RESEARCH REPORT: MBL3

A study into the reasons leading to healthcare professionals leaving their career and possibly South Africa

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1. ABSTRACT

The movement of nursing professionals from the public sector to the private sector, and from the private sector to foreign countries severely impact on the ability of developing countries to meet their domestic health care needs. In South Africa, the public health care system is facing serious human resource constraints, due to this migration. There simply aren't enough experienced nurses to manage the escalating health care service consumption caused by factors such as population growth, increased burden of disease, the HIV/AIDS pandemic and decreased training of nursing personnel.

A staggering 37 801 doctor and nurse posts are vacant in public hospitals and clinics (Kahn, 2008). Unless improved human resource management strategies are implemented urgently, the migration of health care workers from especially public service health institutions in South Africa will seriously hamper implementation of the stated health care reform strategy. This study investigates the reasons why South African nurses are leaving the public and private health sector, or their profession, or even the country as a whole.

Based on the results of a survey of 67 nurses in the private and public health sectors in the northern Kwazulu Natal area, the study found that unfavorable working conditions together with low levels of job satisfaction caused by perceived reasons such as insufficient salaries, limited career advancement, ineffective management, excessive workload and safety concerns led to this state of job satisfaction. Most of the drivers responsible for this exodus can be attributed to the real or perceived deterioration in socio-political factors.

The recommendations for the health care sector in South Africa are;

- Review nurses salaries annually – not only during restructuring or crisis situations.
- Ensure that nurse's remuneration packages are competitive with those of similar professions.
- Pay nurses incentives for working unsocial hours.
- Pay nurses bonuses for acquiring additional qualifications.
- Pay nurses who work late shifts additional allowances.
- Train nursing managers.

- Provide training and education opportunities for nursing staff.
- Respect should be shown by managers, physicians and colleagues.
- Improve the workplace environment and working conditions of nursing staff.
- Improve overall morale by rewarding excellence and treating nurses with respect and dignity.

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5. CHAPTER 1 - Orientation

5.1 Introduction

"South Africa is a huge, sprawling country at the foot of the African continent. It covers 1.2 million square kilometres, with a population of more than 48 million, mostly city based. Since the dawn of the new democracy, in 1994, there has been a massive shift from racially biased, hospital-based curative care, towards easily accessible primary healthcare" (Basset, 2004).

South Africa has both a private and public health system, with a grave disparity between the two. This reflects the country's first world/third word dichotomy. The private sector bristling with modern and sophisticated technology, serves one fifth of the population – those with private health insurance. There are more than 200 private hospitals, owned by consortia of private physicians or large corporations. Public healthcare is accessible to the population at large, from either free to a small payment.

The private health system is excellent. South Africa's private health system are highly rated and respected by the international health fraternity for its technological innovation and achievement. Worldwide people fly to South Africa for operations, which are relatively cheap because of the country's weak currency and not as clogged up as some countries health systems, resulting in shorter waiting periods. In the public sector standards vary according to location. Large, urban teaching hospitals offer good, if clogged-up, service. But despite a massive building program many rural hospitals are run-down, with broken equipment, overcrowded and a shortage of healthcare workers and medicine.

The growing population and expected increase in communicable diseases will mean that the role of trained nurses – in hospitals and primary healthcare facilities – will become increasingly vital. But far from more people coming forward to be trained, several studies show that South Africa is steadily been losing trained nursing staff (SANC, 2008).

Since the move towards rendering primary health care relies more extensively on nursing personnel as the main service provider, it has resulted in nurses taking on additional responsibility for managing, together with providing health services. Increased utilization and access of health services as a result of the provision of free health care for children and pregnant woman and other improvements in access, has also increased the workload of nurses. The continuous exodus of doctors to foreign countries has contributed to this increased workload. The increasing burden of disease due to TB and HIV, and the range of new interventions to treat and prevent HIV and AIDS in South Africa, will rely largely on "task shifting" of functions to other cadres of health workers to meet the short supply of health professionals in order to ensure that the health system is able to meet the demands for prevention and care (Carte blanche, 2007).

Turnover rates in the nursing profession are at an all-time high, plummeting health care delivery into a crisis of immeasurable proportions. Hospitals everywhere are experiencing nursing shortages. This seems to be a global phenomenon, not only occurring in South Africa (Barney, 2002). Over the past decade there was a steady decrease in the number of enrolled students for nursing studies, with a slight increase in the numbers for the past two years. One fifth of the nurses registered with the South African Nursing Council are no longer practicing. Nurses in provinces with large rural populations are particularly vulnerable. They tend to be more at risk because of the disproportionate distribution of nurses in the country (SANC, 2008). The realities of an acute nursing shortage must be pro actively investigated, to facilitate and effective remedy.

5.2 Purpose and significance of the study

The purpose of this study is to develop a localised, South African picture of the medical brain drain focusing on nursing staff. This information can be used to assist in the development of management strategies customized to the South African environment and may shed some light on the dynamic drivers responsible for the exodus of health care workers.

The lack of accurate and reliable data to quantify the extent of the problem is a common obstacle. One possible reason for this relative lack of information is the absence of an integrated data management tool to keep track of medical migration. The authorities tasked with managing health care in South Africa either do not know, or are unwilling to share accurate information on the subject. Although the skills shortages frequently top agendas at many health care forums, it is hard to imagine how critical management decisions can be made without the benefit of recent and accurate factual information regarding these issues.

Important questions such as what are the general levels of job frustration, job satisfaction, tendencies to leave, and the underlying reasons and perceptions leading to the desire to exit public healthcare or South Africa as a whole, must be answered. This study will contribute in part, to our understanding of the situation and help to develop accurate data on the trends and perceptions of registered nursing personnel working in northern Kwa-Zulu Natal, towards national and international migration. The data generated will assist existing information and eventually lead to an improvement in the healthcare system of South Africa. The outcome of the study will also provide academics with insight into future empirical research requirements and will highlight potential areas of interest.

5.3 Objectives of the study

Medical migration is a world wide phenomenon effecting especially developing countries the most. The impact of public to private medical migration and international medical migration on domestic health care service delivery is and will continue to be substantial. Evidently public and private sector institutions need to develop strategies to manage the impact. In the new democratic South Africa healthcare has moved to a primary healthcare approach. Although the private and public healthcare sectors are vastly different, some of the challenges they both face are similar. Government, controlling bodies and managers need to clearly understand these challenges, the underlying causes, the extend and consequences of these challenges, especially if not addressed effectively.

The objectives of the study is to shed light on the state of nursing personnel's job satisfaction / frustration in the public and private sectors by providing data which will contribute to clarify the following points:

a) To determine the state of job satisfaction / frustration among nursing personnel.
b) To identify the key determinants that lead to the above mentioned state of nursing personnel.
c) To identify variation in nursing personnel state with respect to a private healthcare institution as apposed to a public healthcare institution.
d) To identify variation in job satisfaction / frustration between different levels of seniority or job levels among nursing staff.

5.4 Delimitation of the study

This study will focus on the healthcare workers of healthcare institutions, from the public and private sector in the Zululand area. This study will only focus on nursing personnel. Other related healthcare workers will be excluded in this study. Only nursing personnel that are registered with the South African Nursing Council will be used in this study.

This study will exclude anyone who is not a South African citizen since the aim of the study lies with factors experienced and affecting South African nursing personnel and will therefore not include foreign nursing personnel working in South Africa.

The paper does not intend casting judgement on the moral, ethical or legal considerations of medical migration. At best the survey allows us to make inferences about the medical population in general. Results have been used to extrapolate findings, implicitly taking into account the limitations of such actions. It presents a cross-sectional view of the current trends within the health care professionals of northern KwaZulu Natal.

6. CHAPTER 2 – Theoretical basis

In general healthcare workers like registered nurses can either work in the public or private sector. Those in the public sector are either directly or indirectly employed by the National Department of Health (DoH). Nursing personnel working in the private sector are employed by either doctors, clinics, hospitals or even self employed. There are more than 200 private hospitals, owned by consortia of private physicians or large corporations.

The growing population and expected increase in communicable diseases will mean that the role of trained nurses – in hospitals and primary healthcare facilities – will become increasingly vital. It is a well known fact that there is a general shortage in professional nursing personnel throughout South Africa, in the public and private sectors.

Believed reasons for the decline are varied, with emigration, work pressure, and work environment-related factors among the main reasons leading to nursing skills losses. A 2003 HSRC study found almost 80 percent of nurses experienced increased workloads, with 60 percent dissatisfied with their working environments. Nurses in large rural populations are particularly vulnerable. They tend to be more at risk because of the disproportionate distribution of nurses in the country.

The base of specialized nurses is rapidly thinning out, with no sufficient pool of experienced nurses from which replacements can be drawn. The South African nursing profession is currently suffering from shortages in crucial areas such as intensive care units, operating theatres, midwifery and mental health

Table 2.1 Nursing professionals age distribution 2005 to 2007

	Registered Nurse > 40 years	Enrolled Nurse > 40 years	Enrolled Nursing Auxiliaries > 40 years
2005	**72 %**	**60 %**	**52 %**
2006	**73 %**	**57 %**	**51 %**
2007	**74 %**	**57 %**	**50 %**

In addition to these challenges, the age profile of the register and roll of nurses kept by the South African Nursing Council reflects that the majority of professional nurses in South Africa were over the age of 40. This means that close to two thirds of the nursing profession will retire over the next 10 years (SANC, 2008).

The nursing council has to ensure that the standards of nursing education and the practice of nurses and midwifes is such that the public receives knowledgeable, competent, safe and ethical nursing care with grade 10 as the prescribed entry requirement for a course for enrolled nurses and auxiliary nurses. A four-year degree or diploma from one of the 95 institutions approved by the SANC is necessary to become a professional nurse. To qualify as a staff nurse, a two-year certificate is required with one-year certificate requirement for an auxiliary nurse. Staff nurses work under the supervision of a sister (professional nurse) and assist the professional nurse to execute a plan of nursing care. Professional nurses care and manage a unit or ward, while a matron or nursing service manager is responsible for managing the facility.

Similar to the military, there is a ranking system that exists in nursing. In the public service a professional nurse can be promoted to a senior professional nurse who can then rise to chief professional nurse to finally become an assistant director. In the private sector there is a “flatter hierarchy” with different names. In both sectors upward mobility is limited and very slow.

Several factors influence the decisions of nurses to leave their profession, the public sector or the country. Figure 3.4 lists the main factors leading to international health worker migration, namely low salaries or benefits, poor working conditions, lack of career profile, and other social problems. Nurses also increasingly have to manage new categories of health workers and mid level health workers. These categories are intended to relieve the pressure on nurses, but also present new responsibilities and challenges in terms of management and supervisory roles of nurses.

The Department of Health adopted a national Human Resource Plan for Health in 2006, which has focused attention and action around the resources crisis in the health sector. Steps are being taken to re-open nursing colleges to increase the number of nurses trained. There is also an expressed intention by government to increase funding for nursing posts and provision to be made for an occupation specific dispensation which would address nurse's salaries. The extent of the crises in the nursing profession and the health system, as well as the frustration of nurses, who have even embarked on strike action, suggests that much more is needed to address issues of remuneration, retention of staff, management, support and career-development for nurses (Dudley, 2007).

7. CHAPTER 3 - Literature review

7.1 Healthcare in South Africa

As South Africa's health system undergoes major transformation, primary care services are faced with two important challenges: first, the need for high-quality primary clinical care; and second, the need for more nurses with adequate skills to provide such services. Primary care nurse training is a high-priority issue.

The dawn of democracy in 1994 heralded major health policy change in South Africa. A shift in emphasis towards a district health system based on primary health care was laid out in documents, which called for retaining and reorienting

all existing health workers. The district health system is now seen as the functional unit within which primary care services are rendered.

The role of the primary care nurse requires integrating preventative care with curative services. Rendering curative services at a primary level requires strong history-taking, diagnostic and management skills (Strasser, 2005). Providing preventative services requires effective communication and public health skills. Primary care nurses are seen as leaders in the community, and their role extends beyond the confines of clinic walls to involvement in such things as community AIDS awareness programs.

The poor availability of health personnel, particularly in the geographical areas of greatest disadvantage, has emerged as one of the significant constraints to improving access to health care in South Africa. The South African health system is facing a growing crisis in this regard. For example, between 1996 and 2003, the availability of doctors and professional nurses in South African provincial health structures declined by 24 per cent and 16 per cent respectively. By 2005, there was a shortage of nearly 46 000 trained personnel in the health system, representing a 27.1 per cent vacancy rate (Day and Gray, 2005).

The reduced supply of health personnel is due to a number of factors, some of which were avoidable. Between 1995 and 2005, there was an increase in the population dependent on the public sector by seven million, while production of nurses declined. Decreased production of professional nurses was caused largely by attempts to rationalize training institutions like nursing colleges in the late 1990s. Table 3.1 highlights the steadily declining numbers produced on an annual basis. The reasons for this decline in production include the lack of a human resource plan with human resource norms and corresponding forecasting

of production; the rationalization of existing nursing colleges (as part of cost-cutting drives) at provincial level without consideration of inadvertent consequences; and a lack of co-ordination and communication between the education and health sectors (Buhlungu et al, 2007). Overall, the problem is one of poor stewardship of the system at the highest level. It is noted that there has been an increase in the professional nurses produced in the last two years.

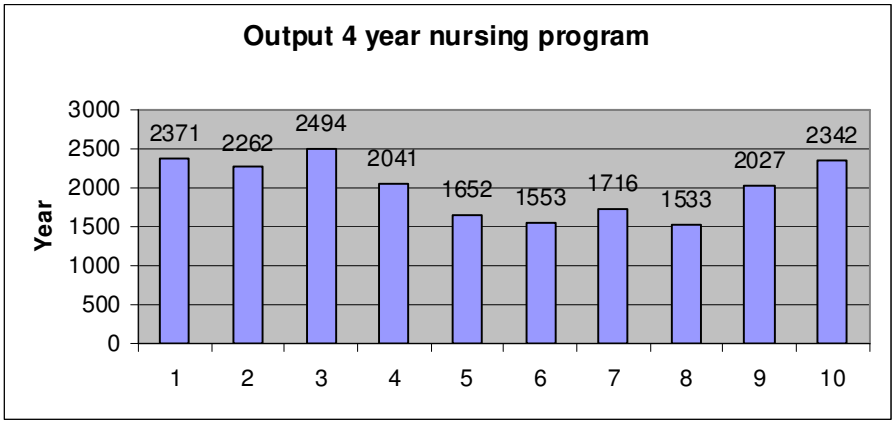
Government has recognised the negative impact of nursing college rationalisation on health care production, and initiated a strategy of reopening nursing colleges. This however faces a bottleneck as skilled instructors to staff these colleges are in short supply (Hassen & Altman, 2007).

