managing change.

**TABLE 3.5 THEME 3: MEASURES TO IMPROVE RETENTION**

THEME 3	SUBTHEMES	CATEGORIES
<p><b>MEASURES TO IMPROVE RETENTION</b></p>	<p>Working conditions</p>	<ul style="list-style-type: none"> <li>• rewards and benefits</li> <li>• staff development</li> <li>• reasonable workload</li> <li>• support for nurses</li> </ul>
	<p>Resources for optimal functioning</p>	<ul style="list-style-type: none"> <li>• adequate resources</li> <li>• utilisation management</li> </ul>
	<p>Managing change</p>	<ul style="list-style-type: none"> <li>• addressing competing careers</li> <li>• improving the image of nursing</li> <li>• emerging technologies</li> </ul>

**3.3.3.1 Subtheme 3.1: Working conditions**

The previous discussions made reference to push factors, and to the impact of high staff turnover on the nurses themselves, as well as the services they perform. The participants believed that if working conditions could be improved substantially there could be tangible results in terms of staff retention. The four categories that emerged from the subtheme data are as follows: rewards and benefits, staff development, reasonable workload, and support for nurses.

**3.3.3.1.1 Category 3.1.1: Rewards and benefits**

Most of the study participants (n=16), believed that monetary rewards carried the most weight in any attempts to retain nurses in their current positions. Two (n=2) recognised that the total benefits for nurses were not market related and that most nurses stay in the profession because there is nothing better for them out there. The majority (n=14) further indicated that danger allowances, and various service and performance incentives and awards such as mentorship and clinical practice awards, may

accomplish the aim of retaining nurses. Verbatim statements made by participants are given below:

*“The Department of Health could review and restructure the remuneration package for nurses and make it market related. All nurses should receive a 14<sup>th</sup> cheque as a danger allowance because they are working in risky environments.”*

*“Different kinds of incentives like graduation, years of service incentive and improving the financial rewards for good performance by increasing the voucher amount could have a positive impact.”*

*“Besides the best performance award, there should be other awards like best mentorship award for the mentor who created a positive and ongoing learning environment; a research award for the nurse who was involved in researching a practice issue; a clinical practice award for the nurse who implements an effective programme to enhance the quality of care, and so on.”*

#### 3.3.3.1.2 Category 3.1.2: Staff development

The participants believed that training and development opportunities can discourage turnover by keeping the nurses satisfied and well positioned for future growth. The majority (n=16) of the participants recommended liaising with senior management regarding staff development programmes, and conducting training programmes with the aim of creating opportunities for nurses to develop new skills for quality care and for personal and professional satisfaction. There were no further inputs from others on this issue. Some of the managers' thoughts were as follows:

*“I suggest that we should continually liaise with all senior managers to explore the latest advances for training and development programmes and making these available to the staff for professional and personal growth.”*

*“We should create opportunities to implement skills training, in-service training programmes and seminars for nurses to continuously acquire new skills and knowledge for maintaining high-quality nursing care and to satisfy self-development, which may assist in retaining nurses.”*

### 3.3.3.1.3 Category 3.1.3: Reasonable workload

There were various recommendation for certain strategies such as improved and standardised delegation, staff mix, and skill mix to maximise collaborative efforts to effect positive outcomes. All participants admitted that adequate nurse staffing and reasonable workloads are believed to affect patient outcomes. This is affirmed by Bien (2013: 6,7), who finds that there are proven benefits in developing a systematic approach to determining skill levels of staff and a balanced work schedule, and the overall impact reduces turnover and improves quality of care.

A senior participant (n=1) further suggested using the human factor engineering (HFE) system to formulate workload reduction and safety interventions as measures that could improve the morale of staff and support retention efforts. The following verbatim quotes support this finding:

*“Regarding measures to improve delegation, we should agree with nurses on what and how the task should be done and make sure to discuss the time frame as well as how the task will be measured so that the nurse has specific and clear instructions before performing the task and we should ensure positive feedback after completion of the task.”*

*“The right staff mix for each day makes allocation of tasks easy and reduces workload, so I recommend that executive management should improve the current workloads by not only considering the different categories of nurses but also the skill level and experience of nurses, ensuring higher ratios of qualified and senior staff on duty and also accommodating unpredicted numbers of absentees to meet the wards’ daily requirements.”*

*“I suggest we try the human factor engineering system that I recently read about, to decrease workload and increase patient safety ... this system identifies the cause of the workload so that interventions can be formulated to decrease workload and prevent negative patient and nurse outcomes.”*

#### **3.3.3.1.4 Category 3.1.4: Support for nurses**

The majority of the participants (n=14) believed that more could be done to support nurses by developing support systems that include a wellness programme to increase the morale and enhance a sense of belonging among nurses. Some participants (n=4) believed that nurses are at the forefront of the health care system; however, sometimes the impact of the staffing shortage on their health is not taken seriously. Therefore, their health should be prioritised to enhance the work experience. The following verbatim quotes support this finding:

*“I recommend more morale-building programmes where the nurses get an opportunity to evaluate their progress by examining their own work, identifying their strengths and working on their weaknesses can develop motivation.”*

*“Nurses’ health should be taken seriously; currently, there is a tendency to expect them to sacrifice and put the patients first. You need a healthy nurse to deal with the heavy workload and stresses at work.”*

#### **3.3.3.2 Subtheme 3.2: Resources for optimal functioning**

To contribute to the goals of a health care organisation while experiencing fulfilment in one’s commitment to rendering efficient patient care, the optimal functioning of resources is paramount. Data revealed that adequate supplies and budgeting were key issues that came up frequently. In the subtheme *resources for optimal functioning*, two categories emerged: adequate resources and utilisation management.

##### **3.3.3.2.1 Category 3.2.1: Adequate resources**

One participant (n=1) recommended using more effective technologies to manage supply-chain processes, to enable nurses to render optimal care. Majority (n=13) indicated that improved team collaboration could increase resource supplies and improve workflow, whilst some participants (n=4) did not make any new recommendations but agreed with the majority. Below are the verbatim quotes to support these findings:

*“There is a strategy called the agile strategy that uses technology to capture and share information regarding supply chain and to quickly meet resource demands, so I suggest that this strategy be explored so that resources would be readily available to provide optimal care which will reduce the resource challenge faced by the nurses.”*

*“I suggest that the supply chain team and we should collaborate to engage in identifying items that offer the best outcomes for patients based on evidence, thereby restricting the ordering of many items that serves the same purpose, which reduces cost and ensures that these items are constantly in stock, which improves nurse workflow and patient outcomes.”*

#### 3.3.3.2.2 Category 3.2.2: Utilisation management

Utilisation management is defined as a set of techniques to reduce health care costs by influencing patient care decision-making through case-by-case assessments of the appropriateness of care prior to its provision (Gray & Field 1989:17). More participants (n=12) indicated that utilisation management could be used to evaluate the level of care and to follow the patients’ treatment throughout the health care delivery system, in order to effectively manage patients, ensure cost containment and reduce workload, which may improve job satisfaction and retention. Others (n=6) did not provide new suggestions but concurred with the given recommendations. Below are the verbatim quotes to support this finding:

*“I suggest constantly reviewing patients’ response to treatment, preventing prolonged hospital stay and complications, hence reducing workload and saving on cost. Any measure used of reducing workload may improve retention.”*

*“I suggest that admissions and the appropriate level of care required by all patients be assessed continuously throughout all the medical services provided, as this may reduce unnecessary cost, work overload, fatigue and stress, which may increase nurses’ decision to stay.”*

### **3.3.3.3 Subtheme 3.3: Managing change**

In this subtheme, *managing change*, participants recommended various strategies that could address the issue of competing careers and improve the image of nursing. The dynamism of the health care system was acknowledged and recommendations were made to respond to change in a positive way in order to improve working conditions and address some of the factors that make nurses leave their positions.

