

UNIVERSITY OF LIMPOPO

**AN EVALUATION OF THE RECRUITMENT AND RETENTION STRATEGY OF
PROFESSIONAL NURSES IN THE MPUMALANGA DEPARTMENT OF HEALTH: A
CASE OF EHLANZENI DISTRICT, SOUTH AFRICA**

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CHAPTER ONE

OVERVIEW OF THE STUDY

1.1. INTRODUCTION AND BACKGROUND INFORMATION

Shortage of professional nurses remains one of the old challenges in many public health care facilities globally, and South Africa is no exception. Ehlers (2003:66) agrees that shortage of nurses is a global problem and further argues that the problem is exacerbated by the apparent inability to recruit and train larger numbers of student nurses. According to Ehlers (2003:63), there will be a severe shortage of professional nurses between 2015 and 2020 throughout the world and this challenge will be difficult to deal with as there will not be a pool to recruit from compared to the same case in the 1980s.

Many hospitals and clinics operate with fewer numbers of professional nursing staff that do not meet the requirements provided for by the norms and standards regarding the staffing of health care facilities. The shortage of nurses, unrealistic workloads, poorly equipped facilities, unsafe working conditions and perceived unfair compensation are some of the factors affecting the work life and performance of nurses (Strategic Plan for Nurse Education, Training and Practice, 2012/13 – 2016/17:27). There are, however, many public and private institutions that offer nursing profession qualifications. In many provincial departments of health, public colleges of nursing have been introduced for the purpose of addressing this challenge of general shortage of professional nurses in the country and individual provinces in particular.

However, South African professional nurses, according to Mokoka (2007:1) are targeted by developed countries that offer competitive incentives, professional growth, better resources and working conditions, safety, decreased workloads and lower prevalence of HIV/AIDS. Lephalala (2006:3) indicates that according to the 1998 to 2001 statistics, 5259 nurses were recruited by the United Kingdom (UK) from South Africa alone, with the number increasing every year. Other countries that are also recruiting professional

nurses from South Africa are Australia, New Zealand, Canada and the Middle East. Ehlers (2003:63) agrees that the shortages of nurses in the USA and the UK enable South African nurses to find employment in these (and other) countries, but believes this emigration of nurses worsens the problem within South Africa. Mokoka, Oosthuizen and Ehlers (2010:1) argue that creating a favourable environment in the workplace situation could help retain professional nurses in their posts, implying that retention strategies should be effective.

Mpumalanga Province (hereafter referred to as the Province) as one of the provinces in South Africa has its own college of nursing located in the Mbombela Municipality within the Ehlanzeni District. The Mpumalanga Nursing College is aimed at helping the province in closing the gap (i.e. shortage of professional nurses) that exists within the nursing profession. It is however still to be proven if Mpumalanga Nursing College serves its purpose as the problem of shortage of professional nurses in the province appears to remain unresolved.

This study therefore aimed at evaluating the strategy of the Mpumalanga Department of Health in alleviating the shortage of professional nurses in the province, giving a closer look into the availability and the sustainability of the recruitment and retention strategy and its effectiveness based on those professional nurses. This chapter deals with among others the outline of the problem, the rationale and the significance of this study. It further addresses the aim and objectives of the study as well as the research methodology, also dealing with the research questions, study area and ethical considerations.

1.2. PROBLEM STATEMENT

Hall (2004) indicates that the World Health Organisation's (WHO) minimum norm of 200:100 000 compares favourably with the South African nurse/population ratio. This ratio means that there should be one nurse for every five hundred people. However, most health care facilities in the Mpumalanga Province operate with inadequate nursing staff below the ratio recommended by WHO. South Africa is experiencing a serious

shortage of nurses influenced by high turnover rates which has to be addressed to prevent crises in health care services (Mokoka et al., 2010:4). This problem is currently severely affecting many health care institutions in the province generally, and Ehlanzeni District in particular. During the proceedings of the Mpumalanga Provincial Legislature of September 2011 that took place in Dr JS Moroka Municipality, Nkangala District, the then Member of the Executive Council (MEC) of the Department of Health, Dr Clifford Mkasi, confirmed in his presentation to the Legislature that Ga-Maria clinic, for example, in the same municipality, operated with only one professional nurse and one enrolled nursing assistant. This gives evidence to the fact that the shortage of professional nurses is a challenge in the province, which on the contrary, has a training facility for professional nurses funded by government. Ehlers (2003:67) purports that as the number of professional nurses continue to decrease in the institution, the results are that the workload of the remaining professional nurses continues to increase, leading to greater levels of job dissatisfaction and reduced levels of productivity.

Mokoka, Oosthuizen and Ehlers (2010:2) agree that the high turnover rates amongst South African nurses and the decreasing numbers of nursing recruits, threaten the delivery of health care services. It is therefore crucial that both the recruitment and retention strategies are aligned to the solution towards curbing the problem of shortage of professional nurses in the province. The research problem therefore relates to whether the recruitment and retention strategies of professional nurses in the Department of Health in Mpumalanga Province are available or sustainable.

1.3. MOTIVATION FOR THE STUDY

The high vacancy rate in the field of professional nursing is the most talked about crisis in various communities in Mpumalanga Province. It is also a frequent issue of debate in the Mpumalanga Provincial Legislature. The study assisted the researcher, through its findings, to be able to make recommendations to the Department of Health in Mpumalanga in order for management to be able to implement the recruitment and retention strategy of professional nurses to put the province to the competitive

advantage. The study further provided understanding of reasons for shortage of professional nurses in many health care facilities with the existence of the college of nursing in the province which recruits and admits approximately 250 trainee nurses on an annual basis.

Other studies conducted in other regions looked at the remuneration of nurses, improved conditions of service, increased production, review of nursing qualifications, review of scopes of practice and equal distribution of nurses that we are able to produce in the country. At the time of writing this proposal there has not been any evidence that there has been a research conducted in Ehlanzeni District to evaluate the recruiting and retention strategy of professional nurses for the Mpumalanga Government.

1.4. SIGNIFICANCE OF THE STUDY

The study could serve as a guide to the Mpumalanga Department of Health in assessing whether the recruitment and retention strategies are effective in ensuring that the Department does not lose professional nurses, and could further serve as a tool to use in the reviewing and the implementation of recruitment and retention policies of professional nurses in the Province. It might also provide guidance to the Department in compiling an improvement plan regarding the recruitment and retention of professional nurses. The findings of this study could further guide the Department on how it can better implement the improvement plan, as aforesaid, for better and quality health care service delivery. This study could also be used by other provinces as a benchmark study in dealing with the same challenge. The researcher's findings and recommendations might assist and serve as a guideline to other academics who might desire to conduct further research on the findings of the researcher.