The expanded role of nurses within primary care has long been recognized, yet training has not kept up with demand (Evian, 1988). The reasons for this are both historic and logistic. Historically under "apartheid", there was an emphasis on tertiary care. Given the government's emphasis on curative (hospital) services, student nurses constituted an important part of the labour force. Nurse educators explained that hospital-based obligations make it extremely difficult for significant periods of learning to take place in primary care settings (Edelstein et al, 1998). The establishment in 1986 of an integrated (inclusive of general nursing, midwifery, community and psychiatric nursing) four year basic training for registered nurses was an early attempt to reorient nurse training away from hospital-centred practice to primary care.

Table 3.1 Training of professional nurses in South African nursing colleges and universities for a four-year comprehensive course, 1998-2007

	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007
Limpopo	129	134	161	165	119	131	114	142	114	185
North West	215	137	266	159	130	100	70	133	198	183
Mpumulanga	41	43	73	65	47	73	95	52	112	64
Gauteng	738	683	608	680	483	362	368	356	413	521
Free Stat	257	200	216	200	214	111	79	76	76	100
KwaZulu Natal	339	387	488	312	253	305	441	243	429	647
Northern Cape	38	35	7	16	25	21	19	11	24	19
Western Cape	245	339	367	199	133	163	176	160	233	265
Eastern Cape	369	304	308	245	248	287	354	360	428	358
Total	2371	2262	2494	2041	1652	1553	1716	1533	2027	2342

Figure 3.1 Professional nurses produced 1998 to 2007



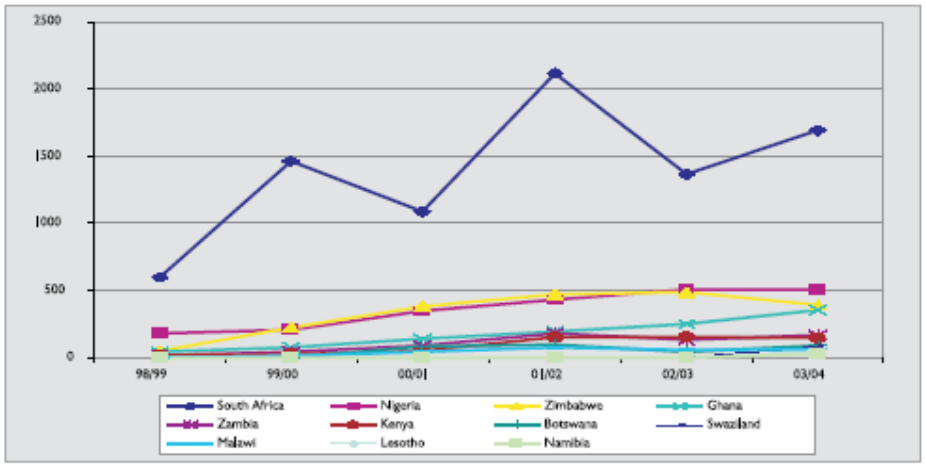
The SANC has to uphold high standards of nursing education and practice, and ensure knowledgeable, competent, safe and ethical nursing care. A four-year degree or diploma from one of the 95 institutions approved by the SANC is necessary to become a professional nurse. To qualify as a staff nurse, a two-year certificate is required with one-year certificate requirement for an auxiliary nurse. Staff nurses work under the supervision of a professional nurse and assist the professional nurse to execute a nursing care plan. A matron or nursing service manager is responsible for managing the facility while a professional nurse will manage a unit or ward. The South African Nursing Council diploma in Clinical Nursing Science, Health Assessment, and Care is seen as the “gold standard” for attaining competence in primary care. The course is offered to registered nurses who have completed either a baccalaureate or diploma program.

The poor availability of health personnel, particularly in the geographical areas of greatest disadvantage, has emerged as one of the most significant constraints to improving access to health care in South Africa. The South African health system is facing a growing crisis in this regard (Day & Gray 2005). According to recent written answers to parliamentary questions asked by the Inkatha Freedom Party, a staggering 37 801 doctors and nurses posts are vacant in public hospitals and clinics (Kahn, 2007).

The shortage of registered nurses represents some of the most serious threats to patient safety. Research based on state hospital institutions in the United States, “has established a relationship between inadequate hospital nursing staffing and

increased risk of adverse patient outcomes, including mortality" (Buehaus et al, 2007). Long working hours and further worked overtime together with "moonlighting" lead to sleep deprivation, fatigue and job dissatisfaction. In addition a fatigued nurse increases the probability of medication errors, thus decreasing the quality of patient care (Shipman, 2008). Job burnout is a prolonged response to chronic exposure of emotional and interpersonal stressors on the job and is often defined as a three dimensional concept, comprising of exhaustion, cynicism and sense of inefficiency (Maslach, 2003). Workload, leadership or management style, professional conflict and emotional cost of caring have been the main sources of distress for nurses for many years (McVicar, 2003). Nursing professionals often reach a certain degree of "job burnout". Apart from exhaustion, nursing personnel often reach a psychological state of inefficiency, as a result of high number of HIV patients that have very limited prognosis, despite of high quality treatment.

Figure 3.2 Yearly registration of African nurses in the UK, selected countries



Source: Nursing and Midwifery Council, United Kingdom, 2004

Statistics show that between 1998 and 2001, 5259 nurses were recruited by the United Kingdom (UK) from South Africa alone, with the number increasing every year (Lephalala, 2006).

It can be argued that the public sector in South Africa is largely dependent on the technical skills of nurses, of whom the professional nurse is the most important. In primary care, well over 90 per cent of all patients have professional nurses as their main caregiver. In the situation of increased demand placed on the public

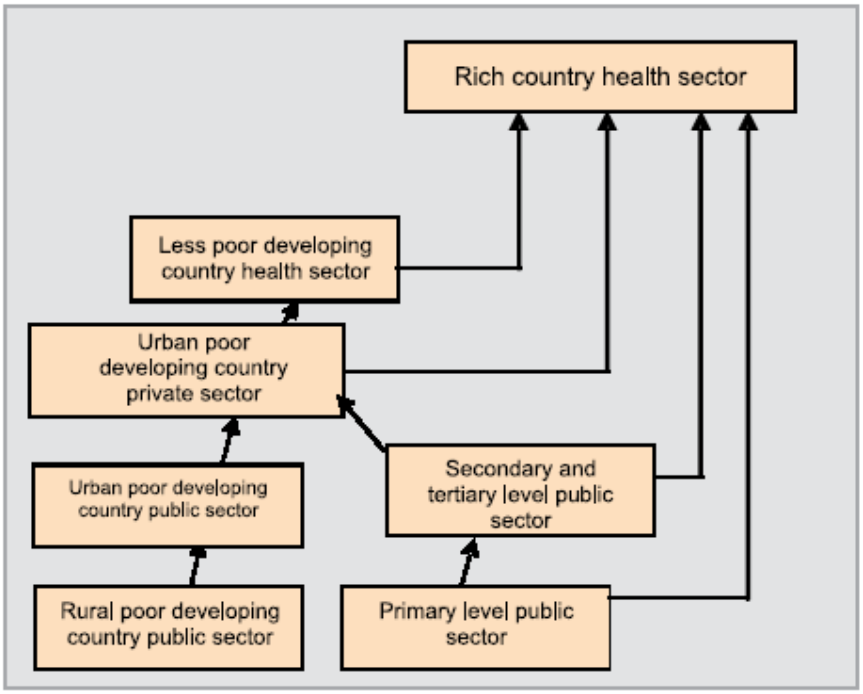
health system through rising population numbers, as well as increased access to public health care, it would have been logical to expect an increased production in professional nurses since 1994.

The actual situation, paradoxically, has been the opposite. The production of nurses at universities and colleges has steadily declined over the last few years. The reasons for this decline in production are complex but include the lack of human resources, the rationalization of existing nursing colleges, and a lack of co-ordination between the education and health sectors (Buhlungu et al, 2007).

The extraordinary additional disease burden created by the HIV pandemic, further increases the demand placed on health care workers. Based on a wide range of data, including household and antenatal studies, UNAID/WHO in June 2008 published an estimate of 18.9% prevalence in those aged 15 – 49 years old at the end of 2007. According to their own estimate of total population (which is a contentious issue), this implies that around 5.7 million South Africans are living with HIV at the end of 2008, including 280 000 children under 15 years old (UNAID/WHO, 2008). The number of practising nurses and potential nurse recruits who are already HIV/AIDS infected in 2000 were extrapolated to be 34 793 (Branningan, 2000).

In recent years the globalization of markets of health-care providers has accelerated the exodus of health-care professionals from South Africa, primarily to the United Kingdom and Middle East. This is to a large extent beyond the control of the Health Minister and could not have been anticipated. “The migration of doctors and nurses from Africa to developed countries has raised fears of an African medical brain drain. But empirical research on the causes and effects of the phenomenon has been hampered by lack of systematic data on the extent of African health workers international movements” (Clemens & Pettersson, 2008) Destination-country census data was used to estimate the number of African born doctors and professional nurses working abroad in a developed country. It was found that approximately 65 000 African-born physicians and 70 000 African born professional nurses were working overseas in a developed country in the year 2000. These numbers were found to be the first standardised, systematic, occupation-specific measure of skilled professionals working in developed countries originating from developing countries (Clemens & Pettersson, 2008)

Figure 3.3 Pattern of movement and migration of health workers



Source: Loewenson and Thompson (ed), 2004

Although the rate of migration varies between countries, there are similarities in the pattern. Migration particularly from the rural health facilities has severe negative effects on the accessibility and equitable distribution of health care. Figure 3.3 depicts a common pattern of movement of personnel which shows that migration tend to drain the periphery more of its skilled health personnel (Martineau et al, 2002). The depletion of rural periphery in South Africa has to a certain extent been counteracted by the introduction of a compulsory community service period. This community service period is to be performed at a venue decided by the department of health. This has led to more newly qualified health care workers serving in rural areas, where the need is greatest.

One of the key problems facing the health system is the morale of its providers. In one recent survey of nurses working in maternal health services in three provinces surveyed by Penn-Kekana et al (2005), 60 per cent reported feeling demotivated and 51 per cent agreed with the statement: 'I could see myself working overseas in the future.' Poor motivation was associated with perceptions of poor pay or promotion prospects, feeling unsupported by management and workplace conflict. Managerial capacity across the health system is weak and

efforts at strengthening management are poorly developed. A few training programmes have been introduced, although they are undermined by a lack of co-ordination, and the content is often disconnected from local realities and the practical challenges facing local health districts.

7.2 Public Hospitals under stress

In broad outline, several studies show that public hospitals are highly stressed institutions due to staff shortages, management failure and unmanageable workloads. By “stressed institutions” we mean that institutional functioning is stressed (weak functioning, problems and breakdowns not addressed, dysfunctional management, lack of systems), staff are stressed (high workloads, stressed health, high levels of conflict, poor labour relations), and public health outcomes are poor (inadequate patient care, poor and inconsistent clinical outcomes, increased costs of poorly managed illness). (Buhlungu et al*, 2007)*

Hospital stress is concentrated in its most acute form in the nursing function. Nursing is the foundation of clinical and patient care, and it bears the brunt of increased patient loads, staff shortages and management failures. High levels of stress in nursing undoubtedly impact on clinical outcomes and patient care as well as on staff morale, recruitment and personal health.

In hospitals, the cost of employee turnover are substantial and intentions to leave among staff may manifest as reduced performance. Team climate, as indicated by clear and shared goals, participation, task orientation and support for innovation, was found to predict intention to leave the job and actual turnover among hospital employees. Improving team climate was found to possibly reduce the intention to leave and turnover in hospital staff (Kivimaki et al, 2007).

The nursing function is the backbone of the public and to a lesser extent also the private hospital. The unmanageable workload, staff shortages, lack of support workers and management failures combine to place this function in a general crisis. While there is a national shortage of nurses, the crisis situation in hospitals makes it even more difficult to recruit new nursing staff. Turnover and attrition of

recruits is high, and newly trained nurses tend to leave the public sector for private hospitals or the country. .

Research done in Swaziland on their human resources for health (HRH) found that emigration and attrition due to HIV/AIDS are undermining the health workforce in the public sector of Swaziland (Kober and Van Damme, 2006). The effect of attrition due to HIV/AIDS on health care workers as well as on the moral state of nursing staff are partially known, but the full extent of the negative impact is yet to be fully understood. Nursing staff in both private and public sectors admit that treating an ever increasing amount of AIDS patients do have a psychological negative effect, as a large percentage of these patients do die irrespective of dedicated treatment programs.

Staff shortages do not only affect nurses. Shortages of support workers like cleaners, porters, clerks and messengers all undermine the functioning of the hospitals.

7.3 Push and pull Factors

Returning to the question of migration, push and pull factors have been identified as contributing to the decision to leave the home country (Lucas, 2005). These include poor remuneration, lack of motivation, inadequate supplies and equipment, poor and dangerous working conditions, work associated risks including diseases such as HIV/AIDS and TB, inadequate human resource planning with consequently unrealistic workloads, lack of supervision, limited career and/or training opportunities, political concerns and economic difficulties (Ahmad ,2005)

The role of non-financial incentives as part of a comprehensive strategy to reduce the exodus of nursing staff by improving the low motivation of health workers was found to be a viable approach to deal with the serious human resource crisis in the health sector in developing countries, especially Africa. This
entails acknowledging their professionalism and addressing professional goals such as recognition, career development and further qualifications. It should be the aim of human resource management to develop the work environment so that

health workers are enabled to meet their personal and organisational objectives (Mathauer & Imhof, 2006).

The global demand for skilled health care professionals is increasing in many parts of the globe. For example, in 2002 over 50% of new registrations at the Nurses Council Register in the United Kingdom were from external sources. High income countries are increasingly looking abroad to meet their staff shortages. Recruitment from developing countries becomes a more viable and less expensive option (African Health Monitor, 2007). In many developing countries, especially sub-Saharan Africa, continuous low supply of health workers has been exacerbated by increased disease burden from HIV/AIDS, TB and malaria. The World Health Report 2006 estimates that Africa needs an increase of approximately 817 992 (139%) health care providers to achieve essential health interventions (World Health Report 2006).

As new technologies promote access to a global labour market, certain skills sets and competencies are sourced on a global basis. An estimated 1,5 million professionals from developing countries are working in industrialized countries and with globalization and the rapid commercialization of health services have increased competition for skilled labour (Ahmad, 2005). A medical degree is a transferable asset. South African doctors and nurses have developed a reputation over the years of being very well trained, competent and hard working individuals.