#### **3.3.3.3.1 Category 3.3.1: Addressing competing careers**

All of the participants (n=18) showed an awareness that there were other competing careers that may lure young nurses away. Most (n=15) nurse managers made suggestions to survey nurses' satisfaction levels on a regular basis, in order to establish an understanding of how best to make the profession attractive. A few (n=3) participants further recommended the identification of the distinct motives that attracted nurses to the field of nursing in the first place, for the purpose of improving retention. The quotes below support the findings:

*"In view of addressing competing careers available for nurses, I recommend, stay-on interviews to identify what is and isn't working. We need to find ways of recruiting the best and making sure they stay."*

*"I suggest conducting internal surveys to find out what inspired and attracted the nurses to the nursing profession and to then improve on these to retain them."*

#### **3.3.3.3.2 Category 3.3.2: Improving the image of nursing**

Most of the participants (n=16) believed that an improved image of nursing could contribute to the retention of staff. As senior personnel in the health care facility, participants expressed the hope that nursing could become an attractive career option, so that potential recruits would enrol in the profession to counter the impact of staff turnover. A few (n=2) recognised the need to have communication and public relations strategies. Their statements to support these findings are as follows:

*“Conflicting images from the media result in the nursing profession appearing to be an unattractive career option. Nevertheless, the profession can improve recruitment and retention by advertising positive images of nurses and the core values of caring, thereby making nursing attractive for young people and increasing a sense of pride for those who are in the profession.”*

*“The profession can contribute to the image of nursing by playing an active role in communicating with the media, to offset the negativity portrayed by the media regarding nurses and the nursing profession by reinforcing the contribution made by nurses, as this would aid in recruitment and retention.”*

#### 3.3.3.3.3 Category 3.3.3: Emerging technologies

Participants believed that both the hospital environment and disease patterns are changing. Technology is being tested and used to ensure patient safety and increase the efficiency and quality of health care. Majority of the participants (n=17) recognised the need to familiarise all nurses, including themselves, with the changes in patient care models in order to minimise the impact of change on nurses. The quotations below support these findings:

*“Nurses are now exposed to various technology applications, as we know, but health IT is not included in the basic syllabus. The DHIS2 requires some basic information literacy and we need to prepare nurses for digitised health care. I have also heard that the eHealth guidelines include the electronic health record.”*

*“The district is currently discussing the whole issue of the health information cycle. Efforts must be put in place to manage the change that these technologies will bring, so as not to add to the frustrations nurses have. We need to be prepared and plan the workflows very well, because there will be change in how care is provided.”*

**3.3.4 Theme 4: Strengthening management**

**TABLE 3.6 THEME 4: STRENGTHENING MANAGEMENT**

THEME 4	SUBTHEME	CATEGORIES
<p align="center"><b>STRENGTHENING MANAGEMENT</b></p>	<p align="center">Results-based management</p>	<ul style="list-style-type: none"> <li>• empathetic and transformational leadership</li> <li>• empowering nurses</li> <li>• communication patterns</li> <li>• nurse mentorship</li> </ul>

**3.3.4.1 Subtheme 4.1: Results-based management**

Various strategies were recommended in order to strengthen management in an effort to retain nurses. Results-based management is a management strategy by which all who are involved contribute to achieving the desired results using information and evidence of actual results to inform decision making on the design, resourcing and delivery of programmes and activities (Coupal 2011: 2). Four categories emerged from the data: empathetic and transformational leadership, empowering nurses, communication patterns, and nurse mentorship.

**3.3.4.1.1 Category 4.1.1: Empathetic and transformational leadership**

The study participants acknowledged that given the current situation in the hospital, it is essential to revisit and redefine leadership styles that are supportive, in order to achieve the desired results. The majority (n=10) emphasised and repeated that nurses’ needs are often neglected and that more focus is given to patients, and most often forgetting that a well-adjusted and stable workforce forms the backbone of a learning organisation. Empathetic and transformational leadership approaches were recommended by six (n=6) nurse managers in order to connect with nurses at a deeper level and make them feel valued and appreciated, by being sensitive to their emotions and understanding their reactions. Others (n=2), also indicated that having good leadership skills is essential in encouraging high performance levels and boosting professional skills.

*“We need an empathetic leadership style, it will allow us to become aware of and be sensitive to the nurses’ emotions and challenges by assisting them in issues that make them feel valued. This will create a sense of trust and perhaps may positively increase work performance and decrease the sense of helplessness caused by unfavorable working conditions.”*

*“I recommend that we actively listen to the nurses, always being non-judgemental and understanding why they react to patients in a particular way so that we would find the most appropriate way to support them. In doing so they may feel more appreciated.”*

*“We should use leadership skills such as transformational leadership to motivate nurses, inspiring them to perform to the best of their ability and to help them to refine personal and professional skills, as this may assist in meaningful results in retaining nurses.”*

#### 3.3.4.1.2 Category 4.1.2: Empowering nurses

The current rapid changes in the health care systems require nurses who can respond effectively and with confidence. Most of the participants (n=15) recommended that management identify more empowering strategies, such as competency orientation and opportunities for nurses to take up leadership roles, to encourage retention. A small number (n=3), believed that decisions regarding staffing and the allocation of resources should be data driven and results based. The quotes below support this finding:

*“I suggest that there should be a proper and relevant competency orientation to integrate the newly employed nurses, so that they become familiar with their job description. This will empower them by increasing their competence and confidence during the transition process, which may aid in retention.”*

*“I suggest that nurses be given the chance to make more higher decisions regarding staffing and resource allocation, and this potential support measure may enhance a sense of belonging in the hospital, which may improve retention.”*

*“Opportunities need to be created to allow nurses to take proper leadership roles within the hospital and with other institutions regarding health care and the working*

*environment. This could lead to positive work experiences and nurse empowerment, thus bringing desired changes.”*

#### 3.3.4.1.3 *Category 4.1.3: Communication patterns*

The current climate in the hospital demands effective communication patterns. Majority of the participants (n=17) acknowledged that the complex situation in the hospital can easily lead to frustrations and agitation for all those involved. In addition, over half (n=11) of those, suggested that it was imperative to create a culture of trust, to establish highly effective and accessible communications channels at all levels, to keep staff updated, and to encourage nurses to speak out before mental, physical, and emotional strain overcome them, thus improving management effectiveness. The statements below support the finding:

*“I recommend that the nurses should be well informed about important information that affects patient care so that they feel more involved with the hospital as a team member; for example, when there are common drugs that are out of stock, the information should cascade to the nurses quickly and alternatives suggested, to promote desired results and to prevent apathy and added stress from setting in.”*

*“We suggest open and honest communication, which enhances trusting relations and allows the nurses to freely express their thoughts and emotions as well as the implications that the shortage of staff and material resources have on their health. This may make them feel valued because they are able to verbalise their feelings and they may appreciate being heard. This could promote a sense of satisfaction.”*

#### 3.3.4.1.4 *Category 4.1.4: Nurses’ mentorship*

Most of the nurse managers (n=16) had previously mentioned collaborative networks. They elaborated on that to suggest the establishment of formal mentorship to support and guide younger nurses. This strategy could be formalised into a policy to support the transition of newly qualified nurses to facilitate the achievement of hospital goals. A

couple of participants (n=2) agreed with the suggestions and did not provide new information.