1.5. AIM OF THE STUDY

The aim of the study was to evaluate the effectiveness of the recruitment and retention strategies of the Mpumalanga Department of Health in order to alleviate the shortage of professional nurses in the province.

1.6. OBJECTIVES OF THE STUDY

The objectives were as follows:

- To establish the number of professional nurses that have left the Ehlanzeni District between 2010 and 2014 as well as the reasons thereof; and
- To determine if the recruiting and retention strategy of the Mpumalanga Department of Health puts the province at a competitive advantage to curb the loss of professional nurses.

1.7. RESEARCH QUESTIONS

The research questions were summarised as follows:

- What is the number of professional nurses that have left the District between 2010 and 2014 as well as the reasons thereof?
- Does the recruitment and retention strategy of the Mpumalanga Department of Health put the province at a competitive advantage to curb the loss of professional nurses?

1.8. CHOICE AND RATIONALE OF RESEARCH DESIGN

Babbie (2007:112) postulates that a research design involves a set of decisions regarding what topic is to be studied among what population with what research methods

for what purpose. Babbie further indicates that a research design is a process of focusing perspectives for the purposes of a particular study. Mouton (1996:107) describes a research design as a route planner, a set of guidelines and instructions on how to reach a goal that a person has set for himself or herself. Babbie, Mouton, Voster, & Prozesky (2001:74) describe a research design as a plan or blueprint of how one intends conducting a research. According to Cresswell (2009:3), there are three approaches of research design namely, the qualitative, the quantitative and the mixed approaches. Qualitative research can, theoretically speaking, be described as an approach rather than a particular design or set of techniques (Welman et al., 2005:188). The quantitative approach is explained by Cresswell (2009:4) as a means of testing objective theories by examining the relationship among variables, and further indicates that the mixed approach method combines both qualitative and quantitative forms.

Mouton (1996:38) recommends that the researcher who utilises in-depth interview to analyse qualitative data should combine techniques that are usually accepted as qualitative and quantitative as many researchers argue that this approach is actually one of the best. This research project was therefore both qualitative and quantitative as it was evaluative in nature and the researcher utilised both semi-structured interview guide and questionnaires to collect data. Babbie (2007:350) states that evaluation research can be regarded as the process of determining whether a social intervention has produced the intended result.

1.9. STUDY AREA

The research was conducted in Ehlanzeni District located in Mpumalanga Province. The College of Nursing, the Head Office of the Mpumalanga Department of Health and three hospitals namely, Rob Ferreira Hospital, Themba Hospital and Barberton Hospital were part of the study.

1.10. POPULATION

Study population is the whole group of respondents who meet the criteria that the researcher is interested in studying (Mouton, 1996:123). Professional nurses registered with the South African Nursing Council and human resource officials from Mpumalanga Department of Health were the respondents in this study.

1.11. SAMPLE, SAMPLING METHODS AND SAMPLE SIZE

Research Paradigm: The study took a positivist approach as it intended to depict the observable facts as experienced by Mpumalanga Department of Health officials in the planning as far as attracting and retaining professional nurses in Mpumalanga Province, and also to get the professional nurses' perception on the strategy employed by the provincial Department of Health in attracting and retaining them within the province (Trochim, 2006).

Sample and Sampling Methods: As espoused by Mouton (1996:135), a sample is a selection of elements with the intention of determining something about the population from which they are taken. Babbie, Mouton, Voster, and Prozesky (2001:166) explain that there are two methods of sampling, namely probability sampling which involves the selection of random sampling and non-probability sampling which includes purposive sampling as one of its types. The researcher employed simple random sampling approach to collect quantitative data through questionnaires from sixty (60) professional nurses because it is an easy method that saves time in the collection of data from a large number of participants.

Purposive sampling was utilised for qualitative data collection. Welman, Kruger & Mitchell (2005:69) state that purposive sampling is a type of sampling in which researchers rely on their experience, ingenuity or previous research findings to deliberately obtain units of analysis in such a way that the sample they obtain may be regarded as being representative of the relevant population. Purposive sampling method was utilised for collecting qualitative data from eight (8) officials that would provide

relevant information to the questions prepared by the researcher. These targeted officials have relevant information on the recruitment and retention strategy of the Mpumalanga Department of Health. They were as follows:

- The Chief Director: Human Resource Management and Development;
- Three managers responsible for recruitment and retention;
- Three hospitals' nursing managers who will present the researcher with insight on the sustainability of the available recruitment and retention strategy; and
- The manager of the Mpumalanga Nursing College.

The total sample was 68, comprising eight (8) officials and 60 professional nurses from the four public health institutions mentioned above.

1.12. DATA COLLECTION

In collecting qualitative data, the researcher utilised semi-structured interview schedule during the research process to interview the eight officials from the Department of Health as per the sample.

The researcher distributed 60 questionnaires to participating professional nurses to collect quantitative data. Secondary data was collected through, *inter alia*, consulting existing literature in the form of books, dissertations and theses. Journal articles, the internet and other sources on the subject matter of the proposed study were consulted throughout the research. Furthermore, government publications and legislations, reports from the Mpumalanga Department of Health in relation to the subject matter were consulted.

1.13. DATA ANALYSIS

The researcher analysed qualitative data collected by means of interviews from eight officials by applying the method of comparisons and contrast. The method entails comparing the answers given by the participants during the interviews before making

new conclusions (Welman, Kruger & Mitchell, 2005: 212). Furthermore, qualitative data was analysed by considering individuals' responses to a given question, identifying differences and consistencies, and also establishing relationships. The researcher further categorised information into specific themes and categories that were methodically arranged into logical categories that would bring meaning to the reader. The researcher also utilised the Statistical Package for the Social Sciences (SPSS) to analyse quantitative data collected from professional nurses through the questionnaires as this was a big number. Secondary data was analysed by interpreting previous findings and conclusions on the subject matter with the aim of generating new ideas.