Table 3.2 SANC - Verification and Transcript Statistics – Calendar year 2001 to 2004

Country	2001	2002	2003	2004	Country Totals
Australia	430	461	467	347	1705
Canada	87	38	108	27	260
Ireland	253	528	109	32	922
Namibia	28		17	8	53
New Zealand	237	161	156	57	611
United Arab Emirates	41	10	55	10	116
United Kingdom	2567	2336	2790	1746	9439
United States of America	267	420	360	163	1210
OTHER COUNTRIES	28	48	34	21	131
TOTALS	3938	4002	4096	2411	

Table 3.2 indicates the number of nurses who have requested that verifications of qualifications and / or transcripts of training be sent to the countries indicated. It is stated that nurses are not required to notify the SANC if they do leave the country. Although the fact that a nurse has requested verification be sent not necessarily mean that she / he has taken up a position in another country, it does give a very good idea of the emigration trends of South African nursing professionals. It can be clearly seen that a vast number of health professionals including doctors and nurses are relocating to the United Kingdom.

A report issued by the HSRC, confirmed earlier work done concluding that immigration figures of receiving countries to be up to four times higher than the official StatsSA emigration data declares (Kahn, 2003). This highlights the fact earlier mentioned that the emigration data available is fractionated, insufficient and unreliable, making it impossible to reach meaningful conclusions.

Table 3.3 Population and Nursing Manpower of South Africa for the period 2001 to 2007

	2001	2002	2003	2004	2005	2006	2007
Reg Nurse	94 552	94 948	96 715	98 490	99 534	101 295	103 792
Enr. Nurse	32 120	32 495	33 575	35 266	37 085	39 305	40 582
Aux. Nurse	45 666	45 426	47 431	50 703	54 650	56 314	59 574
Total	172 338	172 869	177 721	184 459	191 269	196 914	203 948
Population	44328322	45171908	46429836	46586607	46888200	47390800	47849800
Total students in training	9 527	10 338	11 478	12 280	13 096	13 272	15 258

Population figures obtained from Statistics South Africa and rounded off to the nearest 100

Table 3.4 Population per Qualified Nurse

	2001	2002	2003	2004	2005	2006	2007
Reg Nurse	469:1	476:1	480:1	473:1	471:1	468:1	461:1
Enr. Nurse	1380:1	1390:1	1383:1	1321:1	1264:1	1206:1	1179:1
Aux. Nurse	971:1	994:1	979:1	919:1	858:1	842:1	803:1
Total	257:1	261:1	261:1	253:1	245:1	241:1	235:1

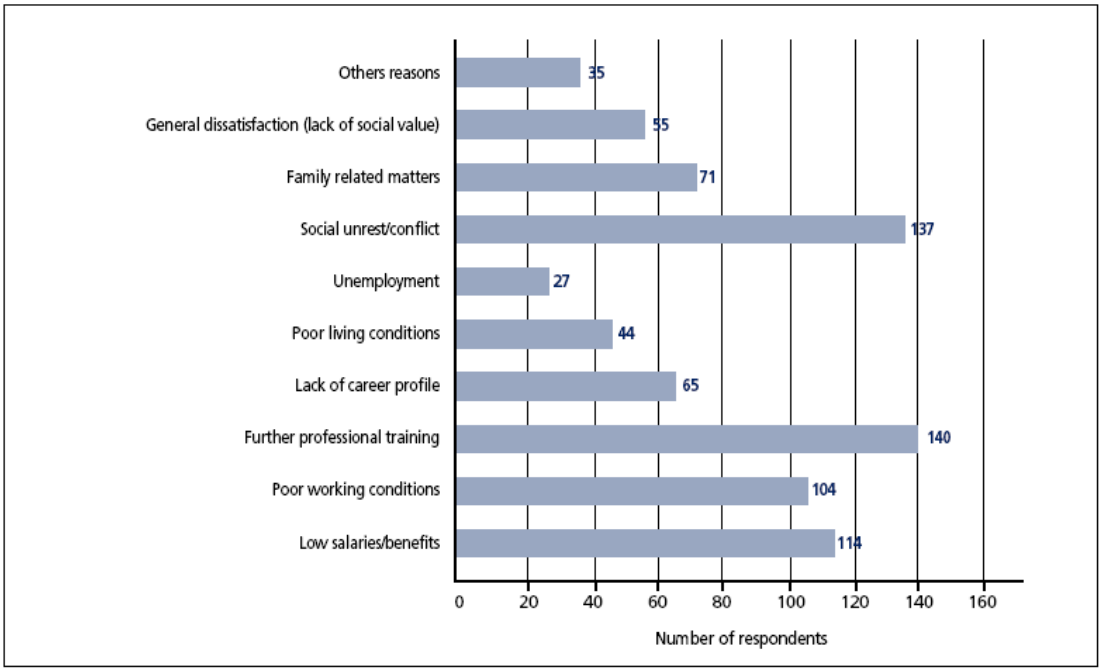
In an attempt to stop the exodus of health workers from South Africa, the government has been lobbying many developed countries for an immediate commitment to stop recruiting healthcare professionals from South Africa to those countries (Clemens and Pettersson, 2008) This initiative has been met with mixed success. The United Kingdom, being one of the most prominent international employers of South African healthcare workers, was the first to develop a so called ethical recruitment model. According to the ethical

recruitment policy, the United Kingdom would not recruit nurses from countries where there is a known shortage of healthcare professionals (Scott, 2004)

The government program to bring in foreign nurses to alleviate the nursing shortage, has had very limited success. Only 78 foreign nurses were successfully registered to work in South Africa in 2006 (Hall, 2004).

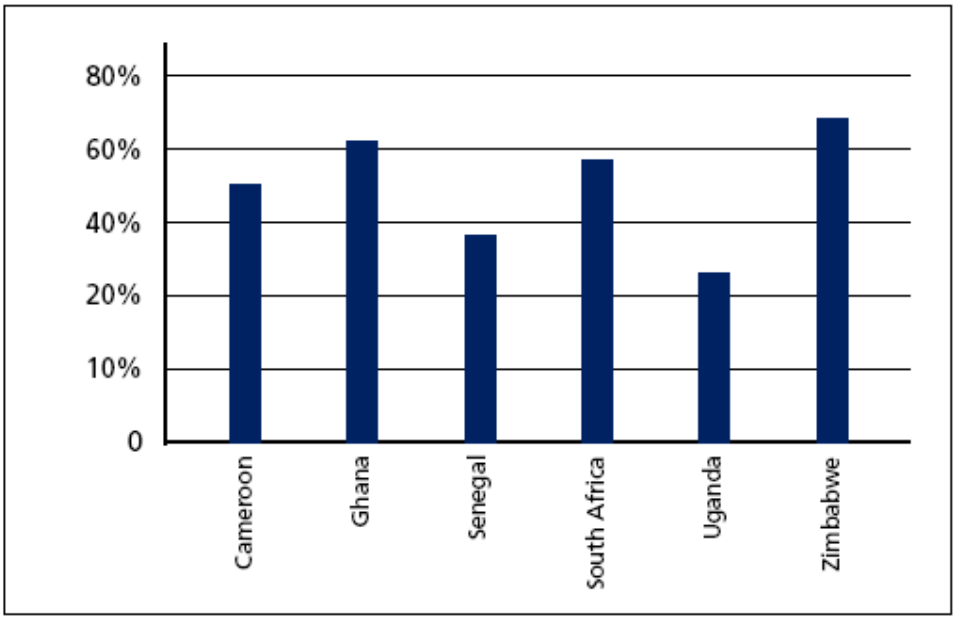
To date New Zealand is the only other country that has put formal policy in place to prevent the migration of South African healthcare workers to that country. As expected, the only lasting effect of this policy was the redirection of South African nurses to other countries including Ireland, Australia, Canada and Middle East (Randall, 2007)

Figure 3.4 Reasons for health worker migration, 2003



Source: WHO- AFRO migration of health personnel (2004).

Figure 3.5 Health workers who intend to migrate, 2002



Source: WHO-AFRO (2003)

Efforts have however been made by some countries to reduce migration of health workers. From 1983 to 1999, the International Organisation for Migration implemented the "Return and Reintegration of Qualified African Nationals Programme". The establishment of the Global Commission on International Migration by the UN Secretary General in December 2003, the adoption by the Fifty-seventh World Health Assembly of Resolution WHA57.19 on international migration in May 2004, and the creation of the Global Health Workforce Alliance are some recent examples (African Health Monitor, 2007).

A rural and scarce skills allowance was introduced in South Africa by the DoH in 2004. The rural allowance applies to 33 000 full time health professionals, including professional nurses, working in designated areas. This allowance range from 8% to 22% of annual salary, depending on area and occupational category. The scarce skills allowance applies to 62 000 full time health professionals in specified categories, regardless of geographic area. This allowance range from 10% to 15% of annual salary, depending on occupational category. Both these allowances serve as an incentive to attract health workers to rural areas and support other retention policies in place (Mujanja et al, 2005).

7.4 Legislative Framework

In1997, the national DoH published the *White paper for the Transformation of the Health System in South Africa (*DoH 1997). The white paper makes central reference to the overarching government framework of the time, the Reconstruction and Development Program (RDP). It proposed a national health system based on:

- The primary health care (PHC) approach.
- A unified national health system (integrating public and private sectors);
- The development of a district health system;
- The reduction of inequities and expanding access to essential health care.

While undertaking a massive reorganization of the provincial bureaucracies immediately post – 1994, the new government attempted to give expression to the focus on PHC in a number of ways. These included:

- Instituting a PHC facilities building and upgrading program in which 1 345 new clinics were built and 263 upgraded.
- Removing user fees for public PHC and all fees (including at hospitals) for pregnant women and children under the age of 6 years.
- The formulation of an essential "PHC package" which set norms for the provision of comprehensive PHC.

South Africa has one of the most advanced constitutions in the world. The provision of healthcare services, as well as the access thereto, is not only a government responsibility but also a basic human right enshrined in chapter two of the constitution.

The Constitution of the Republic of South Africa, Act 108 of 1996 states in S27:

(1) Everyone has the right to have access to -

(a) health care services, including reproductive health care;

(2)The state must take reasonable legislative and other measures, within its available resources, to achieve the progressive realization of each of these rights; and

(3) No one may be refused emergency medical care.
The matter is however complicated by section 21(1) of the same Constitution which states that: “everyone has the right to freedom of movement” and section 21(2): everyone has the right to leave the Republic.”

As both these (conflicting) rights are enshrined in the Bill of Rights, the question is how these rights should be applied and balanced in a modern society? This is complicated because of the fact that it is not because of an individual who is emigrating that the healthcare sector is directly disadvantaged but because of the cumulative effect of many such migrations. Some authors state that the right of the individual health worker to emigrate has to be balanced against the consequences of such migration on welfare of the larger society (Ahmed, 2005). Underlying these issues is the assumption that medical professionals have a moral or ethical obligation towards South Africa.

8. CHAPTER 4 - Research Methodology

8.1 Study design

It would be wrong to suggest that a single study can thoroughly address all the aspects of medical migration and the nursing exodus. This study focuses on identifying migration drivers specific to Zululand, South Africa. It highlights the extent of the current situation, identifies some of the causes for the brain drain, comments on the effects thereof and suggests some strategic management options available to both government and the private sector in mitigation of its impact on health care delivery.

The research question will be answered using research methodology essentially qualitative. The reasons for this is that quantitative data on hospital management – such as staff numbers, staff vacancies, bed occupancy rates and so on – and data on nursing skills losses in South Africa – are frequently unreliable, difficult to access or non existent (Burn and Shongwe, 2004). Using a more subjective and qualitative view from those healthcare workers who is intimately involved in

clinical processes is more practical. However there are advantages to qualitative methodologies. They provide for a more complex analysis of the relationship between cause and effect.

The study will be an exploratory study and the purpose will be to produce descriptive data, without induces causality, with the view of providing direction for future study formulation.

The data will be collected using interrogation and communication techniques as detailed further below under sample design and measurement instrument. This will result in the data collection taking place under participant's working routine to minimize the response of being bias.

By its very nature, surveys provide a snapshot, cross-sectional view of (in this case) a homogenous, yet very dissimilar group of people. The dangers of extrapolating the findings of this survey to represent the larger medical community are well understood – as such the findings act merely as a bird's eye view of the situation in a localised area of South Africa and might provide the impetus for further, more specific research.

8.2 Data Collection

The target population will be any nursing personnel who are registered with the HPCSA and SANC and are a South African citizen. The study will mainly focus on healthcare workers in a private and public healthcare institution.
The main parameters of the study will be the state of job satisfaction or frustration. The size of the population is unknown and so the sample representation will be a non-probability sample.

The sample size needs to be as large as possible, so that the results are likely to be as close as possible to the population. Therefore no maximum sample size will be stated, only a minimum sample size of fifty valid participants. The sample type will be a quota sample and the requirements will be to have two equal size samples of nursing staff who are currently working in a public and private healthcare facility.

A letter was sent out to private and public hospitals in the Zululand area (northern KZN) of South Africa. Of all the hospitals declaring willing to take part in the study, a list was compiled. The most suitable public and private hospitals were selected for this study.

The measurement instrument was a printed questionnaire that was distributed directly to the nursing staff or the charge sister of the ward in the selected hospital. A reliable measurement instrument is one that has maximum absence of error, or alternatively a minimum error component (Polit and Hungler, 1991). A reliability calculation will be done on the data obtained in the study.

The response rate was driven through telephonic and personal visits and follow-ups to increase the response rate. A panel of academics and nursing managers validated the measurement instrument before its distribution to participants.

8.3 Data Analysis

As stated, the objective was to develop a clear understanding of the nature of medical migration trends in South Africa within nursing personnel, and to use that knowledge to help develop management strategies for both the private and public sectors. For the purpose of this study, the units of analysis or respondents were South African registered nurses. The data was analysed to develop, through a process of inductive reasoning, a better understanding of the drivers behind the movement of nursing staff from the public to the private health sector, or the country as a whole.

As mentioned before, the study is descriptive in nature and has an estimation focus. Information drawn from the sample is used to estimate the situation that is likely to exist in the population as a whole. The data collected was used to make specific observations which were then extrapolated to infer tendencies of the larger nursing community. The data analysis is subject in nature – looking for patterns either similar or dissimilar from that already described in the existent literature.