The following statements are supportive of the finding:

*“We need formal mentors to support, guide and counsel newly qualified nurses. It should be included in the national core standards. Supervisors from the district specialist teams need to avoid ‘policing’ and adopt empowering approaches.”*

*“We could pair newly qualified nurses with experienced nurses — form professional buddies for a specified period, to develop skills, competence and the confidence to make independent clinical decisions. This will probably reduce anxiety and may contribute to a positive result of retaining nurses.”*

### **3.4 CONCLUSION**

This chapter discussed the findings in relation to the challenge of staff turnover, the current retention strategies, and new and improved retention strategies. The themes, subthemes and categories were supported by quotations from the participants to address the objectives of the study.

Chapter 4 presents the integration of the literature with the findings of the study.

## **CHAPTER 4: FINDINGS AND COMPARISON WITH LITERATURE**

### **4.1 INTRODUCTION**

The data analysis of the discussions in the focus groups in this study was presented in Chapter 3. The themes, subthemes and categories that emerged from the data were presented in tables and substantiated by verbatim quotations. This chapter discusses the findings of the study in relation to the literature. According to Onwuegbuzie, Leech and Collins (2012:1), a thorough literature review is the foundation and inspiration for substantial, useful research. The interpretation of these findings is presented in the next chapter.

This qualitative, explorative and descriptive research was conducted to answer the following question:

*What measures could be implemented to improve retention of nurses in a KZN hospital?*

### **4.2 DATA ANALYSIS**

The data was analysed using the steps described in De Vos et al. (2011:399). Data from all focus groups were pooled and codes were quantified following external recommendations. The themes that emerged from data collected during the four focus groups were:

- Theme 1: The staff turnover challenge
- Theme 2: Current retention strategies
- Theme 3: Measures to improve retention
- Theme 4: Strengthening management

## **4.3 DISCUSSION OF THE FINDINGS AND COMPARISON WITH LITERATURE**

### **4.3.1 The staff turnover challenge**

The participants described and elaborated on their experiences regarding staff turnover, the extent of the resignations, and the push factors that were attributed to staff turnover and its impact on nurses' health and patient care.

#### **4.3.1.1 Subtheme 1.1: Patterns of turnover**

All the participants acknowledged the high staff turnover at their hospital, where nurses were leaving in high numbers and the hospital was experiencing difficulty in filling up the vacancies. They all viewed staff turnover is a big challenge to the hospital management. They also indicated that nurses were reluctant to apply for posts at this hospital because they knew that it was a busy regional hospital. This finding is supported by the KZN Health MEC (member of executive council) Sibongiseni Dhlomo, who indicated that in 2015 there were 9 783 critical posts vacant at hospitals and clinics in the province (Democratic Alliance Kwa-Zulu-Natal 2015:1). It was evident that this was a persistent challenge in the health care system. The poor working conditions seemed to be the main reason behind nurses leaving the hospital as indicated by all nurse managers. Majority of nurse managers also indicated that this situation was not unique in their hospital, and few believed that their hospital was the most affected in the region, with one saying that in the past two years 115 nurses resigned and 78 of them were professional nurses.

A high number of nurse managers commented that younger nurses were leaving in high numbers resulting in hospitals staffed by older nurses, as the younger nurses tended to seek better working conditions. An equally high number of nurse managers expressed the need to intensify recruitment of younger nurses. There were other observations from a few that this was a nationwide challenge. Flinkman (2014:87) posit that younger nurses are more vulnerable to burnout early in their career; work overload and poor career progression are also associated with the intention to leave the profession. Similarly, Jooste and Jasper (2012:59) state that 45 646 nurses will be retiring within the next 10 years in South Africa, which escalates the risk of loss of

experience and expertise. Thus, the current nursing shortage may last longer due to the large number of professional nurses reaching retirement age. The SANC (2014:1) has reported that only 23% of RNs are below 39 years of age. Contrary to these findings, Selvam (2013:25) finds that older nurses have a greater intention of leaving the profession than younger nurses.

A large number of nurse managers as indicated in chapter 4 identified several factors, namely, heavy workloads, lack of resources and low salaries, as having an impact on nurses' decisions to stay in their posts or leave. Consistent with these observations, Li, Nie and Li (2014:314) find that low wages, limited career opportunities, and undesirable working conditions contribute to the push factors. Similarly, Matlata and Van Der Westhuizen (2012:21) find that an excessive workload, a poor work environment, and a lack of training opportunities are contributing factors. An imbalance of effort and reward, high psychological demands, a demanding workload, a low salary and poor career development opportunities were also cited as contributing factors to staff turnover (Flinkman, Isopahkala-Bouret & Salentera 2013:2). DENOSA (2015:1) reports that conditions in many health facilities are likely to suffer even more, as thousands of nurses who resigned in early 2014 have not been replaced. The shortage is experienced in both private and public hospitals, as shown in Thomas, Venter and Boninelli's (2010:47) report that the Netcare hospitals have also been unable to retain skilled nurses.

#### **4.3.1.2      *Subtheme 1.2: Implications for nurses' health***

This study intended to describe nurse managers' experiences of the current staff turnover; therefore, it was necessary to explore the implications of staff turnover on the nurses and patients. A greater number of the participants stated that the remaining nurses had to carry the additional workload, since it was difficult to replace those who had left. This has resulted in behaviour that suggests psychological, physical and emotional exhaustion. The ICN (2012:1,4) indicates that some nurses work in very difficult conditions, and that in both developed and developing nations, nurses are stressed and overburdened by their increased workloads. Laschinger and Fida (2014: 26) find that burnout contributes to lowered job satisfaction, which may then have an impact on nurses' decision to resign. Half of the study participants indicated that

absenteeism was a problem that tended to involve the same nurses, and seven nurse managers believed that it might have been the result of stress and burnout. Belita, Mbindiyo and English (2013:7) confirm this finding and posit that heavy work demands, stress and burnout influence absenteeism rates. Eleven nurse managers believed that work overload results in emotional symptoms such as irritability and frustration. Fatigue is a condition that can become an overwhelming burden on nurses and can cause physical, mental, and emotional health difficulties (Hunsaker, Chen, Maughan & Heaston 2015:186–7). Pienaar and Bester (2011:120) find an association between a nurse's level of emotional exhaustion and the degree of intention to quit. Under half of the participants believed that the unhappiness manifested by nurses could also be due to the high workload.