1.14. ETHICAL CONSIDERATIONS

Research should be based on mutual trust, acceptance, co-operation, promises and well accepted conventions and expectations between parties involved in a research project (De Vos, Strydom, Fouche & Delpont, 2011: 113). The researcher gave consideration and adhered to some of the fundamental rights enshrined in the Constitution of the Republic of South Africa. According to Mouton (2001:244) the researcher should explain in detail the objectives of the research to the people who will be participating in the research process. The researcher fully informed participants of the implications of their participation in the research. Participants were requested to complete consent forms in front of the researcher agreeing or not agreeing to participate in the research process.. The researcher made sure that the information provided by the participants during the process of data collection, analysis and publishing of the research report could not be used for any other purpose or made public to protect the confidentiality of the participants.

1.15. DEFINITION OF CONCEPTS

Nursing is a process that involves attending to all the physical, mental and emotional needs of the patient, including curative, preventive and “promotive” care (Lund,

2010:499). According to Freshwater et al (2005: 400), nursing is all activities performed by nurses and concerned with restoration or maintenance of the health of an individual and community, both physical and mental.

Nurse is a person who is specially prepared and registered to provide care for the sick, wounded, or helpless, as well as those with potential health problems (Freshwater et al, 2005: 400). Only those registered with the South African Nursing Council (SANC).

Professional nurse is someone who works at all levels of care both as a generalist and a specialist, in addition, with a professional qualification registered with the South African Nursing Council (De Haan, 2005:26).

Recruitment is the process of adding new individuals to a population or group; or to attracting someone to work for an organisation. It comprises activities that are interrelated to identify sources of talent to meet the organisation's needs by attracting sufficient numbers of the desired types of persons for specific jobs at specific times and places (Mokoka, Ehlers & Oosthuizen, 2011: 2). Grobler, Warnich, Carrell, Elbert & Hatfield (2006: 166) define recruitment as the process of acquiring available applicants who are further more qualified to fill in positions in an organisation.

Retention is defined by Dessler et al. (2007) in Nel, Poisat, Sono, Du Plessis, Ngalo, Van Hoek & Botha (2011:225) as a redesigning of a range of human resource activities aimed at providing job satisfaction and, as a result, improving employee commitment leading to reduced turnover. Nel et al. (2011:225) describe retention as one of the activities involved in the process of talent management. Maxwell (2005:316) analyses retention to include the process of preventing people from leaving an organisation to work somewhere else.

1.16. OUTLINE OF THE DISSERTATION

Chapter One: Overview of the Study

This chapter introduces the topic, its aim, objectives, research questions and gives brief background information on the nursing profession.

Chapter two: Literature Review

The chapter deals with the available body of knowledge on recruitment and retention of professional nurses as well as the challenges experienced in this regard from the global, African continent and South African perspectives. The researcher concentrated on the available statistics regarding the problem, the status quo and the details of the health profession in South Africa. Books, journal articles, the internet and other relevant sources on the subject matter of the proposed study were consulted.

Chapter Three: Research Methodology

This chapter discusses the research design that was employed. It further discusses the research methods for data collection. **Chapter Four: Data Analysis and Interpretation**

This chapter presents the data collected , the analysis and the interpretation thereof. The role played by Mpumalanga Health Department to address the problem has also been assessed and interpreted.

Chapter Five: Conclusion and Recommendations

In this chapter the researcher consolidated the findings and provided recommendations by highlighting the areas which responsible policy makers and implementers could look into with a view to improving the recruitment and retention of professional nurses in Mpumalanga Province.

1.17. RESEARCH LIMITATIONS

Respondents sometimes felt uncomfortable to divulge the true reflection of the real reasons why things happen as they do. The researcher tried to express own observations and interpretation where information was suspected to have been distorted and made follow-up with relevant respondent where necessary. The study was carried out at Head Office and in three hospitals of one district out of four districts of Mpumalanga Province and therefore cannot be generalised as applicable to other districts and different provinces in the Republic of South Africa. This complicated and limited the process of drawing conclusions based on the principle of generalisation.

1.18. CONCLUSION

The chapter addressed the introduction of the subject matter and the statement of the problem the research was dealing with. It further dealt with the aim, the research objectives, the research questions and the significance of the study. Key concepts were defined in consideration of the existing body of knowledge in that regard. The chapter further explained the rationale behind the choice of the research methodology and outlined the research ethical considerations adhered to during the process. The researcher was able to also outline the scope of the research report as well as the limitations that were taken into account during the analysis of findings and recommendations. Chapter two deals with literature review.

CHAPTER TWO

LITERATURE REVIEW

2.1. INTRODUCTION

The previous chapter introduced the aim, objectives of the research project and the research questions. It further highlighted the significance of the study and the rationale thereof. This chapter deals with the review of the literature on recruitment and retention of professional nurses. Firstly, the chapter highlights the importance and strategies of recruitment as well as recruitment policy, sources and methods. Secondly, the chapter looks at the retention strategies and its importance. Thirdly, the chapter highlights the scholarly different and similar opinions on the impact of shortage of professional nurses on health care services delivered from the global, national and local perspectives. The literature on the demand for and supply of professional nurses in South Africa is also reviewed and discussed.

2.2. THE CONCEPT OF RECRUITMENT

As defined by Stone (2008:201), recruitment is a process of seeking and attracting a pool of qualified applicants from which capable candidates for positions can be selected. Swanepoel (ed), Erasmus, Van Wyk & Schenk (1998:291) describe recruitment as those activities in human resource management which are undertaken in order to attract sufficient job candidates who have the necessary potential, competencies and traits to fill job needs and to assist the organisation in achieving its objectives. Mokoditsoa (2011:15) notes that recruitment of staff is an ongoing process and very crucial in most organisations, because indeed organisations today are confronted with the situation where employees prefer to move from one job to another in search of better incentives. In the event and time they leave their original organisations, a process of recruiting should be embarked upon to fill positions left vacant. Many organisations even have replacement plans at their disposal to mitigate the challenge of staff turnover as it arises.

Stone (2008: 206) holds the view that recruitment is a form of economic competition as organisations compete with each other in the process of identifying, attracting and appointing qualified human capital. Nel *et al.* (2008: 223) argue that every organisation should be able to attract an adequate number of job candidates who have the necessary capacity and aptitudes that will help the organisation attain its set goals and objectives. They further identify factors that influence recruitment as government or trade union restrictions, labour market, organisational policy and the corporate image of the organisation.