9. CHAPTER 5 - Research Results

9.1 Demographics of Respondents

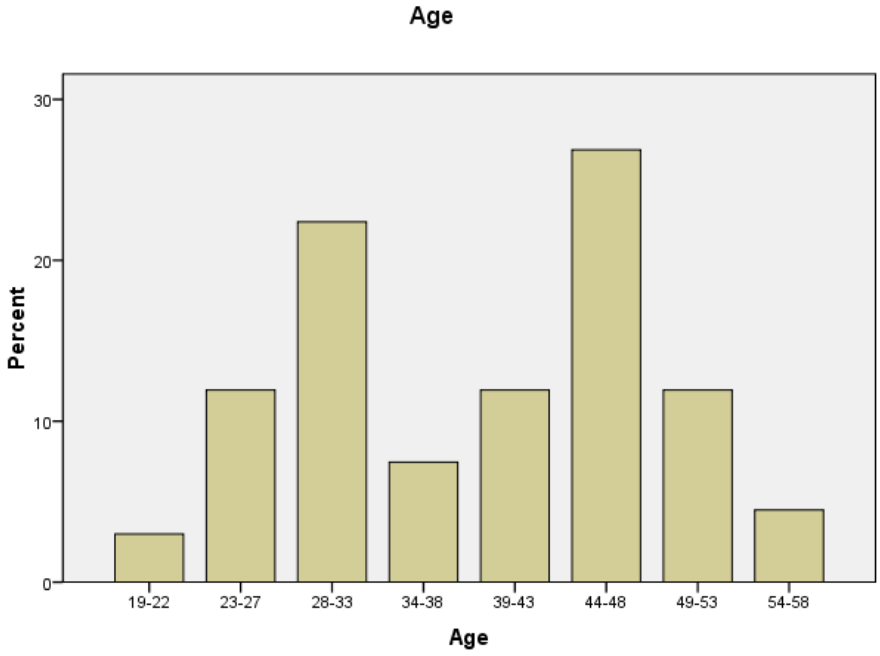
A total of 67 responses were received back from 80 questionnaires handed out. This results in a 83.75 % response. Demographic and background information was sought in order to compile a profile of professional nurses who are currently practising in the public and private sectors of the northern KwaZulu Natal area also known as Zululand. The demographic information included the sector of employment, race, gender, age, marital status, number of dependants, language, and health professional grades. Table 5.1 lists the race demographics, with a majority black nurses (61.2 %) and white nurses (34.3 %) being second most predominant. This is in line with the common trend that the nursing professional staff contingency at public health care institutions have a larger percentage of black nurses in comparison to white, coloured and Indian staff. This result obtained is coincidentally similar to the national trend, and is not a result of the sampling method or selection of the sampling pool. All the respondents were female. It is a common known fact that there are currently very few male nurses, with reduced interest from males to enter the nursing profession. Slightly more than half of the respondents were married. 37 out of the 67 (55.2 %).

Table 5.1 Race

	Frequency	Percent	Cumulative Percent
Black	41	61.2	61.2
White	23	34.3	95.5
Coloured	2	3.0	98.5
Indian	1	1.5	100.0
Total	67	100.0	

The age distribution of the respondents listed in figure 5.1, show an interesting aspect, in that the most common age group slot, is that of 44 to 48 years. 26.9 % of the respondents fell within this group. This is pointing towards the national trend that 74 % of professional nurses is over the age of 40 years. The retirement of these over 40 year old professional nurses contribute to the nursing skills shortage, as their replacement with experienced staff creates a big problem because of insufficient available replacements.

Figure 5.1 Respondents age distribution



The positions and ranks of nursing professionals in the public and private sectors differ. The public sector has different categories, positions and ranks that some of the private sector health institutions don't have. The general trend in private hospitals is only to distinguish between senior professional nurses and professional nurses. This is an indication of the flatter hierarchical management structure in private healthcare institutions. The respondents current employment section are indicated in table 5.2 and their employment position are indicated in table 5.3.

Table 5.2 I what health sector do you work

	Frequency	Percent	Cumulative Percent
Public	36	53.7	53.7
Private	30	44.8	98.5
Not stated	1	1.5	100.0
Total	67	100.0	

Table 5.3 Health Professional Grades

	Frequency	Percent	Cumulative Percent
Registered Nurse	40	59.7	59.7
enrolled Nurse	13	19.4	79.1
enrolled Nurse Assistant	9	13.4	92.5
Care Giver	3	4.5	97.0
Other	2	3.0	100.0
Total	67	100.0	

As indicated in table 5.3, 53.7 % of respondents are working in the public sector with 44.8 % working in the private sector. One respondent incorrectly marked this question on the questionnaire. This is a fairly even spread of nursing personnel working in the two health sectors. The professional grades indicated in table 5.4 shows that 59.7 % of the respondents are registered nurses with enrolled nurses second most at 19.4 %. The remaining 20.9 % are made up of enrolled nursing assistants, care givers and other. In this sample professional nurses are thus predominant.

Table 5.4 Language

	Frequency	Percent	Cumulative Percent
English	24	35.8	35.8
Afrikaans	14	20.9	56.7
SeTswana	1	1.5	58.2
IsiZulu	25	37.3	95.5
IsiNdebele	2	3.0	98.5
TshiVenda	1	1.5	100.0
Total	67	100.0	

IsiZulu and English are the predominant languages with 37.3 % and 35.8 % contribution respectively. The sample pool area is in Zululand where there are many local nursing professionals that after their training return back home to their home area. Although English is the official business language in public and private hospitals, there are many patients who can only communicate in their

mother tongue. Hence the ability of nursing professionals to communicate to local patients, in their mother tongue, has become a highly sought after skill.

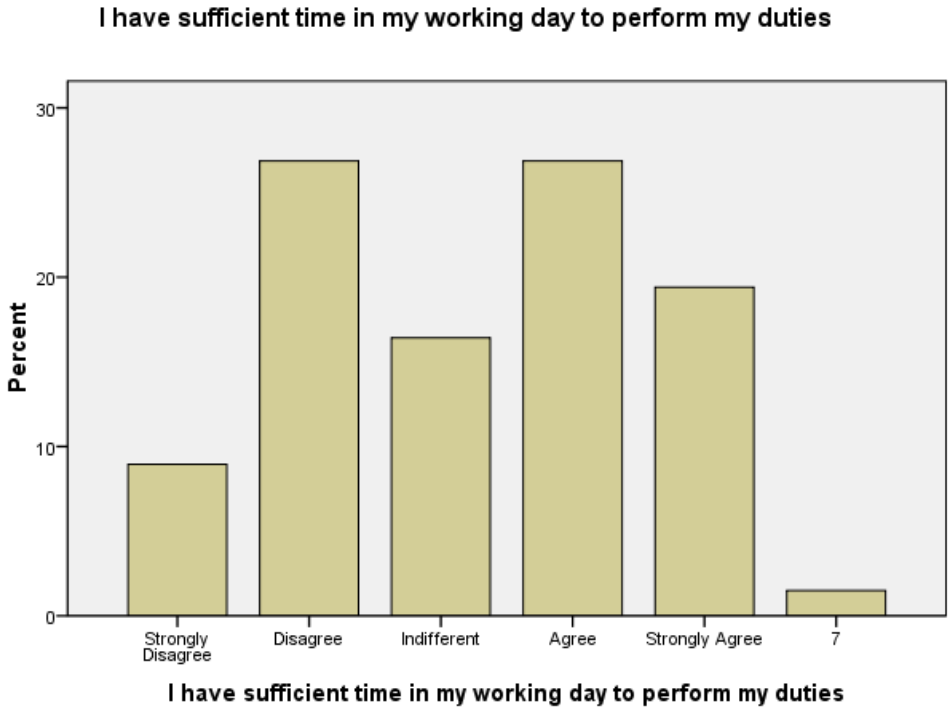
9.2 Working conditions

Within the questionnaire the second section dealt with working conditions. There were five working conditions statement made, which the respondents had to rate from 1=strongly disagree to 5=strongly agree. Tables 5.5 to 5.14 and figures 5.2 to 5.11 lists the results obtained.

Table 5.5 I have sufficient time in my working day to perform my duties.

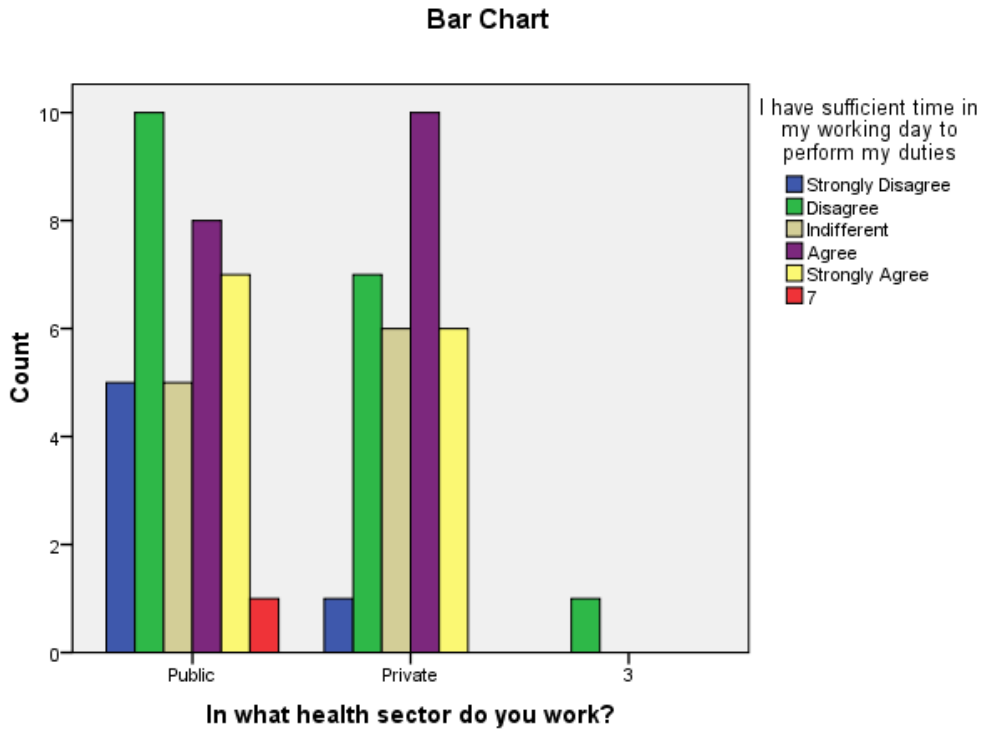
	Frequency	Percent	Cumulative Percent
Strongly Disagree	6	9.0	9.0
Disagree	18	26.9	35.8
Indifferent	11	16.4	52.2
Agree	18	26.9	79.1
Strongly Agree	13	19.4	98.5
Not stated	1	1.5	100.0
Total	67	100.0	

Figure 5.2



*Number 7 in graph represents respondents not selecting any option

Figure 5.3 Cross tabulation: Health sector – Sufficient time



*Number 3 in graph represents respondents not selecting any health sector option
*Number 7 in graph represents respondents not selecting any rating option

The Chi-Square test value for the cross tabulation of health sector and sufficient time available is 6.892, with a degree of freedom of 10 and a p-value of 0.736. It can therefore be concluded that the different health sector is not related to the amount of time available in a working day (p-value supports independence).

In table 5.5 showing the overall response to the statement “I have sufficient time available in my working day to perform my duties” it can be seen that 35.9 % disagreed while 46.3 % agreed. There is therefore a slight majority in agreement with this statement. It is however noted when looking at figure 5.3 showing the different health sector’s response to this statement, that the public sector have 15 disagree and 15 agree responses while the private sector have 8 disagree and 16 agree responses. It is thus concluded that there is a slightly more positive response from private sector nursing staff, indicating they have sufficient time available.

Figure 5.4

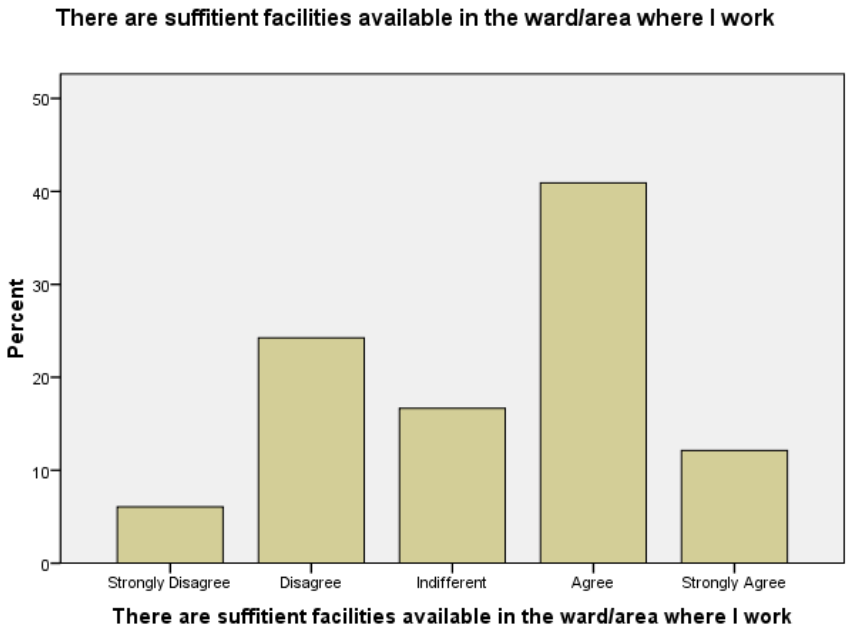
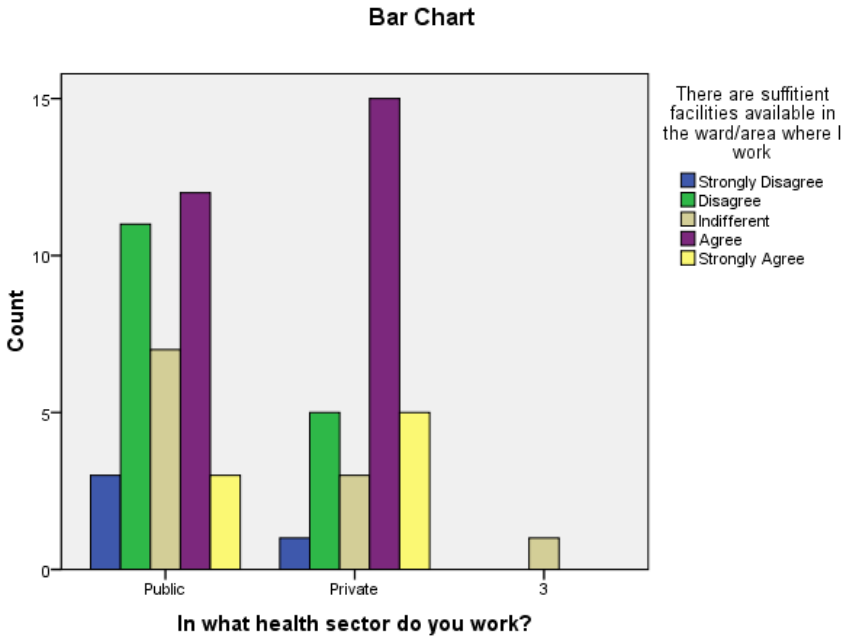


Figure 5.5 Cross tabulation: Health sector – sufficient facilities



*Number 3 in graph represents respondents not selecting any health sector option

The Chi-Square test value for the cross tabulation of health sector and sufficient facilities available is 10.061, with a degree of freedom of 8 and a p-value of 0.261. It can therefore be concluded that the different health sector is not related

to the amount of facilities available in the working area (p-value supports independence).