#### **4.3.1.3      *Subtheme 1.3: Effects on patient care***

All participants listed various observed impacts of nursing shortage on the level of care provided. The majority cited poor patients' hygiene and basic functions such as feeding and checking drips were a challenge. Thirteen of the nurse managers expressed concern regarding the organisational goals that were not being achieved and the work overload that compromised patient care and safety. Coetzee, Klopper, Ellis and Aiken (2013:171) also report on the negative effect of inadequate nurse staffing on the quality of patient care, while Poghosyan, Clarke, Finlayson and Aiken (2010:8) find the provision of safe and high quality care in the context of a nursing shortage to be very challenging. This coincides with Zinn, Charlotte, Guglielmi, Davis and Moses (2012:654), who state that the high staff turnover rate of nurses affects and weakens the ability of nurses to ensure quality patient care outcomes. A few indicated that while the hospital thrives for high quality care, this was compromised by lack of human resources.

The majority of the participants revealed that patients were disappointed with the level of care rendered, whilst others expressed that patients continually complained that they had to wait long hours before they were attended to, making them feel that their health and safety were being compromised. A few acknowledged that some patients expressed their frustrations over lack of care violently. Incidents of violent patient behaviour were reported in literature, as well as the impact on nurses. Stevenson, Jack,

O'Mara & LeGris (2015:12) argue that patient violence goes beyond physical injuries and has many negative effects on nurses, patients and the organization. It was evident from fifteen inputs that patients tended to stay longer in hospital due to the multiple reasons alluded to earlier, and three nurse managers believed that this led to an increasing risk hospital-acquired infections and higher costs. Majeed, Williams, Pollock, Amir, Liam, Foong and Whitetaker (2012:2) agree that a prolonged length of stay not only increases costs, but is also associated with increased rates of complications.

#### **4.3.2 Current retention measures**

Participants described the current retention measures that were implemented, such as routine meetings, team-building activities, motivating staff, and establishing supportive relationships. Huber (2014:330) defines such measures as a competitive move or approach designed to produce a successful outcome. The two subthemes were incentives to retain nurses, and evaluation of current measures.

##### **4.3.2.1 Subtheme 2.1: Incentives to retain nurses**

The participants reported different incentives the hospital initiated in an effort to retain nurses. They all indicated that regular routine meetings were held with the human resources department, nurses and senior managers to discuss critical issues, with the aim of resolving day-to-day problems relating to the workplace. Some of the meetings were held in the wards in order to discuss patient care and management concerns, and at other times meetings were held for team-building purposes to strengthen work relationships. Sinsky (2016:1) reports that such meetings can help to efficiently and effectively solve problems, develop stronger bonds between team members, and provide better patient care.

Over half of them recognized the importance of motivation for the hospital. Whilst eight managers said that they motivated nurses by providing structured, constructive feedback and encouraging nurses to recommend measures to address the challenges they were faced with. They also provided personal and professional support for nurses with the intention of enabling them to experience a sense of belonging. The significance

of this approach is confirmed by Toode (2015: 51), who found that motivating and supporting nurses' higher order needs become more and more essential in order to attract and retain nurses. Matua, Seshan, Akintola and Thanka (2014:25,28) concur that appropriate feedback supports nurses' cognitive and professional development, by providing them with learning opportunities to improve their current clinical practices and motivating them to learn more and do more.

All the nurse managers believed that the hospital based incentives were implemented to enhance performance. Most of the nurse managers described different incentives and rewards, such as certificates, trophies and vouchers, that were implemented to improve staff performance, a few included staff appraisal policies such as the OSD policy that addresses remuneration as part of the retention measures. Levin (2013: 4) agrees and reports that the OSD's objective was to introduce revised salary structures (per identified occupation) that cater for career pathing, pay progression, seniority, increased competencies and performance, with a view to attracting and retain professionals in the public sector. The majority acknowledged that staff turnover was a complex issue and about six of them viewed the allowances nurses receive from the department of health as one of the measures used at national level to retain nurses.

#### **4.3.2.2      *Subtheme 2.2: Evaluation of current measures***

The participants acknowledged many challenges with the current retention measures. However, some of these measures were deemed to be somewhat successful in creating positive attitudes, confidence, a sense of competence, a sense of belonging, good working relations, and better performance in some of the nurses.

##### **4.3.2.2.1      *Strengths of the strategies***

It was imperative to find out how nurse managers viewed the current measures that were put in place. The majority of them described some successes and positive outcomes. However, all were mindful of the complexities involved in creating a satisfactory environment for nurses, and acknowledged that more efforts were needed. Half of the participants indicated that constructive feedback; ward and team-building

meetings were somewhat successful whilst, the other half believed that in terms of attitude and level of knowledge, the success rate was fair. One participant indicated that in her department nurses seemed to have gained confidence in making appropriate decisions regarding patient care, and she believed that the regular meetings were successful. Another one said that positive feedback gave the nurses in her unit an uplift and sense of belonging. Epstein (2014:295,296) supports this finding and confirms that teamwork enhances the quality and safety of patients, whilst improving the performance of nursing staff and enhancing their job satisfaction. Participants believed that the continuation of staff motivation would promote performance goals. However, they acknowledged that these measures needed to be continuously reviewed and revised. Motivation and constructive feedback have been described in the literature as being important in achieving organisational goals (Bilson 2011:32).

#### 4.3.2.2.2 *Weaknesses of the measures*

Over half of the nurse managers admitted that as much as there were some successes with the current retention measures, the challenges were numerous and seemed to not have had the desired outcomes in terms of retention. The majority of participants viewed staff motivation measures as having had less impact on retention. However, a few acknowledged some small successes on a more personal level in some units. The biggest challenge seemed to be poor implementation of some of the hospital based incentives. One participant viewed management team meetings on allocation of staff mix as unsuccessful. The majority believed that follow-up meetings, a more accurate implementation of the OSD, and salary increases were required, and that the training and development programmes needed to be improved. Jooste (2010:100) agrees that in situations where meetings are used to incentivise staff, follow-ups must be conducted and meetings must be evaluated at regular intervals by both parties to assess success and to make improvements.

In the five statements or quotes presented from individual participants in the previous chapter, it was evident that there was dissatisfaction with the structure of the OSD allowances in that nurses still leave in high numbers irrespective of the OSD. Financial incentives alone were insufficient to motivate and retain staff; in addition, there were issues with policy implementation, inequities in the amounts received, and

dissatisfaction and divisions among the different categories of nurses (Ditlopo, Blaauw, Bidwell & Thomas 2011:91). One of the participants observed that opportunities for making decisions regarding working conditions and staffing were still lacking, in spite of the regular meetings they held. The findings are consistent with Berry and Curry (2012:66), who report that consultation gives nurses at all levels direct and autonomous input into decisions, which results in the nurses feeling empowered and respected, resulting in greater work satisfaction.

### **4.3.3 Measures to improve retention**

#### **4.3.3.1 Subtheme 3.1: Working conditions**

A greater number of participants believed that monetary benefits carry more weight in all efforts aimed at retaining nurses. Two of them were of an opinion that the total benefits nurses received were not market related and thus failed to incentivise nurses to stay in their positions. In addition, most of them believed that the danger allowance should be considered, and performance incentives and awards such as mentorship and clinical practice awards, may accomplish the aim of retaining nurses. recommended monetary rewards and competitive salaries as important measures to ensure the retention of nurses. They also mentioned other kinds of incentives, namely, service incentives and expanding the current performance awards with clinical practice awards. A study in a Saudi hospital by Al-Dossary, Vail and Macfarlane (2012:427) has found that financial benefits, such as attractive pay and rewards, raised nurses' level of job satisfaction. James, Nkamare, Lukpata, Uwa and Mbum (2015:52) confirm that monetary rewards usually have a positive impact on nurses' performance and motivation, thus attracting and retaining them.