2.2.1. Recruitment Policy

According to Mokoditsoa (2011:15), a well-conceived policy is the main requirement in recruitment wherein guidelines and objectives to be achieved should be properly outlined. Recruitment policies must be aligned with government legislations that include among others the principle of Affirmative Action, Employment Equity Act, Labour Relations Act and the Public Service Act. Stone (2008:205) points out that an organisation's recruitment policy provides the framework for recruiting action, and reflects the organisation's recruitment culture and objectives. It details the overriding principles to be followed by the HR manager, recruitment officers and management in general when appointing employees. According to Nel, Werner, Haasbroek, Poisat, Sono and Schultz (2008:223), recruitment policy reflects the general corporate strategy of the organisation. This implies that a good recruitment policy will result in an organisation being able to attract suitable and best job candidates that will help achieve the organisation's objectives. Stone (2008:204) highlights that, organisations that many people find satisfying working for are those that have the least trouble attracting good and capable candidates.

2.2.2. Recruitment Sources and Methods

Recruitment should not happen by accident but it should be planned for. Once the recruitment policy is in place, organisations must be aware of the available recruitment

methods and sources. Stone (2008:204) points out that recruitment involves determining where suitable job candidates can be located or found (recruitment sources) and choosing a specific means of attracting potential employees to the organisation (recruitment methods). He further mentions that recruitment methods can be both internal and external. Internal recruitment methods are identified as computerised record system and job posting while external recruitment methods are identified as advertising, university recruiting, employee referrals, executive leasing, management employment consultants, trade unions, unsolicited applications as well as employment agencies among others. Advertising is currently the most famous method of external recruitment, especially in the public sector organisations. The current government is even making use of parliamentary constituency offices, youth centres and Thusong centres among others to make information available and easily accessed by poor communities that may not afford costly means of advertising. These methods are dependent variables on the availability of the sources as their application will consider the location of the potential employees and the scarcity thereof.

2.2.3. The Importance of Recruitment

Nel, Poisat, Sono, Du Plessis, Ngalo, Van Hoek & Botha (2011:172) highlight the importance of recruitment and argue that it provides better opportunity to assess abilities and greater motivation for good performance. Strategic Evaluation, Advisory and Development Consulting (2014) holds the view that institutions experience extremely high levels of applications to their nursing programmes. Some of the reasons for high levels of applications to study nursing are poverty and the fact that nursing students receive a sizeable stipend while training, which is viewed to be attractive even to those who may not necessarily be passionate about nursing. It must be said that this happens mostly in public nursing colleges where government recruits and trains its own nurses. The researcher agrees with the point made above on the basis that South African youth is highly affected by unemployment. It can be argued on the other hand that high levels of applications might be an indication that many young people who pass grade 12 view

nursing profession as an opportunity for post matric qualification than a mere employment opportunity even where stipend is offered.

SEAD also realises the contradictions that exist between the extremely high levels of applications, the significantly fewer numbers that enrol, and the even fewer that ultimately graduate. SEAD further suggests that student recruitment processes could be ameliorated to ensure better mutual alignment of interest and compatibility between students and nursing training programmes. This therefore means that if recruitment and selection processes could be well administered, shortage of professional nurses may be minimised and the crises properly managed in the long run.

2.2.4. Recruitment Strategies

Most organisations have strategic objectives that seek to ask the question on what is to be achieved and how. All activities of the organisation must be directed towards achieving its strategic aim and providing answers to the questions asked. This then implies that the human resource strategy which includes the strategy on recruitment should be aligned to the organisation's strategic position. Recruitment strategies therefore help link the recruiting activities of the organisation with the organisation's strategic objectives (Stone, 2008:202). The top level management of an institution, i.e, the Head of Department to Chief Directors in a public institution, is therefore responsible to develop the recruitment strategy, perhaps with the assistance of recruitment officers from the human resource management. This happens at the operational level where it is concerned with the detailed forecasts of employee demand and supply (Nel *et al.*, 2008: 215). According to Mokoditso (2011:16), organisations are realising that attracting and retaining the right talent has become the key strategic objective and therefore has become the most important aspect of the organisation. According to Business Insider (2010), the following are good recruitment strategies:

- Using self-selection to find out who is really interested;
- Arranging for group interaction;
- Handpicking dream candidates and showing them you want them;

- Looking for talent in unlikely places;
- Attending events that are NOT job fairs;
- Making yourself stand out with non-traditional media;
- Actively searching profiles and social networking sites;
- Advertising in places frequented by your ideal candidate;
- Considering past candidates; and
- Publicising referral incentives.

Nel *et al.* (2011:172) maintain that an organisation can recruit within its existing pool of employees or outside of it. These strategies are called internal and external recruitment strategies.

2.2.4.1 Internal recruitment

According to Nel *et al.* (2011:172) internal recruitment means a situation where the organisation recruits from within its existing pool of employees. Internal recruitment strategy is advantageous to the organisation in that management’s perception on an employee is likely to be more accurate, thus providing a better and opportunistic prediction of success compared to information gained about new and external candidates (Stone, 2008:207). Recruitment from an internal perspective has led most organisations to formulate programmes aimed at developing their own employees for positions beyond the lowest level (Mphelo, 2006:37). Mokoditsoa (2011:17) maintains that non-promotion and the recruitment of outsiders in an organisation create a low morale, depression and de-motivation to existing staff members. The advantages and disadvantages of internal recruitment strategies are summarized in table 1.

Table 2.1: Advantages and disadvantages of internal recruitment

Advantages	Disadvantages
<ul style="list-style-type: none"> • Provides motivation for good 	<ul style="list-style-type: none"> • Creates stale ideas

<p>performance</p> <ul style="list-style-type: none"> • Provides greater promotions opportunities for present employees • Provides better opportunity to assess abilities • Improves moral and organisational loyalty • Enables the employees to perform new duties with little lost time 	<ul style="list-style-type: none"> • Creates political infighting and pressures to compete • Requires a strong management development programme • Creates a homogenous workforce
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The researcher agrees with Nel *et al.* on the advantages and argues against the disadvantages. The disadvantages that internal recruitment creates political infighting and pressures to compete are threats that can be easily turned into opportunity to the organisation. Once employees begin to compete against each other, striving to be the best, an organisation benefits from good performance. Difficult as it may, the process just needs to be properly managed.

2.2.4.2. External recruitment

According to Nel *et al* (2011:172) external recruitment is explained as the process of attracting and locating applicants outside the organization. The sources that the organisation can use in this regard are employment agencies, head hunting, referrals, professional associations, advertisements and university recruitment. Mphelo (2006:44) holds that external recruitment is done at a diverse workforce and should be done at critical entry points to the organization, so that when organisations promote from within, it must be ensured that the pool of talent available for promotion was the best. Table 2 below gives a summary of advantages and disadvantages of external recruitment.