In figure 5.4 showing the overall response to the statement “There are sufficient facilities available in the ward / area where I work” it can be seen that, 29.9 % disagreed while 52.2 % agreed. There is thus a majority of nursing staff indicating a feeling of sufficient facilities available. It is however noted when looking at figure 5.5 showing the different health sector’s response to this statement, that the public sector have 15 disagree and 15 agree responses while the private sector have 6 disagree and 20 agree responses. It is thus concluded that there is a slightly more positive response from private sector nursing staff, indicating they have facilities available in their working areas. This finding, together with the previous finding relating to sufficient time available, both are in line with the common feeling that public healthcare institutions are more under stress than private hospitals.

Fig 5.6

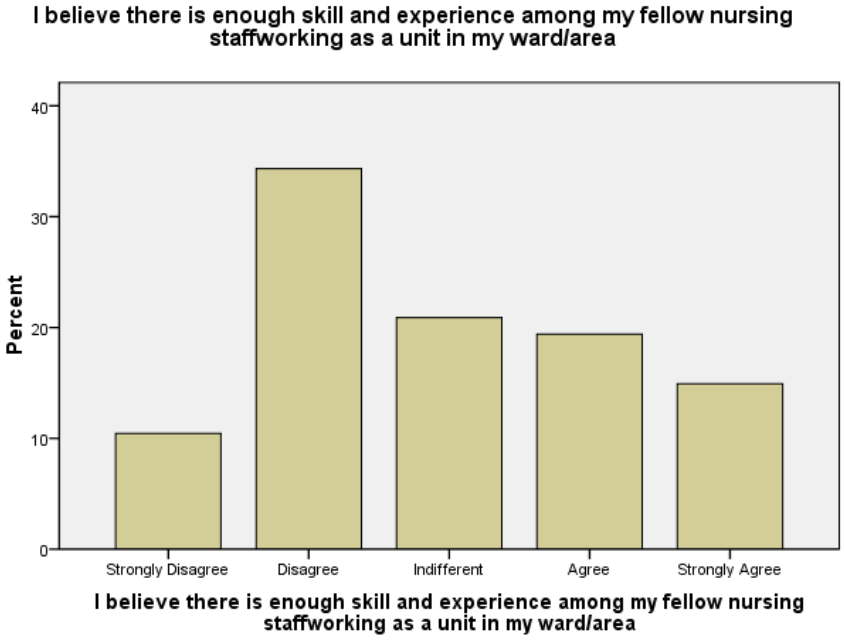
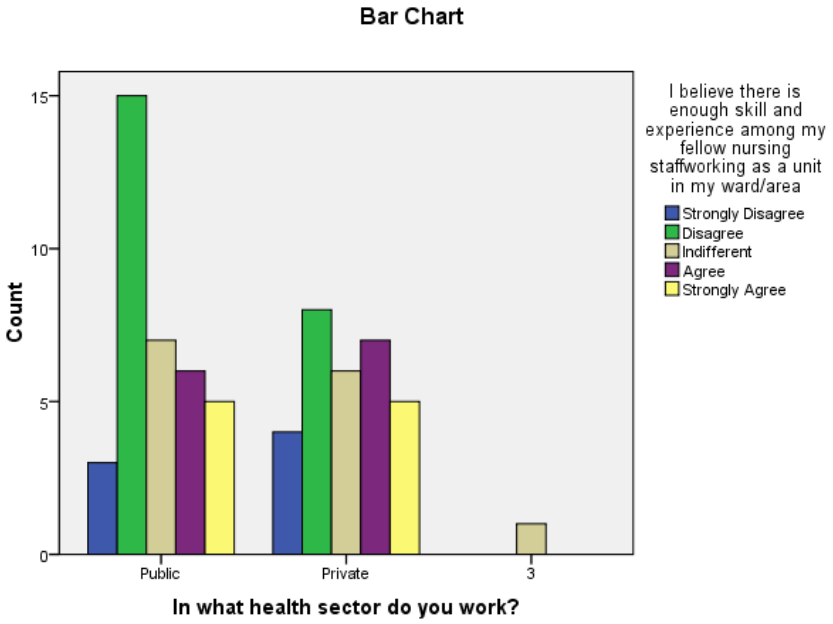


Figure 5.7 Cross tabulation: Health sector – available skill and experience



*Number 3 in graph represents respondents not selecting any health sector option

The Chi-Square test value for the cross tabulation of health sector and sufficient skill and experience available is 5.769, with a degree of freedom of 8 and a p-value of 0.673. It can therefore be concluded that the different health sector is not related to the amount of skill and experience available in the working area (p-value supports independence).

In figure 5.6 showing the overall response to the statement “I believe there is enough skill and experience among my fellow nursing staff working as a unit in my ward / area”” it can be seen that, 44.7 % disagreed while 34.3 % agreed. There is thus a majority of nursing staff indicating a feeling of insufficient skill and experience available. It is however noted when looking at figure 5.7 showing the different health sector’s response to this statement, that the public sector have 18 disagree and 11 agree responses while the private sector have 12 disagree and 12 agree responses. It is thus concluded that there is a slightly more negative response from public sector nursing staff, indicating the current lack of skill and experience among their fellow health workers which seems to be a more serious problem in public healthcare facilities.

Fig 5.8

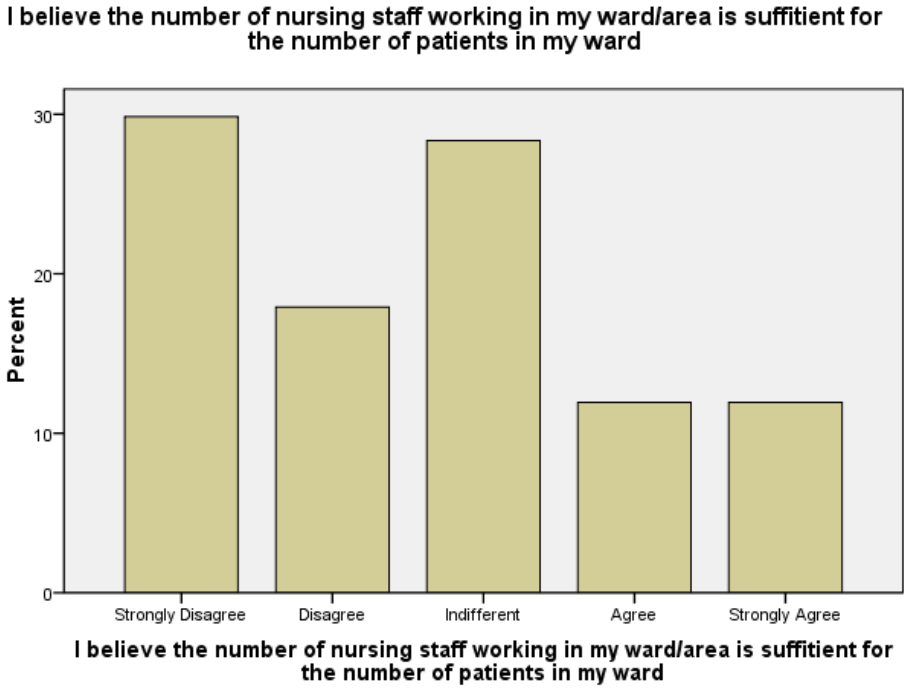
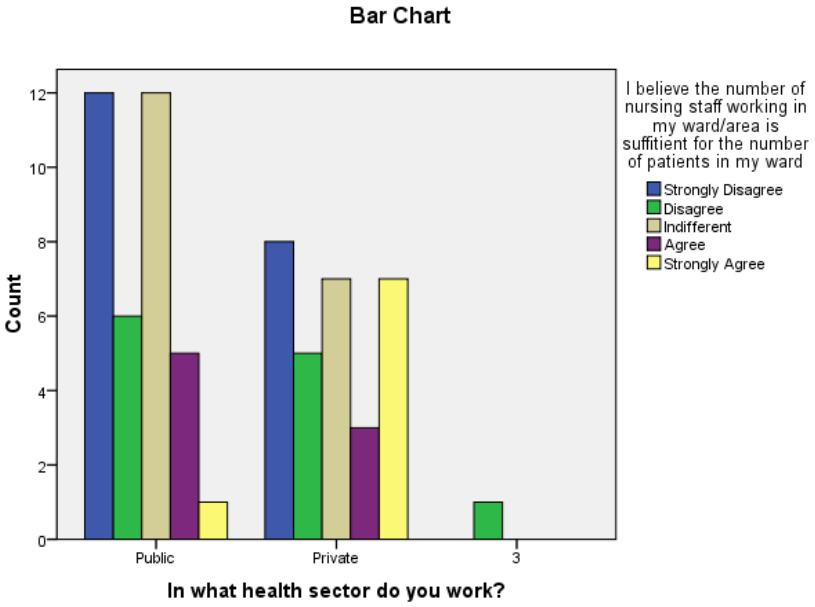


Figure 5.9 Cross tabulation: Health sector – number of nursing staff



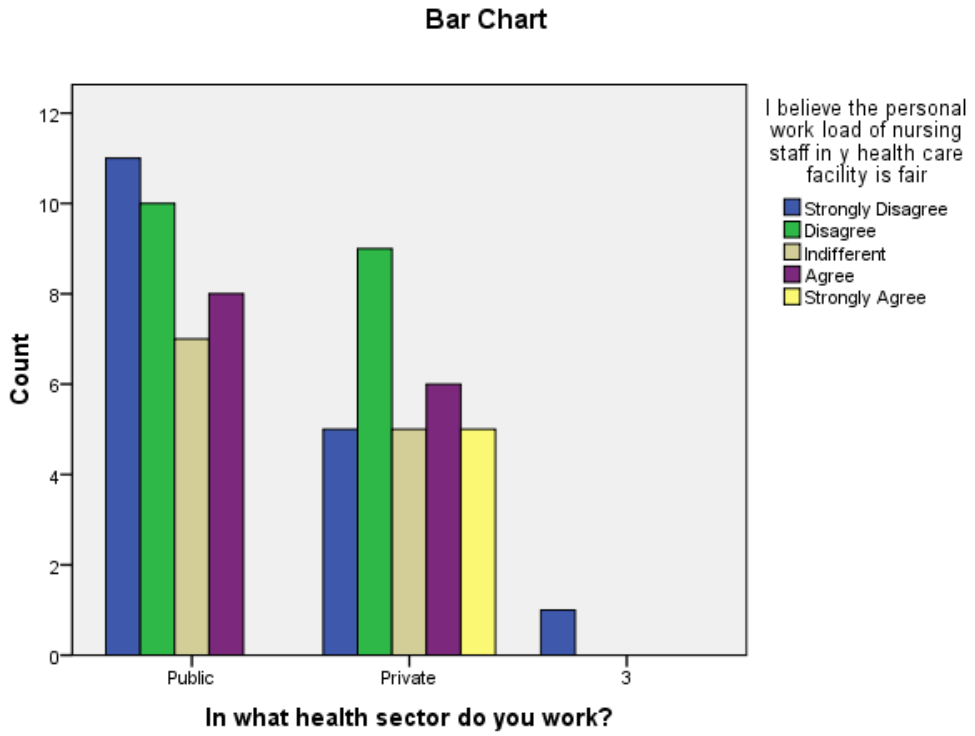
*Number 3 in graph represents respondents not selecting any health sector option

The Chi-Square test value for the cross tabulation of health sector and number of nursing staff available is 11.471, with a degree of freedom of 8 and a p-value of 0.176. It can therefore be concluded that the different health sector is not related to the nursing staff / patient ratio in the working area (p-value supports independence).

In figure 5.8 showing the overall response to the statement “I believe the number of nursing staff working in my ward is sufficient for the number of patients in the ward” it can be seen that, 47.8 % disagreed while 23.8 % agreed. There is thus a majority of nursing staff indicating a feeling of patient overload. It is however noted when looking at figure 5.9 showing the different health sector’s response to this statement, that the public sector have 18 disagree and 6 agree responses while the private sector have 13 disagree and 10 agree responses. It is thus concluded that there is a negative response from both the public and private sector nursing staff, indicating a current perception of patient overload. The perception to this aspect is however more profound in the public sector as seen on figure 5.9.

Figure 5.10

Figure 5.11 Cross tabulation: Health sector – personal work load



*Number 3 in graph represents respondents not selecting any health sector option

The Chi-Square test value for the cross tabulation of health sector and personal work load is 10.458, with a degree of freedom of 8 and a p-value of 0.234. It can therefore be concluded that the different health sector is not related to the personal work load (p-value supports independence).

In figure 5.10 showing the overall response to the statement “I believe the personal work load of nursing staff in my health care facility is fair” it can be seen that, 53.8 % disagreed while 28.4 % agreed. There is thus a majority of nursing staff indicating a feeling of excessive personal work load. It is however noted when looking at figure 5.11 showing the different health sector’s response to this statement, that the public sector have 21 disagree and 8 agree responses while the private sector have 14 disagree and 11 agree responses. It is thus concluded that there is a negative response from both the public and private sector nursing staff, indicating a current perception of excessive personal work load. The perception to this aspect is however more profound in the public sector as seen on figure 5.11, supporting the

general perception of public healthcare facilities being more stressed than private hospitals.

9.3 Job satisfaction

The Job satisfaction section of the questionnaire starts off with two questions. The first question asks the respondent to rate their overall job satisfaction using a scale of 5, from highly dissatisfied to highly satisfied. The second question asks whether the respondent had or is considering leaving their current health care position or the nursing profession as a whole.