A high number of nurse managers believed that staff development programs could be improved by creating opportunities for nurses to be skilled. They suggested that training programs could be initiated, and this in turn would improve quality of patient care. All the participants had earlier linked staff dissatisfaction with high workload. Various inputs were presented such as staff mix, skill mix and standardized delegation. A majority of the participants also suggested that a greater number of structured in-service programmes be instituted for professional, personal staff development and networking, in order to keep nursing staff updated on the latest training and development

programmes. The knowledge and skill needed to function efficiently as a health care professional continue to expand and change, whilst expectations continue to increase, hence nurses have an obligation to maintain their competence and to aim for continuous improvement. According to DENOSA (2013:11), nurses will provide quality, competent and evident-based practice through their involvement in CPD and their commitment to lifelong learning. Jooste (2009:254) agrees that development programmes need to be innovative and include clinical teaching, in-service training and continuous education.

The greater number of participants recommended that the shift allocation of nurses should be planned with a proper staff mix per shift, as they felt that having different categories of nurses on each shift, with different skills and experience levels, could reduce individuals' overall workload. This suggestion is supported by the Canadian Nurses Association (2012:5), who have developed a framework for staff mix, composed of various categories of nurses working together to reduce workload, even if they belong to the same category but possess differing levels of education and experience. Cummings (2013:28) also confirms that the right number and skill mix of staff can have an impact on the workload of nurses, thus improving working conditions and contributing to the retention of nursing staff. One senior participant further recommended using the human factor engineering (HFE) system to formulate workload. The HFE system identifies the causes of excessive workloads so that interventions can be formulated, this does not only to decrease workloads but also to increase patient safety. HFE identifies and investigates performance facilitators, obstacles and system factors such as workload, fatigue and job related-stress, which provides vital information on issues to be addressed, which when addressed effectively can improve working conditions (Holden, Carayon, Gurses, Hoonakker, Hundt, Ozok & Rivera-Rodriguez 2013:10,11). Similarly, Carayon's (2012:1) research evidence highlights that the HFE system improves nurses' working conditions by focusing on managing nurses' workload. Four participants reiterated that nurses are at the forefront of the organization and yet their health is not taken seriously. Hence, the majority recommended that initiation of a wellness programme could increase the morale and enhance a sense of belonging. Working within a resources constrained environment can be stressful to any individual.

#### **4.3.3.2      *Subtheme 3.2: Resources for optimal functioning***

A senior participant recommended adopting the agile strategy that uses technology to capture and share information regarding supply chain factors, thereby fulfilling resource demands quickly to decrease the resource challenges that are often faced by nurses. Whilst, the majority of them expressed that improved team collaboration could improve the workflow. The agile system design, which focuses on increasing resource flexibility to accommodate demand, has recently been suggested as a means to improve health care service delivery in general (Rust, Saeed, Bar-On & Pavlov 2013: 32). Rust et al. suggest that the supply chain team should collaborate regarding resources to improve nurses' workflow. Slightly above half of participants were aware of the techniques such as utilization management that could be used to manage the resources and patient care. They indicated that this approach can ensure containment of costs and reduce workload. They assumed that a reduction in workload might improve job satisfaction and retention. The others did not make any contribution on this particular suggestion. However, they agreed with their colleagues. There is evidence in the literature that utilisation management is a means of assessing levels of care through the health care delivery system for quality patient management. Fingar, Barrett, Elixhauser, Stocks and Steiner (2015:1), posit that reducing potentially preventable admissions prevents complications and decreases workloads.

#### **4.3.3.3      *Subtheme 3.3: Managing change***

All the participants acknowledged that there were many attractive careers that could drive nurses away from the nursing profession. Most recommended regular interviews on staff satisfaction to identify what is and is not working, whereas a few felt that they needed to make increased efforts to retain nurses by identifying what attracts nurses to the profession. Baumgartner (2015:35) agrees that the goal of the retention interviews is to identify the possible reasons why nurses choose to leave or stay, hence encouraging positive outcomes to staff retention. Furthermore, Mochari (2013:1) states that retention interviews are designed to engage staff before they become dissatisfied.

Most of the nurse managers explained that it is essential that the nurses portray a positive image of nursing and make it appealing to the public for recruitment purposes.

A few recommended that nurses be vocal and play an active role in the media. Spear (2010:321) states that nurses must be vigilant in changing the media culture and breaking down negative stereotypes, in order to promote the profession and entice the next generation to choose nursing as a career. Summers and Summers (2010:1) report that nurses themselves must speak out about their work because the media often ignores nurses' real contributions to modern health care. Majority of the participants suggested that nurses need to have an updated knowledge on emerging technologies as updated skills assist them in responding effectively to the latest technological developments. Huston (2013: 2,3) finds that there are many emerging technologies that will change the practice of nursing in the coming decade, and that it is critical that effective leadership skills be employed to ensure nurses' ability to use the technology and to respond appropriately.

#### **4.3.4 Strengthening management**

Participants recommended several strategies to strengthen management by optimising how they manage nurses with the aim of retaining them, namely, adopting empathetic leadership approaches, empowering nurses, and improving clinical support systems, communication patterns and nurse mentorship.

##### **4.3.4.1 *Subtheme 4.1: Results-based management***

A majority of the participants expressed that the situation in the hospital signaled a need to redefine leadership styles and lamented the neglect nurses are faced with whilst more attention is given to patients. Just under half of them recommended empathy as a supportive leadership style and expressed that they should be sensitive to the nurses' emotions by focusing on the nurses' needs to make them feel valued and appreciated, and that may increase nurses' job satisfaction and in turn improve their work performance. A few agreed and said good leadership skills is important in organisations. Pressley (2012:1) agrees that empathy is the ability to experience and relate to the thoughts, emotions or experience of others and to be able to understand and support others with sensitivity. Gentry, Weber, and Sadri (2016:4) also found that empathy is positively related to job performance, and argue that empathic emotion plays an

important role in creating a climate of support. Therefore, health care organisations are encouraged not only to help nurses to identify and express their feelings, but to effectively cope with their situation.

A few indicated that the use of transformational leadership may motivate and inspire nurses to improve their performance levels and professional skills, thereby achieving desired results and aiding in retention. Mantynen, Vehvilainen-Julkunen, Partanen, Turunen, Miettinen and Kvist (2014:7) contend that transformational leadership is needed to enhance job satisfaction, and hence recruitment and retention. However, there is no single most favourable leadership style, as the character of the manager can affect the success of the leadership. As a retention measure, all managers should be able to influence nurses to perform to the best of their ability and inspire them to improve their skills to satisfy their professional development.