Table 2.2: Advantages and disadvantages of external recruitment

Advantages	Disadvantages
<ul style="list-style-type: none">• Provides new ideas and insight• The existing hierarchy of an organisation remains relatively unchanged• Provides greater diversity	<ul style="list-style-type: none">• Loss of time owing to adjustment• Present employees cease to strive for promotions• Individual may not be able to fit with the rest of the organisation

The researcher holds the view that external recruitment might have its disadvantages outshining the advantages. Existing employees can better generate new ideas out of experience than the new ones given the opportunity and support to do so. All they need is continuous training and development. They have experience and can improve on existing insight on how things are done in an organisation. It can discourage present employees and that alone has the potential of affecting the performance of the organisation.

2.3. RETENTION

The question of retention becomes fundamental immediately after employees are appointed and considered to be of value in the organisation. Maxwell (2005:316) describes retention to include the process of preventing people from leaving an organisation to work somewhere else.

2.3.1. The Importance of Retention

An institution that fails to retain skilled and valuable human capital with institutional memory is unlikely to achieve its aims of delivering public services. Thomas, Mor, Tyler and Hyer (2012:212) also believe that retention of staff may directly influence care and reduce cost of recruitment or spending on hiring and training. This means that money

spent on job advertisements and other related costs can lead to savings which may be utilised to attain additional staff subsequently reducing workloads. Williams (2004:31) states that costs related to recruitment are much greater than just placing job advertisement, paying referral fees and absorbing turnover.

According to Bosch (2004:351) and Nel *et al.* (2011:225), retention is even more important because it prevents high staff turnover and the increased costs associated with staff turnover. Mitchell (2004:363) agrees that studies have been conducted and shown that employee turnover is one of organisation's highest costs. Bosch further articulates that an organisation that does not nurture and welcome its new employee from the first day of appointment can lose millions in cost all because of turnover. Shipalana and Phago (2014:330) point out that staff turnover is a major problem in many public health care organisations. They further indicate that staff turnover affect the provision of quality health care services, stability of services and the morale of what (Thomas *et al.*, 2012: 212) refer to as "stayers", meaning those employees who stay in the organisation under all circumstances.

2.3.2. The Retention Strategies

Mokoditsoa (2011:16) identifies retention strategies to consist of reward/compensation system, fringe benefits, promotion of present employees, job satisfaction and succession plan. Mitchell (2004:356) advises that organisations should develop strategic approach to retaining talent since this can serve and have a long-term impact on the organisation, unlike just keeping employees happy by giving them incentives so that they do not quit. Mitchell further articulates that it is everyone's responsibility to help retain employees in an organisation. The researcher agrees with the aforesaid as every employee who chooses to remain in the organisation can play an advisory role to those who intend to leave by showing them the things advantageous that can make them stay. Thomas *et al.* (2012:212) hold the view that employees who stay may have the necessary experience and therefore may contribute to the delivery of high standards of health care quality even under high turnover levels. They further postulate that such are important to the organisation as they have the institutional memory and make it possible to efficiently

incorporate new staff into the existing culture and practice. The point made above finds resonance in what was mentioned in Chapter Two that employees with skills and institutional memory have experience and knowledge that should indeed be kept from within the organisation. Such employees should be motivated to stay.

Schoeman (2015:28) argues that employees don't only need financial incentives to be able to stay in the organisation but also need "employees value proposition" (EVP). It is further argued that like businesses that market themselves, get and retain customers for long-term, organisations should strive to attract talent and retain it through offerings that distinguish them from competitors. Schoeman (2015:28) highlights the following factors that can boost EVP and help retain employees:

- Compensation represents the employee's "value" today;
- The benefit package is the employee's "protection";
- Work and lifestyle refers to quality of life;
- Future value involves the individual's development and career; and
- An emotional connection.

In light of the above factors and the retention strategies as identified by Mokoditsoa, there are similarities. Both scholars highlight compensation and benefits to be important in retaining employees. Although Schoeman argues that employees sometimes need to be valued than just given incentives, however, most employees are satisfied by what they get back as the cost of their labour.

Mitchel (2004:357) outlines several important steps that a retention strategy involves, which steps she further agrees are not always easy to implement. Those steps include the following:

- Knowing the kind of talent your organisation needs for it to be successful;
- Finding out what those people really value at work; and
- Providing leadership so that the strategy can be implemented.

Mitchel (2004:358) further recommends the following to be considered in developing a retention strategy:

- (a) That the demographic data should first be collected. This implies that facts about employees accepting positions and leaving the organisation should be determined and known. Conducting exit interviews and contacting exiting employees after a month or two to ascertain if they will be willing to talk and provide good and factual information is very necessary in order to be able to develop a solid retention strategy.
- (b) Turnover rate needs to be analysed. The organisation's turnover rate should be compared to others from other competing organisations. The reasons for the turnover should be analysed so that a sustainable retention strategy can be developed.
- (c) Make a determination of individuals whom the organisation cannot simply live without.
- (d) And lastly determine the reasons that make people stay with the organisation.

2.4. STATE OF SHORTAGE OF NURSES: THE GLOBAL PERSPECTIVE

There are no sufficient nurses to fill the available positions or respond positively to the nursing demand in the whole world. Many countries of the world such as Canada, England, Ireland, Japan and Australia are experiencing a crisis for nurses to fill long vacant positions (Ehlers 2003:64). According to Tshitangano (2013:4) there is an ongoing worldwide trajectory of a shortage of nurses and midwives of approximately 4.3 million, which poses a threat to health service delivery.

Mbemba, Gagnon, Pare and Cote (2013:1) note that the comprehension of the problem of a shortage of nurses from a global perspective is a complex issue. Comparing statistics between countries is hard because countries differ on how they measure or define nurse shortage or how they establish nurse patient ratio. However, the shortage of nurses remains one of the issues affecting both developed and developing countries.

2.5. STATE OF SHORTAGE OF NURSES: THE SOUTH AFRICAN PERSPECTIVE

Retaining nurses is a national and global priority. Professional nurses either work in the country or leave for different reasons. Popular among others is the compensation of employees or better salaries.

“The strong predictive relationship between affective commitment to South Africa and intention to emigrate (quit South Africa) implies that if nurses feel a greater emotional connection to South Africa they will be significantly less likely to leave South Africa. There is no literature on this but it does seem intuitive and, importantly, this result shows the importance of fostering affective commitment to South Africa as a retention strategy. The implication is that health service organisations should consider human resource interventions that help develop a deeper commitment to South Africa as a country and help foster a sense of connection to the country so that South African professional nurses feel emotionally bound to a country of which they are proud, feel part of, and are positive about to the extent that they would want to stay here despite the prevalence of negative conditions (e.g., high crime rate, low salaries, and the like), (Bagraim 2013:6).”