Figure 5.12

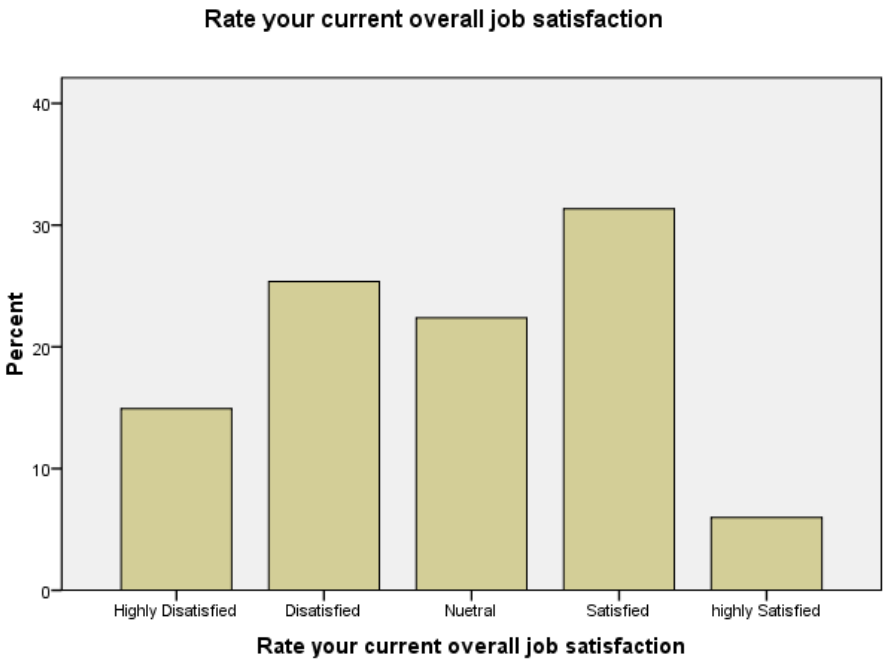
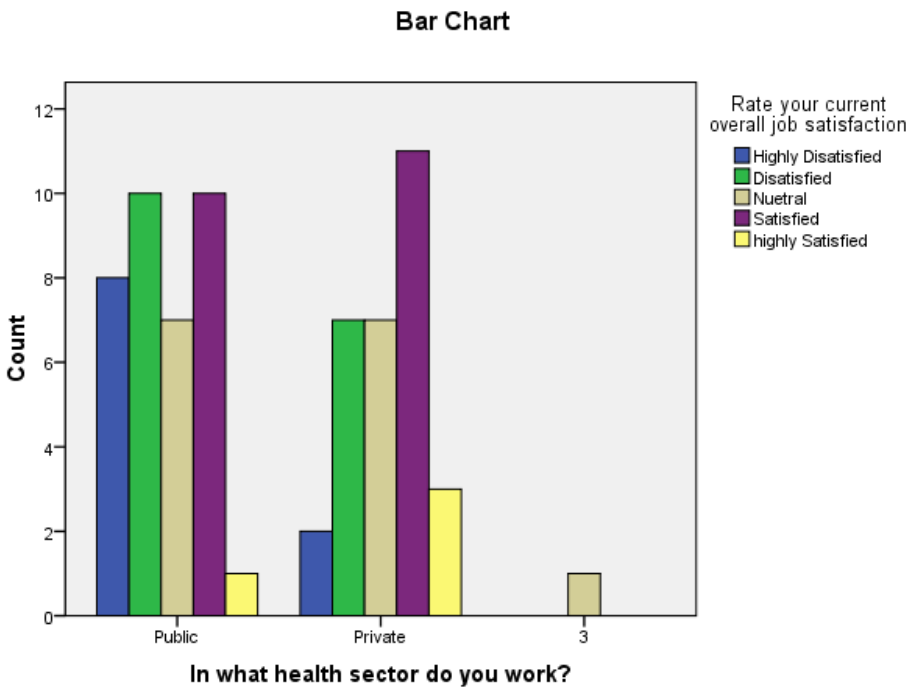


Figure 5.13 Cross tabulation: Health sector – job satisfaction



*Number 3 in graph represents respondents not selecting any health sector option

The Chi-Square test value for the cross tabulation of health sector and overall job satisfaction is 8.252, with a degree of freedom of 8 and a p-value of 0.409. It can therefore be concluded that the different health sector is not related to overall job satisfaction (p-value supports independence).

In figure 5.12 showing the overall response to the statement “Rate your current overall job satisfaction” it can be seen that, 50.3 % rated dissatisfied while 37.3 % rated satisfied. It is however noted when looking at figure 5.13 showing the different health sector’s response to this statement, that the public sector have 18 dissatisfied and 11 satisfied responses while the private sector have 9 dissatisfied and 14 satisfied responses. It is thus concluded that there is a slight majority rating dissatisfied, when looking at the overall rating. This is however caused by the more profound dissatisfied rating by the public sector health workers. Once again this finding supports the general national trend that public health care workers are more disgruntled and have grantor need for working environment improvements, which in turn will facilitate better staff retention strategies.

Table 5.6 Have you or are you considering leaving your current position or the nursing profession

		Frequency	Percent	Cumulative Percent
Valid	Yes	38	56.7	57.6
	No	28	41.8	100.0
	Total	66	98.5	
Missing	Missing	1	1.5	
Total		67	100.0	

Figure 5.14

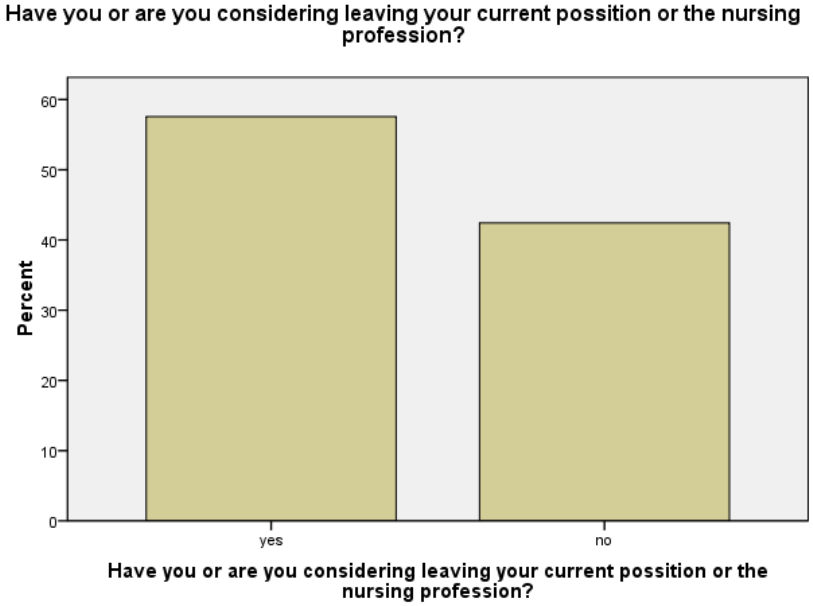
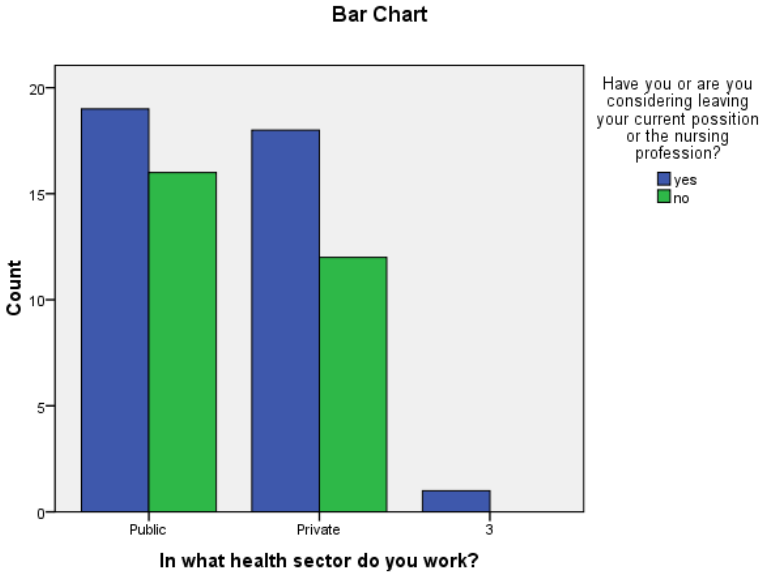


Figure 5.15 Cross tabulation: Health sector – consideration to leave healthcare



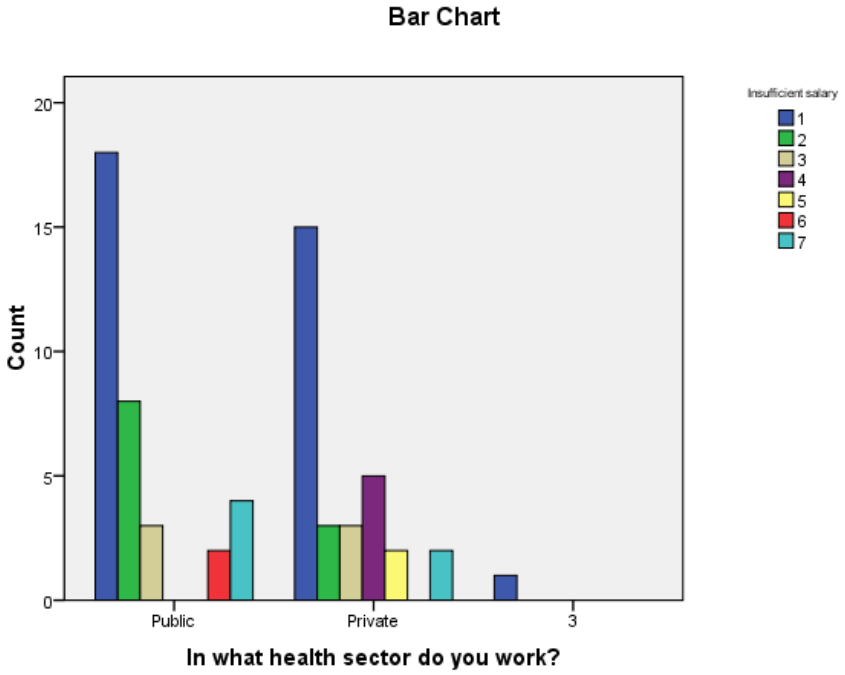
*Number 3 in graph represents respondents not selecting any health sector option

The Chi-Square test value for the cross tabulation of health sector and the consideration to leave the health profession is 0964, with a degree of freedom of 2 and a p-value of 0.618. It can therefore be concluded that the different health sector is not related to whether or not healthcare professionals have considered leaving their current healthcare positions (p-value supports independence).

In table 5.6 showing the overall response to the statement “Have you or are you considering leaving your current position or the nursing profession as a whole” it can be seen that, 57.6 % responded yes while 42.4 % responded no. It is noted when looking at figure 5.15 showing the different health sectors response to this statement, that the public sector have 54.3 % yes and 45.7 no responses while the private sector have 60 % yes and 40 % no responses. More than half of the respondents have considered or are considering leaving their positions with this trend being more profound amongst private health care workers. This finding, being very worrying, falls in line with national trends that large numbers of healthcare workers are considering leaving their current healthcare positions and highlights the seriousness of the healthcare crisis prevailing.

The remaining section under job satisfaction dealt with reasons contributing to health care workers leaving or considering leaving their current positions or the health care profession as a whole. Here there were seven reasons listed, which the respondent had to rate from most relevant (1) to least relevant (7). In figures 5.16 up to 5.22 the different health sectors responses to these seven statements are illustrated. Each graph will illustrate the number of respondents that rated each contributing reason according to the rating scale of seven, represented in different colours.

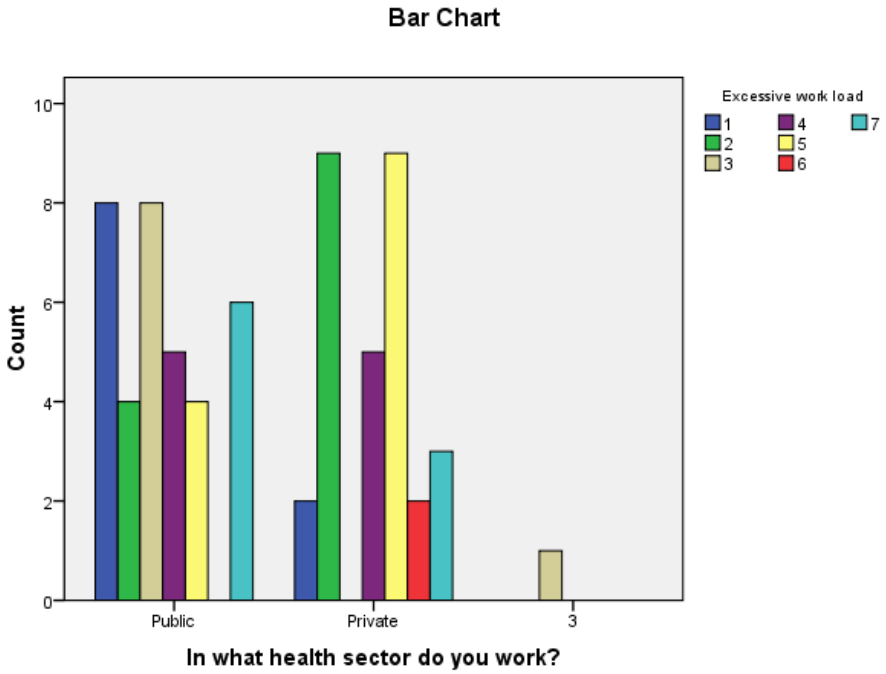
Figure 5.16 Cross tabulation: Health sector – insufficient salary



*Number 3 in graph represents respondents not selecting any health sector option

Overall 50.7 % of respondents rated insufficient salary as the most relevant reason contributing to them considering leaving their current position. This overall percentage was reached by a 27.3 % public sector and 22.7 % private sector contribution. It is therefore clear that both the public and private sector health care workers feel that insufficient salary is the most relevant contributing reason to leaving their current healthcare positions. The potential to earn high salaries in foreign currency abroad further emphasises the salary issue as a serious factor that needs to be addressed effectively to contribute to nursing staff retention.

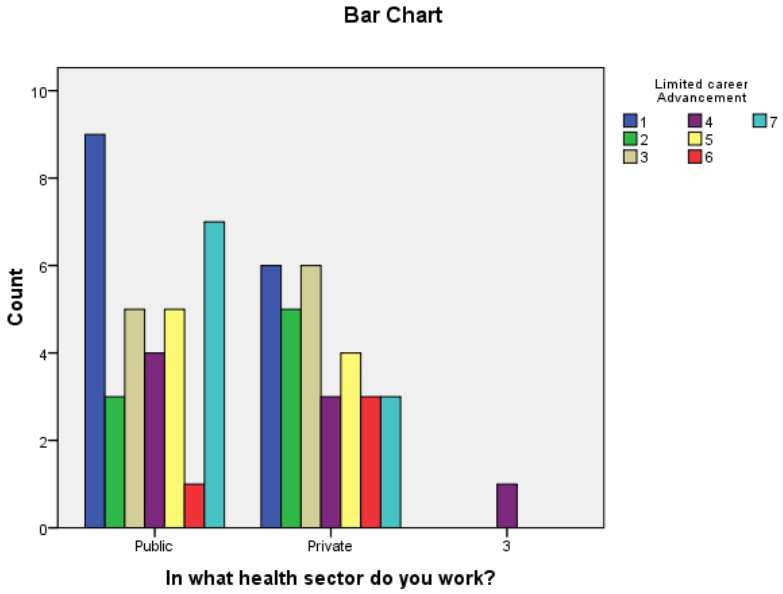
Figure 5.17 Cross tabulation: Health sector – excessive work load



*Number 3 in graph represents respondents not selecting any health sector option

Overall 14.9 % of respondents rated excessive work load as the most relevant reason contributing to them considering leaving their current position. This overall percentage was reached by a 12.1 % public sector and 3 % private sector contribution. There is a fairly small section of the public health care workers who feel excessive work load is the most relevant reason for quitting their positions, while very few private sector nursing staff felt this way.