The majority of the participants believed that empowering nurses increases their competence, which creates confidence and a sense of belonging. Empowerment is defined as giving individuals the authority, responsibility and freedom to act on what they know, and instilling in them the confidence to achieve and succeed (Huber 2014:160). Read and Laschinger (2015:1620–21) find that such empowerment has a positive influence on nurses' mental health, job satisfaction and retention. Bushell (2013:5) finds that nurses are more likely to view their transition to the profession favorably and are less likely to want to leave their jobs or the profession, when they are in a workplace where empowerment is supported. Similarly, Wagner, Warren, Cummings, Smith and Olson (2013:121,122) find that empowering and engaging staff leads to commitment and productivity, and that support and opportunity have a direct effect on empowerment. Hence, ongoing empowerment should be a priority in order to create a strong foundation upon which retention can be based. A higher number of nurse managers made several suggestions toward empowerment of nurses. One suggested inclusion of nurses to higher decision making, another one felt that empowering nurses would result in increased level of competence and confidence. The emphasis seemed to be on opportunities for nurses to assume leadership roles, enhancing confidence as well as increasing sense of belonging.

The majority of the participants indicated that communication is effective if nurses are well informed on matters related to patient care and are understood by all those involved, as this may prevent unnecessary stressful situations. In addition, over half of nurse managers suggested that they set aside time to make themselves available to the nursing staff to communicate with them, believing that this would achieve a sense of trust between nurses and senior personnel. Vertino (2014:2) states that the use of effective interpersonal communication strategies may reduce stress and therefore improve the overall job satisfaction of nurses, while Taran (2011:86,88) agrees that a breakdown and delay in communication retards advancement in collaborative efforts and can lead to the development of complications in patients' health.

Most of the nurse managers suggested a formal mentorship programme to aid the transition of newly qualified nurses into the profession. They further suggested that a system of professional buddies be set up as a measure to develop novices' skills and confidence, thus promoting the desired working environment and promoting retention. The SANC (2012:41) encourages the utilisation of senior managers in a mentoring role. Govender, Bryciewicz and Benghu (2015:7) agree that nurses feel supported by mentors who encourage them and help them develop confidence, and recommended that a structured mentoring programme be established to guide nurses. According to the participants, this programme should be comprehensive and well thought out, and should aim to reduce the adjustment period for novice nurses, minimise staff turnover and establish a solid foundation for a productive and lengthy career.

#### **4.4 CONCLUSION**

The chapter discussed the findings of the study (the views and experiences expressed by the participants during the focus group interviews in relation to the subthemes identified from the data analysis. The chapter also identified and presented the relevant literature to support these findings.

Chapter 5 presents interpretations of these findings using themes and discusses the conclusions drawn, the limitations of the study, and the overall recommendations.

# **CHAPTER 5**

## **INTERPRETATIONS, DISCUSSION OF RESEARCH FINDINGS, CONCLUSIONS, AND RECOMMENDATIONS**

### **5.1 INTRODUCTION**

This qualitative descriptive, explorative research study was conducted to answer the following question: *What measures could be employed to improve the retention of nurses in a selected hospital in KZN?* This chapter presents the interpretations and discussion of findings generated from the previous chapter. Themes generated during the analysis are used to provide an indepth interpretation. The chapter furthermore acknowledges the limitations and draws conclusions. Recommendations on how to improve retention measures are provided.

### **5.2 FINDINGS AND CONCLUSIONS**

Based on the findings presented in Chapter 3, and the discussion of these findings in relation to the literature in Chapter 4, it is evident that improved retention strategies are required to reduce the staff turnover at the hospital selected for the study. However, the participants recognised the need to gain the support of the hospital executive management and the human resources department to implement these strategies.

#### **5.2.1 The staff turnover challenge**

It was necessary to determine the experiences of nurse managers regarding the problem of staff turnover, in order to obtain a broad and in-depth understanding of their experiences. Results showed that the hospital, as described by the majority of nurse managers, experienced a serious nursing shortage due to high level of resignations. The main feature in the selected hospital was the age distribution of nurses, in that that younger nurses tended to leave in high numbers and it was difficult to fill the vacancies. This finding was supported by the literature (Flinkman et al. 2013:1,9; SANC 2014:1). However, Uthaman, Chua and Ang (2015: 51) found that older nurses are also leaving the workforce due to health concerns and the heavy work demands, which exacerbates

the staff turnover challenge. In light of these studies, it was inferred that it would be beneficial to investigate the complex challenges faced by nurses in an attempt to curb staff turnover.

This study assumed that the nature of the challenges experienced by nurse managers in this hospital could have resulted in a high level of consensus observed in data. A large number seemed to agree on similar information across the three focus groups. The dominant views on push factors covered poor working conditions, low salaries, inadequate resources, and excessive workload were frequently. A moderate number of the participants believed that the impact of these challenges manifested in nurses exhibiting behaviours consistent with fatigue and burnout, absenteeism and in patients not receiving quality care. It is evident that the provision of high-quality health services depends on the presence and performance of skilled personnel. This study has provided a clear depiction of the patterns of staff turnover, the implications for nurses' health, and the effects on patient care, as a basis for further inquiry into the measures that have currently been developed to curb the turnover.

### **5.2.2 Current retention measures**

In order to make recommendations for better measures to retain nurses, it was important to determine the current measures that were put in place. The KZN hospital selected for this study had introduced various retention measures that did not seem to curb the nurses' intention to leave. Some of these measures were internal, hospital-based incentives and rewards, and others were at national level, involving remuneration packages such as OSD. However, it was apparent that more needed to be done to retain existing nursing staff and to recruit new nurses into the profession. All the nurse managers who took part in this study showed a willingness to try any measures to retain nurses in order to improve the staff morale and enhance the quality of patient care. A moderate number showed concern for both nurses and patients, as well as the organisational goals. The issue of remuneration of nurses has always been a challenge in South Africa, as it is in all developing countries. Ditlopo et al. (2011:92) confirm the failure of non-market-related salary packages to retain nurses. The success of any retention intervention depends on the willingness to make the work experience pleasant for nurses, and different levels of management need to be involved. The findings were significant in revealing that most of the current retention strategies were ineffective (see

section 3.3.2.2.2). It is therefore imperative that new and improved retention measures are identified and put in place.

### **5.2.3 Measures to improve retention**

All nurse managers in this study used their experiences to navigate a challenging situation. They were aware of the various personal and professional push factors involved in the intention to leave. Therefore, they made several recommendations to improve the current retention measures, such as planning and implementing policies well and reducing workloads. The main focus of the majority of nurse managers was on enhancing nurses' work experiences; there was an awareness of the effects of inadequate resources, excessive workloads and nurses' lack of confidence and morale. All of the participants emphasised improved monetary and non-monetary rewards, awards, incentives and allowances, which they believed could prove valuable in retaining nurses. Participants believed that staff development opportunities were also essential for work satisfaction, as nurses' exposure to new knowledge increases their sense of efficacy and thus their confidence. Majority of the nurse manager also identified the need to reduce excessive workloads and establish the right skill mix to maximise positive patient outcomes. Chukwudi (2014:2) agrees that capacity building broadens career choices. A high number of nurse managers demonstrated good knowledge of factors such as utilization management that could be used to manage patient flow and reduce workloads. They all recognised that frequent interviews would identify workplace motivators that could be used to attract and retain nurses (Barajas 2013:1; McMullen 2015:1).

All nurse managers were aware of competing careers and seemed to think that by improving the image of nursing, misconceptions about the profession could be prevented. However, in order to counteract the stereotypes often portrayed in the media, nurse managers and leaders should be encouraged to engage with the media to send positive signals about the profession to support recruitment, and to encourage those who are already in the profession to stay. Complex measures were recommended by a couple of senior participants, such as agile strategies to maintain adequate resources and the HFE to manage workloads. However, this study assumes that such measures will need to be investigated further.