Van Rensburg (2004:320) confirms that there are two major issues that have been created over the years in South Africa within the health profession. They are race and gender distortions. These two issues came into dominance as a result of the system of apartheid that promoted discrimination among racial groups and class. Van Rensburg further indicates that the health profession was white-dominated and male-dominated on account of factors such as educational discrimination, job reservation practices and systemic blocking of opportunities for the economic advancement of previously disadvantaged groups.

Van der Merwe (2010:06) points out that in South Africa, the nursing profession is dominated by women in traditional societies and it is regarded as their role in society which was patriarchal and dominated by males as doctors. It is however a continuing phenomenon, as the nursing profession is still highly dominated by women although there is a considerable number of male nurses forming part of this profession.

De Haan (2005:26) describes a professional nurse as someone who works at all levels of care both as a generalist and a specialist, and with a qualification registered with the South African Nursing Council (SANC). The qualification for the registration of a professional nurse (PN) is a four-year course, which can be at a diploma or degree level. It can further be said that there is a shortage of professional health practitioners in South Africa. De Haan (2005:28) comments that this situation is worse in rural areas than it is in urban areas. However, the government has since introduced rural allowance as its intervention strategy to encourage health professionals including professional nurses to work in the rural areas.

Ehlers (2003:64) believes that the shortage of professional nurses is likely to worsen between 2015 and 2020 as there will not be enough people interested in taking up nursing as their profession in South Africa. Tshitangano reveals that South Africa is likely to experience a shortage of more than 20 000 nurses in 2015. The researcher can immediately submit that this contradicts the fact pointed out by SEAD above that there are extremely high levels of applications by people showing interest in the nursing profession. If there is a continuing propensity of an increase or upward trajectory in the application of nursing training in many institutions of high learning then planning is needed to strike a balance between these variations to be able to deal objectively with the real problem of nursing shortage.

DENOSA (2012) believes that health services in South Africa may be ameliorated by the availability of clearly-defined and regulated staffing ratios which may ultimately contribute to positive national health outcomes. DENOSA further believes that the absence of staffing ratios compromises service provision, particularly in public sector institutions. The shortage of nurses can only be determined by the knowledge of the expected

number of nurses needed in an organisation against the number of clients serviced by that organisation within a specific period.

2.6. NURSING DEMAND AND SUPPLY IN SOUTH AFRICA

Nurses are regarded by James and Miza (2015:2) to be joining the nursing profession with a vision to serve society and that their intention is to work and produce good results. There are several factors that affect the demand for nurses in South Africa. Hall (2004: 31) highlights a few of these factors as follows:

a) Nurses on the SANC register appearing not to be no longer practising as nurses.

This means that either these nurses changed to other professions like those taking up administration posts in government departments or they retired from nursing on other reasons not known to SANC. The number was estimated to be standing at 19% at the time. Mokoka (2007: 1) believes that nurses who decide to abandon the profession is another reason for the shortage of nurses in South Africa. This implies that more nurses will be demanded to close the gap that will be created by those abandoning the profession.

The literature and practice reflect that many professional nurses experience job dissatisfaction and sometimes feel emotionally overloaded, consequently they decide to quit the nursing profession (Koen, Van Eeden and Wissing, 2011: 1). Naturally, if only few nurses are available to attend to the millions of South Africans who need health care services from public institutions of care, such nurses will suffer burnouts as a result of high workloads and fatigue, resulting in resigning or choosing to work somewhere else where working conditions are more attractive.

b) South Africa losing nurses to other countries.

Mokoka (2007:1) agrees that migration causes the shortage of nurses in South Africa. Ehlers (2003:63) purports that for as long as the shortage of professional nurses exists the world over, South Africa and other developing countries' supplies will continue to be drained of their nurses. According to Oosthuizen, Ehlers and Jooste (2005:58), the decision by professional nurses to migrate is mainly personal, depending greatly on circumstances of individuals. Most of these professional nurses leave South Africa with the help of recruitment agencies.

Bagraim (2013:1) points out that there were 13 500 South African registered nurses working overseas in 2006, while 32 000 vacant nursing positions are available in South Africa (Tshitangano, 2013:4). Bagraim further admits that there is no sign and promise that this situation will improve in the foreseeable future. The researcher therefore shares the sentiments of both Bagraim and Tshitangano in that 13 500 is not even 50 percent of the existing vacancy rate in the country. The situation does not look good in such a way that even if the 13 500 nurses were to come and work in South Africa, the country would still need more nurses to feel the vacancies. This will indeed remain the course for concern to the country and its health system for years to come.

Mokoka (2007:1) distinguishes between two forms of migration, namely internal migration and external migration. She explains internal migration as the movement of nurses within the borders of the country. This happens when professional nurses move from rural areas to urban and sophisticated areas. The researcher believes that this is not that detrimental to the health system of the country as these nurses will still be contributing their services elsewhere within the borders of the country but the urban areas end up benefitting in the expense of rural ones. External migration refers to the movement of professional nurses to outside countries. This according to the researcher causes a problem to the country in general and it can be interpreted as one of the serious causes to real shortage of nurses.

(c) Nurses dying as a result of HIV/AIDS also need to be replaced.

HIV/AIDS pandemic mostly affects working age adults as well as those young people training as nurses and by far the most threatening chronic disease to the health and wellbeing of South African human capital. HIV/AIDS currently appears to be the main cause of death amongst employees in South Africa. Nurses form part of the population which is affected by the scourge of HIV/AIDS epidemic. Statistics indicate that approximately 36% of the Mpumalanga population is infected, meaning that nurses are also possibly included. When such nurses die there will be a need for replacement so that the government continues to deliver health care services in the province. It must be appreciated and said that this phenomenon affects a pool of professionals from various work spectrums. (Reference)

(d) Population Growth.

De Beer, Brysiewicz and Bhengu (2011:6) indicate that South Africa had a population of 47.9 million of which only 20% was covered by medical aid schemes and could afford the services of the private sector health care. They also show that the public health care system care for 80% of the entire population (that is over 37 million people), the majority of whom do not have formal employment. In Mpumalanga alone, over 3 383 400 people solely depend on government for health care. This means that the majority of South Africans, including the population of Mpumalanga Province is in high demand of nurses to respond to the health care needs.