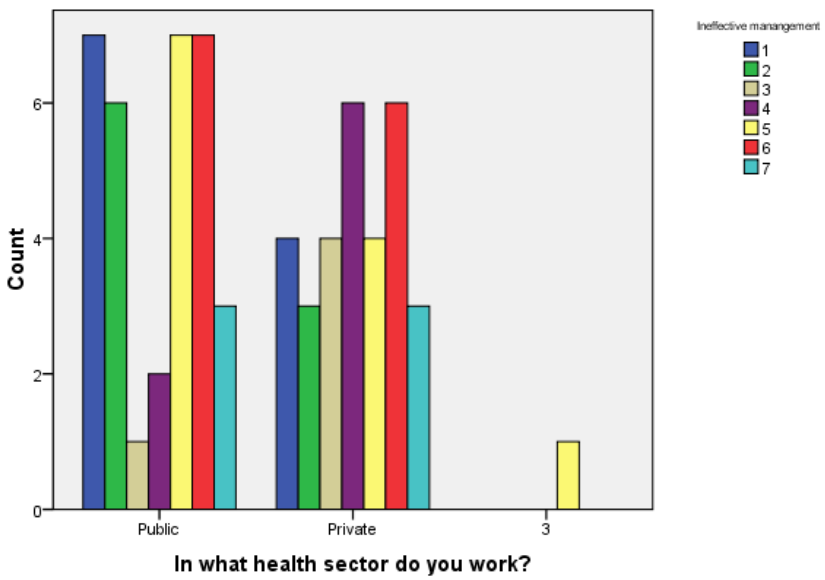
Figure 5.18 Cross tabulation: Health sector – limited career advancement



*Number 3 in graph represents respondents not selecting any health sector option

Overall 22.4 % of respondents rated limited career advancement as the most relevant reason contributing to them considering leaving their current position. This overall percentage was reached by a 13.8 % public sector and 9.2 % private sector contribution. This is the second most selected main reason health care workers overall within the sample pool. We can therefore conclude that there is a significant perception amongst healthcare professionals that limited career advancement is one of the major contributing reasons for leaving their current positions. This trend is found to be more profound within the public sector. This finding point towards the need for career development and advancement to be improved and effectively co-ordinated and managed by competent nursing managers.

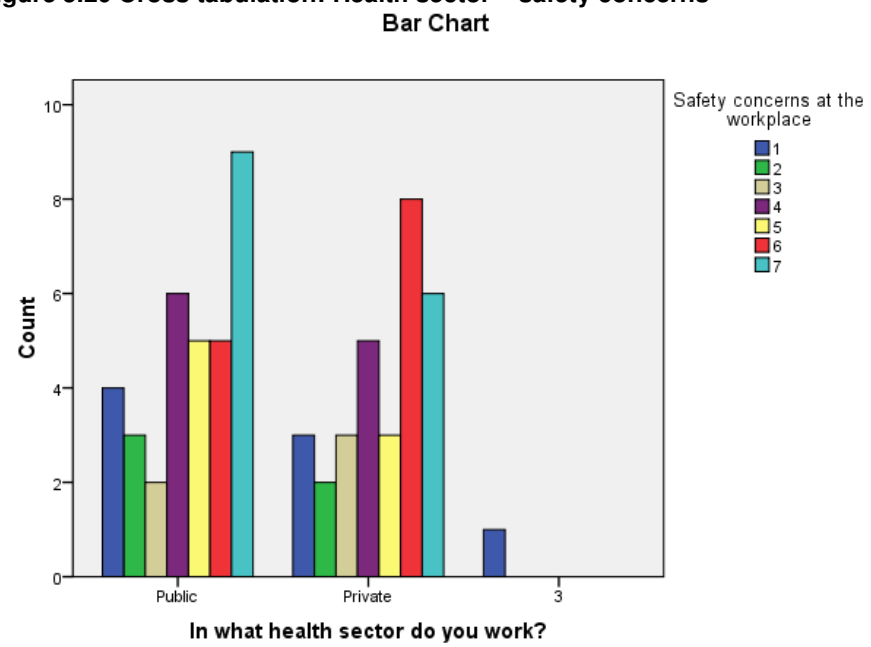
Figure 5.19 Cross tabulation: Health sector – ineffective management



*Number 3 in graph represents respondents not selecting any health sector option

Overall 16.4 % of respondents rated ineffective management as the most relevant reason contributing to the consideration of current position exodus. This overall percentage was reached by a 10.9 % public sector and 6.2 % private sector contribution. There is a slight stronger perception of ineffective management amongst the public sector health care workers. Overall this was the third most selected option amongst the reasons leading to health care workers leaving their current positions. This finding highlights the need for competent healthcare managers to effectively manage and co-ordinate healthcare facilities.

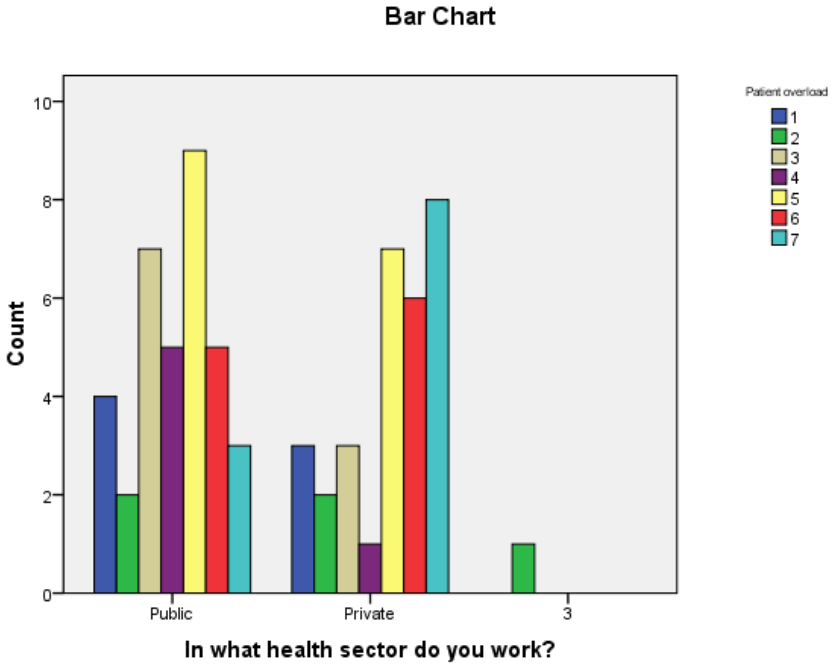
Figure 5.20 Cross tabulation: Health sector – safety concerns



*Number 3 in graph represents respondents not selecting any health sector option

Overall 11.9 % of respondents rated safety concerns as the most relevant reason contributing to them considering leaving their current position. This overall percentage was reached by a 6.2 % public sector and 4.6 % private sector contribution. There is a slight stronger perception of safety concerns amongst the public sector health care workers. Overall this aspect doesn't seem to be a major concern for health care workers in the Zululand area when looking at the rating scores, but could be that this aspect is merely outweighed by more pertinent issues of concern.

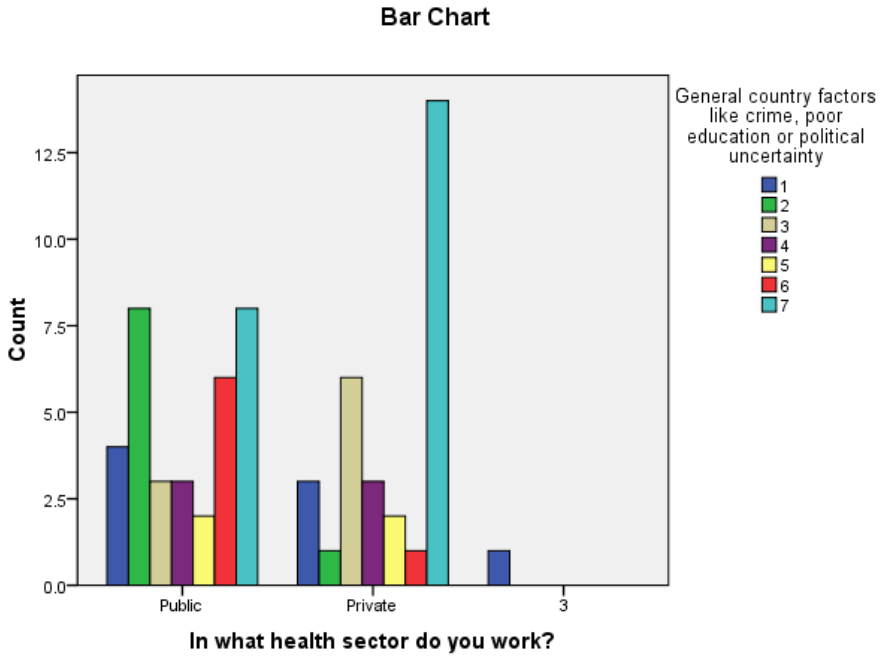
Figure 5.21 Cross tabulation: Health sector – patient overload



*Number 3 in graph represents respondents not selecting any health sector option

Overall 10.4 % of respondents rated patient overload as the most relevant reason contributing to the consideration of current position exodus. This overall percentage was reached by a 6.1 % public sector and 4.5 % private sector contribution. There is a slight stronger perception of patient overload amongst the public sector healthcare workers. Overall this contributory reason was selected the least.

Figure 5.22 Cross tabulation: Health sector – general country factors



*Number 3 in graph represents respondents not selecting any health sector option

Overall 11.9 % of respondents rated general country factors like crime, poor education and political uncertainty as the most relevant reason contributing to the consideration of current position exodus. This overall percentage was reached by a 6.2 % public sector and 4.6 % private sector contribution. There is yet again a slight stronger perception of country factors as a major reason to exit the health profession amongst the public sector health care workers. It becomes evident when looking at all the results relating to the factors leading to healthcare workers leaving their current positions, that the perception among the nursing staff regarding these problematic issues, is more profound within the public sector. These findings overall fall in line with the national trend that the public healthcare sector in South Africa are bearing the brunt of healthcare professional shortages.

The questionnaire ends with the following open ended question: List any other reason why you could consider leaving your current position or the nursing profession as a whole. A variety of additional reasons were given. The following aspects did stand out:

- Especially the older nursing staff felt that there is an absence of dedication and passion amongst the newer nursing professionals. They said it seemed as if today it was just another career without health care workers seeing it as a calling.
- A general feeling of lack of respect from managers, physicians and nursing colleagues.

9.4 Reliability test

Babbie and Mouton (2003:19) refer to reliability as "a matter of whether a particular technique, applied repeatedly to the same object, would yield the same result each time". The reliability for the data obtained was determined by computing a Cronbach's alpha coefficient. This test is meant to examine the extent to which each of the items in the measurement instrument, consistently measures the construct it is supposed to measure.

Table 5.7 Reliability test

Reliability Statistics

Cronbach's Alpha	N of Items
.562	12

The test scores a 0.562, which indicates the authenticity of the test, and that the results of this study could be considered to be statistically reliable.

10. CHAPTER 6 CONCLUSIONS AND RECOMMENDATIONS

10.1 Conclusions

The study elicited information indicating that both the health care professional and the health care institution influence nursing staff's intention to remain with a specific organisation. Conclusions drawn from the study will be discussed

following the objectives of the study and in the context of the theoretical framework. The final recommendations discussed later will be focussed on these conclusions reached.

The following objectives were stated in chapter 1 to achieve the aim of the study:

- To determine the state of job satisfaction / frustration among nursing personnel.
- To identify the key determinants that lead to the above mentioned state of nursing personnel.
- To identify variation in nursing personnel state with respect to a private healthcare institution as apposed to a public healthcare institution.
- To identify variation in job satisfaction / frustration between different levels of seniority or job levels among nursing staff.

Working conditions

When looking at the figures in chapter 5 portraying the cross tabulation information where health sector is cross tabulated to working condition statement, the five statements can be listed from least agreed with, to most agreed with. This gives us a perception on the major problems experienced by nursing personnel in both the public and private sector.

- Statement number 5: I believe the personal work load of nursing staff in my health care facility is fair. 53.8 % of respondents disagreed with this statement. The perception of workload was therefore rated by most nurses as excessive, although this was more profound amongst public nurses.
- Statement number 4: I believe the number of nursing staff working in my ward is sufficient for the number of patients in the ward. 47.8 % of respondents disagreed with this statement. The perception of patient overload therefore had the second highest rating by nurses overall. Again this perception was more profound amongst public sector nurses.
- Statement number 3: I believe there is enough skill and experience among my fellow nursing staff working as a unit in my ward / area. 44.7 % of respondents disagreed with this statement. The perception of a skills and experience shortage, therefore had the third highest rating by nurses overall. Here the private sector rating resulted in a even amount of agree and disagree. It is thus again the more profound disagree rating by public sector nurses that yields an overall disagree result to this statement.

- Statement number 1: I have sufficient time available in my working day to perform my duties. 35.9 % of respondents disagreed with this statement. The perception of available time shortage, therefore had the fourth highest rating by nurses overall. Here the public sector rating resulted in an even amount of agree and disagree. The private sector nurses resulted in a majority agreeing with having sufficient time available.
- Statement number 2: There are sufficient facilities available in the ward / area where I work. 29.9 % of respondents disagreed with this statement. This was therefore the statement with the least amount of disagree ratings. The perception of available facilities, therefore had the fifth highest rating by nurses overall. Here the public sector rating resulted in an even amount of agree and disagree. The rating by private sector nurses resulted in a majority agreeing with having sufficient facilities available.

We can therefore conclude this working conditions section by listing these five statements in descending order of importance:

1. Excessive workload
2. Patient overload
3. Working skills and experience shortages
4. insufficient time available
5. Insufficient facilities available

These findings overall fall in line with the national trend that public healthcare facilities in South Africa are bearing the brunt of healthcare professional shortages and that both public and private healthcare institutions are under severe human resource shortages.

Job satisfaction

Overall 50.3 % of respondents indicated that they are dissatisfied with their current job situation. This feeling is much more profound amongst the public sector nurses. It can be concluded that a more dominant perception of job dissatisfaction amongst public sector nurses, will feed the trend of public nurses migrating to the private sector. Figure 5.14 illustrates that 57.6 % of respondents have or are considering leaving their current position or the nursing profession as a whole. Both the public and private sectors indicate a similar trend of “wanting to leave”, although this is slightly more dominant amongst the private sector

healthcare workers. These findings are inline with national and international nurse migration trends (Ehlers, 2003). These findings highlight the degree and seriousness of the healthcare work force and skills shortages experienced by both public and private healthcare institutions.

The rating results for the seven reasons for nursing exodus listed in the questionnaire was analysed. Figures 5.16 up to 5.22 portray the results obtained from respondents for these stated reasons. The conclusions, based on these responses are listed in descending order of importance.