#### **5.2.4 Strengthening management**

The creation of supportive hospital environments was found to be the main theme in the recommendations. The majority of the participants recognised the need for empathic leadership and a considerable number also suggested transformational management styles to enhance retention. This suggested the need to strengthen and implement measures aimed at encouraging and enhancing a sense of belonging. Abualrub and Alghamdi (2012:669) argue that nursing managers are responsible for the retention of nurses, and that leadership and management styles are therefore a major contributing factor to nurses' decisions to stay or leave. Drennan, Halter, Gale and Harris (2016:1046) agree that skillful human resource management practices should entail management measures that include all those involved, in order to accomplish the envisaged results.

Most of the participants recognised the need to empower nurses by creating an enabling environment where they are able to express themselves and participate in decision making regarding staff matters. Opportunities need to be created for newly qualified nurses to gain adequate knowledge, skills and confidence, in order to enhance a sense of belonging. The situations in health care facilities sometimes create barriers to open, honest and frank communication between staff members of different ranks. Hence, majority of the study's participants recommended measures to improve communication and reduce stress on nurses. Effective communication that is understood by both parties reduces stress and accomplishes positive results (Huber 2014:111; Rousell 2011:231). It can be argued that open communication with receptive management is critical to achieving the desired results in the workplace (Warburton, Moore, Clune & Hodgkin 2014:11). A high number of the participants believed that mentorship and support programmes should focus more on new and younger nursing recruits, because they were particularly prone to quitting their jobs.

#### **5.3 LIMITATIONS OF THE STUDY**

The following limitations of this study were noted. The study focused only on the retention of nurses at one KZN hospital, and therefore a similar study in another hospital could produce different findings. However, in qualitative research, the researchers do

not seek to generalise the findings. In this study, the researcher sought an understanding that might prove useful in other situations, but that also may not apply.

## **5.4 RECOMMENDATIONS**

Based on the findings of this study, the researcher makes the following recommendations for nursing management, and for further research.

### **5.4.1 Nursing management**

Nurse managers should take the following list of recommendations into account, and should work towards implementing the recommendations effectively in health care settings.

- Nurse managers should involve nurses at all levels in health care decision making regarding staffing and the broader challenges in the hospital.
- Nurse managers should motivate for employee wellness programmes to be initiated and sustained.
- Nurse managers should facilitate well-structured discussions that provide emotional and psychological support to enhance the work experience of nurses.
- Nurse managers should provide clear human resources guidelines that articulate the types of inducements and advancement opportunities that are provided based on employee performance.
- Nurse managers should ensure that an advancement system with several stages is clearly explained to nursing staff, with each stage accompanied by rewards in an effort to retain younger nurses in the profession.
- Nurse managers should ensure that retention measures are a joint effort that includes various levels of management, within and outside the hospitals.

- Nurse managers and health care facilities in general should market the profession aggressively to support recruitment efforts.
- Nurse managers, in conjunction with human resource personnel, should ensure that innovative and improved retention strategies are planned, implemented, and evaluated throughout the implementation process in order to determine successes and rectify errors immediately, to ensure the proper co-ordination of the retention measures.
- Nurse managers should ensure that staffing models and work-related practices are based on evidence that has been proved successful.

#### **5.4.2 Further research**

It is recommended that further research be conducted in the following areas:

- Nurses' perceptions of mutual obligations between organisations and themselves.
- The relationship between perceived advancement opportunities and nurses' intention to leave.

#### **5.5 CONTRIBUTIONS OF THE STUDY**

This study has revealed the challenges and experiences of nursing staff turnover from the perspective of nurse managers, and the impact staff turnover has on nurses and on patient care. Several factors that contribute to the turnover of nursing staff were highlighted. The knowledge generated from nurse managers (their views regarding measures to improve retention in the selected hospital) could provide senior health care management at district, provincial and national level with insights into how hospitals experience staff shortages.

The study highlighted several measures that could be used to retain nurses, and it is believed that these measures will enhance nurses' work experience and improve the quality of patient care. Patients' satisfaction with their care is viewed as an important indicator of success in all health care systems. Skilled health care workers who have a

sense of belonging and who self-actualise in their tasks could have a huge positive impact on patient care and retention efforts.

The study revealed that the nurse managers felt a sense of obligation to contribute to addressing the complex factors that influence staff retention and reduce the turnover of nursing staff. They had a wealth of experience and showed a determination to achieve the hospital and health care goals.

## **5.6 CONCLUSION**

The shortage of nursing staff was critical at the KZN hospital selected for this study, and this situation could be considered to be a microcosm of what is happening more generally in both the public and private health care sectors in South Africa. Therefore, more needs to be done to investigate, plan and implement effective measures that are likely to retain nursing staff and recruit more nurses into the profession. The majority of nurse managers in this study had a high level of consensus among them regarding their experiences and challenges and assisted in shedding more light to the depth of this problem. Nurse managers were unanimous regarding the provision of advancement opportunities, creation of a sense of belonging, recognition of high-performing staff members, and adoption of effective leadership styles as measures that could be implemented to retain nurses in their positions. Moreover, providing attractive incentives in the form of rewards and benefits, providing emotional and psychological support for nurses, and reducing excessive workloads seemed to be dominant views. Also, if planned and implemented appropriately, these measures could positively influence the success of efforts to retain valued nursing staff.

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## ANNEXURES

**ANNEXURE A:**  
**INFORMED CONSENT TO PARTICIPATE IN THE STUDY**

I understand that I am being asked to participate in a research study to explore and determine the views of nurse managers regarding staff turnover and retention, with the aim of recommending effective measures to improve retention of nurses. If I agree to participate in the study, I will be interviewed for approximately 60 minutes in a focus group interview. The interview will be audio-recorded and take place in a private office at the hospital. No identifying information will be included when the interview is transcribed. To protect the identity of Participants, identification number will be used. I give permission to publish the findings of the study and to quote the participants verbatim.

I do understand that I will not receive any type of payment for my participation in the research study. There are no known risks associated with the study. I realize that I may only participate in the study if I am a registered nurse with 1 or more years of management experience. The interview will be done in English. I realize that my participation in the study is voluntary, and that I can withdraw at any time without question. I understand that all study data will be kept confidential; however this information may be used for nursing publication or presentations. A pledge of confidentiality is given from the researcher that any information participants provide will not be publicly reported in a manner that identifies them.

The study has been explained to me. I have read and understood all information. If I have questions about my participation or the study I will contact Mrs Zoe Pillay on 0614385450.

**I agree to participate:** \_\_\_\_\_ **I do not wish to participate:** \_\_\_\_\_

Signature of informant: \_\_\_\_\_

Signature of researcher: \_\_\_\_\_

Date: \_\_\_\_\_

**ANNEXURE B:**  
**LETTER SEEKING PERMISSION FROM DEPARTMENT OF HEALTH,**  
**KZN**

Enquiries: Pillay Zoe  
Cell no.:0614385450

P O BOX 1636  
Richards Bay  
3900  
11 may 2015

The Head of Department  
Department of Health  
Private Bag X9051  
Pietermaritzburg  
3200

Sir/Madam

**Request for permission to conduct a research study**

I am a student at University of South Africa (UNISA) currently registered for MA CUR. I hereby request to conduct a research study at a KZN Hospital.