(e) The Increase in the Incidences of Communicable Diseases

Communicable diseases such as HIV/AIDS, cholera and tuberculosis means more nurses will be needed to attend to the health needs of the infected. According to Department of Health Mpumalanga (2014: 8), indicates that HIV/AIDS prevalence in Mpumalanga Province stood at 35,5% in 2012, second to KwaZulu Natal, with the highest prevalence of 39.5% for the same year. He further outlined Mpumalanga Health

Districts as showing the following status on HIV/AIDS prevalence: that Gert Sibande showed a significant drop from 46.1(2011) to 40.5 % (2012), Ehlanzeni remained constant from 35.8% (2011) to 35.2% (2012), whilst Nkangala showed an increase from 29.5% (2011) to 32.3% (2012). All these figures mean that those infected need nurses to directly respond to their health care needs as the levels generally remain high when the number of nurses grows at a very slow pace or decreases as a result of turnover.

(f) Change in the Health System.

The new health approach makes it possible for large sections of the population who never had access to health care before, to now be entitled to receiving health services free of charge. The introduction of National Health Insurance simply speaks to this factor. The more people are exposed to quality health care for free, the more the demand for such services. The increase in the demand for free health care services means an increasing demand for health care professionals including nurses. De Beer, Brysiewicz and Bhengu (2011: 6) show that more than 80% of the South African population depends on free public health care. As indicated above, this accounts to over 37 million people. This can be attributed to the current system where health services are brought closer to the people by way of mobile clinics and new clinics that are built in many corners of the country, especially in rural areas.

DENOSA (2013) also holds the view that the demand for nurses currently exceeds the supply of nurses. This is true if we look at the Mpumalanga professional nurse patient ratio of 1: 616 (SANC Geographical Distribution List, 2013). This is against the World Health Organisation's requirement of 1:500 as alluded to above. This means that there were additional 116 patients to every professional nurse in the province in the year in question. The situation literally means more work for every professional nurse, which may also lead to burnouts, stress and the intention to resign.

The Strategic Plan for Nurse Education, Training and Practice (2012:13) reflects that the Ministerial Task Team was established to deal with the challenges affecting the nursing

profession as identified at the National Nursing Summit convened from 5th to 7th April 2011. The event resulted in a Nursing Compact that summarized the following recommendations on the existing challenges within the nursing spectrum:

- i.** A model should be developed which provides information on the future supply of nurses for the public and private sectors, for hospitals, PHC and NGOs (including the new staff nurse category).
- ii.** SANC should have improved data quality on nurses and ensure a database which details qualifications, location of employment, country of employment, employer, and other relevant details.
- iii.** There should be a SANC database developed which details nursing education institutions and their output, production and employment of nurses by district and province for the public and private sectors
- iv.** A project to develop safe nurse staffing guidelines based on the draft guidelines for hospitals and PHC developed by the MTT should be implemented; and the nurse staffing gap by category and the training implications based on safe nurse staffing guidelines determined.
- v.** The financial implications of nurse training and nurse employment to meet the PHC policy requirements and safe staffing guidelines for hospitals in the public sector should be determined.
- vi.** Develop strategies to increase the return of nurses who have left the profession.

The following Tables give a summary of the situation on the demand for, production and supply of professional nurses in Mpumalanga Province, taking into cognisance the number of professional nurses produced and available for supply as well as the population growth between 2010 and 2014. The Tables reveal a picture that should be considered in the process of evaluating the recruitment and retention strategies so that informed decisions can be taken by policy makers in that regard.

Table 2.3: Output Professional Nurses (2010 - 2014) Public Institutions

Province	2010	2011	2012	2013	2014
Eastern Cape	364	580	502	549	558
Free State	182	174	147	174	153
Gauteng	784	663	757	793	842
KwaZulu-Natal	413	524	536	634	297
Limpopo	207	248	339	220	271
Mpumalanga	216	140	120	197	145
Northern Cape	0	0	0	0	0
North West	327	234	297	322	230
Western Cape	269	301	456	420	392

Source: South African Nursing Council (2014)

Table 3 indicates the number of professional nurses produced per province between 2010 and 2014 from public institutions that is mainly colleges of nursing. The Table shows that Mpumalanga Province produced 216, 140, 120, 197 and 145 professional nurses in 2010, 2011, 2012, 2013 and 2014 respectively. Unlike other provinces, the provinces of Mpumalanga and Free State experienced a decline in the production of professional nurses since 2010. Northern Cape Province shows a zero production of nurses which means that they train their nurses in other provinces or other institutions of higher learning. Gauteng and Eastern Cape show a high number of professional nurses produced in the five years under review.

Table 2.4: Mid-year population estimates by province, 2010

Province	Population estimate	% population
Eastern Cape	6 743 800	13,5
Free State	2 824 500	5,7
Gauteng	11 191 700	22,4
KwaZulu-Natal	10 645 400	21,3
Limpopo	5 439 600	10,9
Mpumalanga	3 617 600	7,2
Northern Cape	1 103 900	2,2
North West	3 200 900	6,4
Western Cape	5 223 900	10,4

Source: Statistics South Africa (2010)

Tables 4 and 5 show the levels of population growth between 2010 and 2014. In Mpumalanga alone, the population growth stood at 7,2 percent in 2010, and it was 7.8 percent in 2014. As aforementioned, the nurse patient ratio needs to be 200 nurses for every 100 000 people to satisfy the World Health Organisation's requirement. Looking at the population growth and the professional nurse output during the years under review, it can be said that the picture is not looking good. The population is growing at a faster pace compared to the nurse output. The production of nurses is declining against the growth of the population.

Table 2.5: Mid-year population estimates by province, 2014

Province	Population estimate	% population
Eastern Cape	6 786 900	12,6
Free State	2 786 800	5,2
Gauteng	12 914 800	23,9
KwaZulu-Natal	10 694 400	19,8
Limpopo	5 630 500	10,4
Mpumalanga	4 229 300	7,8
Northern Cape	1 166 700	2,2
North West	3 676 300	6,8
Western Cape	6 116 300	11,3

Source: Statistics South Africa (2010)

2.7. THE STATE OF MPUMALANGA PROVINCE

Gabashane (2007:Online) indicates that Mpumalanga Nursing College is the only institution or nursing college in the province that offers a comprehensive four-year nursing degree for nurses. He notes that only 67 professional nurses graduated from this college in 2007. There is indeed a slow pace in the production of professional nurses in the province hence a shortage in many facilities. According to the SANC statistics (2013), a total of 13 692 nursing workforce was distributed to the health care facilities in Mpumalanga Province during the year in question. Of the 13 692 nurses, only 6 700 are professional nurses. It is also indicated in the statistics that of the 6 700 professional nurses, males only account for a total number of 685. This confirms the point made above by Van der Merwe on women domination in the field of nursing. Recruitment in

nursing still favours women and needs serious transformation. The researcher therefore believes that the recruitment of male nurses is merely influenced by the fact that they want employment in the country where unemployment is on the rise. This point also leaves room for further research on the reasons that motivate males to take up nursing as a profession.