- Insufficient salary was the first most selected option, with 50.7 % of all respondents rating it as the most relevant reason affecting their retention. The potential to earn high salaries in foreign currency abroad further highlights the salary issue as vital to nursing staff retention.
- Limited career advancement was the second most selected option, with 22.4 % of all respondents rating it as the most relevant reason affecting their retention. This finding point towards the need for career development and advancement to be improved and effectively co-ordinated and managed by competent nursing managers.
- Ineffective management was the third most selected option, with 16.4 % of all respondents rating it as the most relevant reason affecting their retention. The more diversified role professional nurses are taking on in a primary healthcare system leads to nursing management becoming more important in the effective functioning of healthcare facilities.
- Excessive workload was the fourth most selected option, with 14.9 % of all respondents rating it as the most relevant reason affecting their retention.
- Safety concerns at the workplace and general country factors both were the fifth most selected reasons affecting nursing retention with 11.9 % of respondents selecting both of these statements as the most relevant reason for leaving their current positions.
- Patient overload was the least most selected option, with 10.4 % of respondents rating it as the most relevant reason for retention.

It is therefore clear that salary, career advancement and management affectivity, are the major concerns amongst the 67 health care workers that completed the health care questionnaire. These findings are similar to other local studies and the literature at large (Ehlers, 2003). In most of the statement ratings as well as

the reasons leading to healthcare workers leaving their positions, the perception amongst public healthcare workers were more negative. This supports the general findings in published literature that public healthcare institutions are under grater levels of stress.

A lack of respect from managers, physicians and colleagues together with a perception by older nursing professionals that younger nurses do not have sufficient commitment and lifetime dedication, are the main findings from the open ended question in the questionnaire.

10.2 Recommendations

Recommendations of this research are made with special reference to nursing professionals and health care institutions. The focus is on retention and the changes that can be implemented to enhance the retention of nursing staff as a whole with special mention of professional nurses.

According to the four highest ranking factors influencing nurse's intentions to remain with their organisations, the following recommendations could enhance such retention:

- Review nurses salaries annually – not only during restructuring or crisis situations.
- Ensure that nurse's remuneration packages are competitive with those of similar professions.
- Pay nurses incentives for working unsocial hours.
- Pay nurses bonuses for acquiring additional qualifications.
- Pay nurses who work late shifts additional allowances.
- Train nursing managers.
- Provide training and education opportunities for nursing staff.
- Respect should be shown by managers, physicians and colleagues.
- Improve the workplace environment and working conditions of nursing staff.
- Improve overall morale by rewarding excellence and treating nurses with respect and dignity.

10.3 Further research

Based on the findings of this study, one can conclude that the following areas should be looked at, to potentially contribute to nursing staff retention:

- Ongoing research on the retention of health care workers will enable authorities to keep pace with nurses changing needs.
- Exit interviews should be conducted with every health care worker who resigns. This information should then be centralised in a database that can be accessed by all role players.
- Research should be done into the feasibility and practicality of the re-employment of retired nurses.
- Continued research should be conducted about the competencies of newly qualified nursing managers and their role in nursing staff retention.
- Records should be kept on a national level of all safety-related incidents that occurred and prevention measures taken.

11. LIST OF REFERENCES

African Health Monitor. 2007. Crisis in Human Resources for Health in the African Region. Republic of Congo: WHO.

Ahmad, O.B. 2005. 'Managing medical migration from poor countries', *BritishMedical Journal,* 331: 43-45.

Avert. 2006. *South Africa HIV& AIDS Statistics* [online]: Avert.org. Available from: <http//www.avert.org/safricastats.htm> [Accessed 20 August 2008]

Babbie, E and Mouton, J. 2003. *The practice of social research.* Cape Town: Oxford University Press.

Barney, SM. 2002. The nursing shortage: why is it happening? *Journal of Health Management* 47(3)153-155

Basset, H. 2008. *Healthcare in South Africa* [online]: Medhunters. Available from:<http://www.medhunters.com/content/p1-7> [Accessed 15 March 2008]

Bateman, C. 2007. 'Foreign nurses trickle in – eight times slower that locals leaving', *South African Medical Journal*, 97: 82-85.

Brannigan, E. 2000. *Macro nursing issues.* Paper delivered at the Nursing 2000 Conference. 14-17 May, Emperors Palace, Johannesburg.

Buehaus, P., Donelan, K., Ulrich, B., Norman, L., DesRoches, C. & Dittus, R. 2007. 'Impact of the nurse Shortage on Hospital Patient Care'. *Comparative Perspectives,* 26(3): 853-862.

Buhlungu, S., Daniel, J., Southall, R. & Lutchman, J. 2007. *State of the Nation.* South Africa: HSRC Press.

Burn, A. and Shongwe, G. 2004. Development and use of indicators in hospital service management. In P Ijumba, C Day & A Ntuli (Eds) *South Africa Health Review 2003/4.* Durban: Health Systems Trust.

Clemens, M.A. and Pettersson, G. 2008. 'New data on African health professionals abroad', *Human Resources for Health,* 6(1): 1-12.

Day, C. and Gray, A. 2005. Health and related indicators. In P Ijumba and P Barron (Eds) *South African Health Review 2005.* Durban: Health System Trust.

Dudley, L. 2007. *Nurses strike action highlights human resources crisis within public health system* [online]: Health system trust. Available from: <http://www.hst.org.za/news/20041612> [Accessed 21 March 2008]

Edelstein, G.,Sanders, D., Groenewald, E., Van Niekerk, R. & Reddy, S. 1998. *An assessment of the exit competencies of professional nurses in relation to those required to implement the national health system at district level: The implications for nursing education (Working paper No. 1).* Cape Town, South Africa: University of the Western Cape Centre for Health Human Resources.

Ehlers, VJ. 2003. Professional nurses' requests to remove their names from the South African Nursing Council's register. Part 1: Introduction and literature review. *Health SA Gesondheid* 8(2)63-69.

Evian, C. 1998. The Tintswalo hospital primary health care nursing training programme. In C.P. Owen and E.M. Thomson (Eds), *People's health: The way forward. Report of the 1998 NAMDA Annual conference* (political parties.53-60). Johannesburg, South Africa: NAMDA.

Govender, S. and Appel, M. 2006. 'Nursing profession faces *numerouschallenges'*, *IOP:* Health Systems Trust.

Hall, EJ. 2004. Nursing attrition and the work environment in South African health facilities. *Curationis* 27(4):28-36

Hamilton, K. and Yau, J, December 2004. 'The Global Tug-of-War for Health Care Workers'. Migration Policy Institute.

Hassen, E.K. and Altman, M. 2007. *Employment Scenarios for the Public Service in South Africa.* HSRC.

Kahn, M. 2003. *The loss, gain and circulation of the highly skilled.* HSRC.

Kahn, T. 2008. 'Hospital staff shortage is dangerous'*, Business day*. 27 October 2008.1.

Kivimaki, M., Vanhala, A., Pentti, J., Lansisalmi, H., Virtanen, M., Elovianio, M. & Vahtera, J. 2007. 'Team climate, intention to leave and turnover among hospital employees: Prospective cohort study', *BMC Health Services Research*, 7(170): 1-8.

Kober, K. and Van Damme, W. 2006. 'Public sector nurses in Swaziland: can the downturn be reversed?', *Human Resources for Health,* 4(13): 1 – 11.

Leedy, P.D., Ormrod, J.E. 2005. *Practical Research,* 8th edition. New Jersey:Pearson Merrill Prentice Hall.

Lephalala, RP. 2006. Factors influencing turnover rates among professional nurses in the UK. Unpublished MA Cur dissertation. University of South Africa, Pretoria.

Loewenson, R. and Thompson, C. 2004. Health personnel in Southern Africa: Confronting misdistribution and brain drain, EQUINET discussion paper No.3.

Lucas, A. 2005. 'Human resources for health in Africa', *British Medical Journal,* 331: 1037-1038.

Maslach, C. 2003. 'Job Burnout: New Directions in research and Intervention', *American Psychological Society,* 12(5): 189-192.

Martineau, T., Decker, K. & Burndred, P. 2002. *Briefing note on international* migration *of health professionals: levelling the playing field for developing country health systems,* Liverpool: Liverpool School of Tropical Medicine.

Mathauer, I and Imhoff, I. 2006. 'Health worker motivation in Africa: the role of non-financial incentives and human resource management tools', *Human* Resources *for Health,* 4(24): 1-17.

McVicar, A. 2003. 'Workplace stress in nursing: a literature review', *Journal of Advanced nursing,* 44 (6): 633-642.

MNet. 2008. *Carte blanche.* Off-air recording. 28 January 2008. Video.

Munjanja, O.K., Kibuka, S. & Dovlo, D. 2005. *The Nursing workforce in sub-Saharan Africa.*Geneva: International Coucil of Nurses.

Penn-Kekana, L., Blaauw, D., Tint, K.S. & Monareng, D. 2005. *Nursing staff dynamics and implications for maternal health provision in public health facilities in the context of HIV/AIDS.* Johannesburg: USAID/Population Council.

Polit, DF & Hungler, BP. 1991. *Nursing research: principles and methods.* 4th edition. Lipincott.

Randall, J. 2007, June. Trends in the international locum market. (G. Gouws, Interviewer).

Shipman, D. 2008. 'Without enough nurse educators there will be a continual decline in RNs and the quality of nursing care: Contending with the faculty shortage', *Nurse Education Today,* 28: 521-523.

South African Nursing Council. 2008. *Age distribution: registered nurses and midwifes* [online]. South Africa: SANC. Available from:<http//wwww.sanc.co.za/stats> [Accessed 18 September 2008]

South *African* Nursing Council. 2008. *Verification and Transcript Statistics* [online]. South Africa: SANC. Available from:<http//www.sanc.co.za/stats> [Accessed 3 August 2008]

Strasser, S., London, L. & Kortenbout, E. 2005. 'Developing a Competence Framework and Evaluation Tool for Primary Care Nursing in South Africa', *Education for Health,* 18(2): 133-144.

Statistics South Africa. 2008. *Population of South Africa:* 1998-2008 [online]. South Africa: StatsSA. Available from:<http//www.statssa.gov.za> [Accessed 20 September 2008]

The World Health Report 2006: *Working together for health,* Geneva: WHO.

Venter, B. January 2005. 'Crisis as SA steadily loses qualified nurses'. Health Systems Trust.

12. LIST OF ACRONUMS

AIDS	Acquired Immune Deficiency Syndrome
Aux. Nurse	Auxiliary Nurse
DoH	Department of Health
Enr. Nurse	Enrolled Nurse
HIV	Human Immunodeficiency Virus
HPCSA	Health Professions Council of South Africa
HRH	Human Resources for Health
HSRC	Human Science and Research Council
KZN	Kwa-Zulu Natal
PHC	Primary Health Care
Reg. Nurse	Registered Nurse
RDP	Reconstruction and Development Program
SAMJ	South African Medical Journal
SANC	South African Nursing Council
TB	Tuberculosis
UK	United Kingdom
UN	United Nation
UNAID	United Nations Joint Program on HIV/AIDS
WHO	World Health Organization
WHO-AFRO	World Health Organization Regional Office for Africa

13. APENDICIES

13.1 Health Care Worker Questionnaire

A study into the reasons for healthcare professionals leaving their career and possibly South Africa.

Survey research conducted by Mr B. M. van der Westhuizen, in conjunction with the School for Business Leadership of the University of South Africa.

Dear Respondent,
This survey is being conducted in order to assess and to explore the reasons for healthcare professionals leaving their profession and possibly the country. This study will focus on the Northern KwaZulu Natal area. As your name is not necessary, the survey will be anonymous. Please assist us with this survey. The results will serve academic purposes as well as potential health care improvements.

Thank you,

Please provide the following information:

INSTRUCTIONS FOR COMPLETING THE QUESTIONNAIRE
Please use an " **X** " to indicate your choice or choices.

Demographic characteristics of health professionals.

Race	
Black	
White	
Coloured	
Indian	
Gender	
Female	
Male	

Language (indicate the language participants are able to speak)	
English	
Afrikaans	
SePedi	
SeTswana	
IsiZulu	
IsiNdebele	
XiTsonga	
TshiVenda	
SeSotho	
SiSwati	
IsiXhosa	
Other:	

Marital Status	
Married	
Not married	

Age	
19 – 22 yrs	
23 – 27 yrs	
28 – 33 yrs	
34 – 38 yrs	
39 – 43 yrs	
44 – 48 yrs	
49 – 53 yrs	
54 – 58 yrs	
59 – 63 yrs	

No of dependants (indicate number)	
Children	
Other dependants	

Current position

Health Professional Grades	
Registered Nurse	
Enrolled Nurse	
Enrolled Nursing Assistant	
Care Giver	
Other	

In what health sector do you work	
Public	
Private	

Years working in current health care facility	
1 - 2 years	
3 – 4 years	
5 – 6 years	
7 – 8 years	
9 – 10 years	
10 – 15 years	
15 – 20 years	
More than 20 years	

Working conditions.

Rate the following statements using the following rating scale:
1 = Strongly disagree **2** = Disagree **3** = Indifferent **4** = Agree **5** = Strongly agree

I have sufficient time available in my working day to perform my duties.	1	2	3	4	5
There are sufficient facilities available in the ward / area where I work.	1	2	3	4	5
I believe there is enough skill and experience among my fellow nursing staff working as a unit in my ward / area.	1	2	3	4	5
I believe the amount of nursing staff working in my ward is sufficient for the number of patients in the ward.	1	2	3	4	5
I believe the personal work load of nursing staff in my health care facility is fair.	1	2	3	4	5

Job satisfaction

Rate your current overall job satisfaction				
Highly dissatisfied	Dissatisfied	Neutral	Satisfied	Highly Satisfied

	Yes	No
Have you or are you considering leaving your current position or the nursing profession as a whole ?		

If you should consider leaving your current position or the nursing profession, rate the following reasons responsible, from most relevant (No 1) to least relevant (No 7).	Rating from most (1) to least (7) relevant.
Insufficient salary	
Excessive work load	
Limited career advancement	
Ineffective management	
Safety concerns at the workplace	
Patient overload	
General country factors like crime, poor education or political uncertainty	

List any other reason why you could consider leaving your current position or the nursing profession as a whole
•
•

Thank you for assisting with the questionnaire.

13.2 Research authorisation letter

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2008-07-14

TO WHOM IT MAY CONCERN

This letter serves to confirm that Mr B van der Westhuizen, student number 70992908, a registered final year student at the Graduate School of Business Leadership is for 2008. The student will be doing the Research Report **(MBLREP-P)** in 2008 as part of the requirements to obtain the MBL postgraduate degree. Title***: A study into the reasons for nursing healthcare workers in Zululand leaving their profession and possibly South Africa.***

The MBL provides highly professional management development at postgraduate level - with particular emphasis on the theory as well as the practice of management in the education process. It also strives to offer practical learning experience and an opportunity for the development of leadership qualities

The Business School will observe any confidentiality requirements regarding information made available to the student in assisting with this study. The content of research reports may not be used by the author or any other person without the permission of the SBL. The student must give this agreement as well to the confidentiality requirement.

On behalf of the Business School and Mr van der Westhuizeni we thank you for participating in this research project.

Yours sincerely

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