My research supervisor is Doctor Ramukumba MM Department of Health Studies UNISA. The title of the study is: **MEASURES TO IMPROVE RETENTION OF NURSES IN A KZN HOSPITAL: NURSE MANAGERS' VIEWS.**

The purpose of the study explored and determined the views of nurse managers regarding staff turnover and retention, and recommended effective measures to improve retention of nurses. The expected outcome of this study is aimed at recommending new and improved retention measures to curtail off turnover.

The research participants will be professional senior and departmental nurse managers' providing care in a KZN Hospital. Participants will fill in consent form. Data will be collected using one-to-one unstructured interviews which will be conducted until saturation of data is reached. The voice recorder will be used to capture all interview sessions and field notes will be written to capture the verbal and non-verbal data.

Attached are research proposal and the ethical clearance certificate from UNISA.

Hoping the request will be considered.

Kind Regards

Zoe Pillay  
Student number 46403434

**ANNEXURE C:**  
**LETTER SEEKING PERMISSION FROM A KZN HOSPITAL**

Zoe Pillay  
P.O. Box 1636  
Richards Bay,  
3900

Stanger Provincial Hospital, ILembe District  
Postal Address: P/Bag X10609, Stanger, 4450  
Telephone: 032 437 6000/Fax: 032 552 2767

**REQUEST FOR PERMISSION TO CONDUCT RESEARCH IN THE ILEMBE DISTRICT**

To Dr RT Ngcobo (Hospital CEO)

My name is Zoe Pillay, and I am a Masters student in the health studies department at Unisa. The research I wish to conduct involves exploring and determining the views of nurse managers regarding staff turnover and retention, with the aim of recommending effective measures to improve retention of nurses. This study will be conducted under the supervision of Dr M Ramukumba from Unisa Health Studies Department.

I am hereby seeking your consent to interview nursing managers' in the ILembe District to find solutions to my research problem. I have attached a copy of my research proposal which includes copies of the interview guides and consent. Upon completion of the study, I undertake to provide the department with a bound copy of the full research report. If you require any further information, please do not hesitate to contact me via email address: [pillayzoe@gmail.com](mailto:pillayzoe@gmail.com) or 0614385450. Thank you for your time and consideration in this matter.

Yours sincerely,

Zoe Pillay

UNISA Student

## **ANNEXURE D: INTERVIEW GUIDE: FOCUS GROUP**

### **SECTION A: BIOGRAPHICAL DATA**

1. How old are you?
2. What is your nursing title?
3. What type of nursing position do you hold?
4. How many years of nursing management experience do you have?

### **SECTION B: MAXIMISING STAFF RETENTION**

1. What are your views regarding staff turnover in your hospital?
2. What do you think contributes to high staff turnover in this hospital?
3. How have you experienced the effects of high turnover in your hospital?
4. What retention measures are you currently using? What do you think of these measures?
5. Could you elaborate on the factors that will motivate nurses to stay in their job?
6. What needs to be done in order to prevent turnover and retain more nurses?

**ANNEXURE E:**  
**PERMISSION LETTER FROM THE SELECTED KZN HOSPITAL**

**Enquiries: Dr. G. Lopez**

**EXT: 6015**

**DATE: 02/06/2015**

**Zoe Pillay**  
**P.O. Box 1636**  
**Richards Bay**  
**3900**

**RE: PERMISSION TO CONDUCT RESEARCH AT STANGER HOSPITAL.**

Dear Ms. Zoe Pillay

I have pleasure in informing you that permission has been granted to you by Stanger Hospital to conduct research on **MEASURES TO IMPROVE RETENTION OF NURSES IN A KZN HOSPITAL: NURSE MANAGERS' VIEWS.**

Please note the following:

1. Please ensure that you adhere to all policies, procedures, protocols and guidelines of the Department of Health with regards to this research.
2. This research will only commence once this office has received confirmation from the Provincial Health Research Committee in the KZN Department of Health.
3. Please ensure this office is informed before you commence your research.
4. Stanger Hospital will not provide any resources for this research.
5. You will be expected to provide feedback on your findings to Stanger Hospital.

Thanking you;



Senior Manager: Medical Services  
Stanger Hospital

# ANNEXURE F:

## PERMISSION LETTER FROM THE DEPARTMENT OF HEALTH, KZN



health

Department:  
Health  
PROVINCE OF KWAZULU-NATAL

Health Research & Knowledge Management sub-component  
10 – 103 Natalia Building, 330 Langalibalele Street  
Private Bag x9051  
Pietermaritzburg  
3200  
Tel.: 033 – 3953189  
Fax.: 033 – 394 3782  
Email.: [hrkm@kznhealth.gov.za](mailto:hrkm@kznhealth.gov.za)  
[www.kznhealth.gov.za](http://www.kznhealth.gov.za)

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Reference : HRKM 120/15  
NHRD: KZ\_2015RP53\_466  
Enquiries : Mr X Xaba  
Tel : 033 – 395 2805

Dear Ms Z. Pillay

**Subject: Approval of a Research Proposal**

1. The research proposal titled '**Measures to improve retention of nurses in a KZN Hospital**' was reviewed by the KwaZulu-Natal Department of Health.

The proposal is hereby **approved** for research to be undertaken at Stanger Hospital.

2. You are requested to take note of the following:
  - a. Make the necessary arrangement with the identified facility before commencing with your research project.
  - b. Provide an interim progress report and final report (electronic and hard copies) when your research is complete.
3. Your final report must be posted to **HEALTH RESEARCH AND KNOWLEDGE MANAGEMENT, 10-102, PRIVATE BAG X9051, PIETERMARITZBURG, 3200** and e-mail an electronic copy to [hrkm@kznhealth.gov.za](mailto:hrkm@kznhealth.gov.za)

For any additional information please contact Mr X. Xaba on 033-395 2805.

Yours Sincerely

**Dr E Lutge**

Chairperson, Health Research Committee

Date: 10/06/15

**ANNEXURE G:**  
**DEPARTMENT OF HEALTH STUDIES, HIGHER DEGREE UNISA:**  
**ETHICAL CLEARANCE CERTIFICATE**



**UNIVERSITY OF SOUTH AFRICA**  
**Health Studies Higher Degrees Committee**  
**College of Human Sciences**  
**ETHICAL CLEARANCE CERTIFICATE**

**REC-012714-039**

**HS HDC/391/2015**

Date: 11 February 2015 Student No: 4640-343-4

Project Title: Measures to improve retention of nurses in Ilemebe District Hospital: Nurse Managers' views.

Researcher: Zoe Pillay

Degree: MA Nursing Science Code: MPCHS94

Supervisor: Dr M Ramukumba  
Qualification: PhD  
Joint Supervisor: -

**DECISION OF COMMITTEE**

Approved  Conditionally Approved

**Prof L Roets**  
**CHAIRPERSON: HEALTH STUDIES HIGHER DEGREES COMMITTEE**

**Prof MM Moleki**  
**ACADEMIC CHAIRPERSON: DEPARTMENT OF HEALTH STUDIES**

PLEASE QUOTE THE PROJECT NUMBER IN ALL ENQUIRES