According to SANC (2015), Mpumalanga Province registered only 818 professional nurses for five years from 2010 to 2014. The population of Mpumalanga Province grew from 3 617 600 to 4 229 300 during the five-year period in question (Statistics South Africa, 2014). This probably means the increase of 611 700 in population. The demand for professional nurses compared to the increase in population stood at 1223 additional professional nurses for distribution or supply to facilities in the province. The real output during the period under review was 818, reflecting a 405 supply shortfall. This condition worsened the already challenging situation without having to give careful consideration to those who went out of the system during the same period. These statistics only considered those professional nurses who newly qualified from nursing colleges and registered for the first time as professional nurses. The shortage of 405 professional nurses simply means that a population of 202 500 is without quality health in the province and 67 500 from each region on average.

2.8. THE IMPACT OF SHORTAGE OF PROFESSIONAL NURSES ON SERVICE DELIVERY

It has already been alluded to in Chapter one that the shortage of professional nurses is currently a global problem which is likely to worsen between 2015 and 2020 as there will not be adequate people interested in taking up nursing as their field of profession (Ehlers, 2003: 64). It further appears in the statistics as per the SANC Geographical Distribution list (2013) that the professional nurse patient ratio was 1: 616, enrolled nurse patient ratio at 1:1428 and auxiliary nurse patient ratio was 1:1007. This is against the World Health Organisation's requirement of 1:500. This is analysed from the population that was 4 128 000 at the time in Mpumalanga Province. The condition such as this

affects the performance of professional nurses and other health workers in general and consequently affects service delivery. The Strategic Plan for Nurse Education, Training and Practice (2012/13 – 2016/17) and Ehlers (2003: 64) point out among others that shortage of nurses, unrealistic workloads, poorly equipped facilities, unsafe working conditions and perceived unfair compensation are some of the factors affecting the work life and performance of nurses, midwives, healthcare professionals and healthcare workers.

Ehlers (2004:64) comments that the direct results of a shortage of professional nurses include the closure of hospital wards and/or clinics, reducing the availability of health care services which resultantly lead to long waiting lists and/or periods at health care facilities. This situation is not admirable in a country like South Africa under the African National Congress (ANC) led-government where the Minister of Health, Dr Aaron Motsoaedi's core priorities, *Batho Pele* principles and the Freedom Charter are utilised as trend setters for service delivery achievables in health.

The Freedom Charter holds that there shall be preventive health scheme run by the state, free medical care and hospitalisation for all, with special care for mothers and young children. This cannot be achieved under a situation where people have to be on waiting lists before they receive health services. Ehlers further purports that professional nurses who leave such situations, where little or no job satisfaction can be experienced, make the situation even worse for the remaining professional nurses as these will be overburdened and overstretched, consequently rendered health care ineffective.

SANC Age Statistics (2013) reveal that 31% of the total professional nursing workforce is made up of people above the age of 50, 29% is aged between 40 and 49, 19% is aged between 30 and 39, and only 21% is below 30 years. It will seem that the problem is still major within the health fraternity and will be worse in 2023, as we will undoubtedly be losing approximately 31% as a result of retirement of those who were above 50 in 2013 when statistics were prepared. This excludes those who will be leaving the system for other reasons of natural causes either by early retirement or death.

2.9. CONCLUSION

Chapter Two gave attention to the conceptual explanation of the stock of existing knowledge and an overview of the shortage of professional nurses and the impact it has to service delivery. The body of knowledge on the recruitment and retention was also reviewed in this chapter. The chapter highlighted the importance and available strategies of recruitment and retention. The review of the demand and supply of nurses including several factors influencing the demand and supply were also dealt with in this chapter. Tshitangano (2013) points out that issues of nurses' dissatisfaction with staffing, resources, salaries and workplace safety must be given attention to achieve retention of nurses. Books, journal articles, the internet and other sources on the retention and recruitment of the proposed study were considered throughout the review process and most of them are agreeing that recruitment and retention of professional nurses remain a challenge in South Africa and many other countries. The next chapter will consider the research methodology to be employed in carrying out the research project on the recruitment and retention strategies of professional nurses in Ehlanzeni District, Mpumalanga Province. The following chapter deals with research methodology.

CHAPTER THREE

RESEARCH METHODOLOGY

3.1. INTRODUCTION

The previous chapter looked into the existing body of knowledge related to the subject matter in this research project. It highlighted important debates made by various scholars on recruitment and retention strategies to be employed by organisations, the impact of shortage of professional nurses on service delivery and the demand versus the supply of nurses.

This chapter begins by defining research methodology and its importance in an empirical research such as this one. Furthermore, the chapter looks at research design as a plan on how this study is going to be conducted and the approaches involved such as qualitative and quantitative. In addition the chapter presents the population from which the research sample was drawn. As espoused by Durrheim and Painter (2006:139), sampling depends on the selection of typical cases of the population. The chapter therefore continues to discuss the sample from which qualitative and quantitative data will be collected during the research process and postulates sample methods to be employed. The chapter further discusses the methods of data collection which include primary and secondary data as well as the methods of data analysis to be employed. Finally the chapter gives attention to ethical considerations and limitations during data collection and interpretation processes.

3.2. RESEARCH METHODOLOGY

Research methodology is often confused with research methods by researchers that are new in the field of research. According to King and Horrocks (2010: 6) methodology relates to a process where research design and choice of particular methods as well as

their justification in relation to the research project are made evident. Often methodology is regarded as an approach or perspective that has within it explicit and implicit expectations about how research is undertaken. Research methodology is necessary for such an exploratory study as this one because it helps the researcher to make consideration of the suitable method for a chosen problem, the accuracy of the results and the efficiency of a method (Rajasekar, Philominathan and Chinnathambi, 2013: 5).

Research Paradigm: The study took a positivist approach as it intended to depict the observable facts as experienced by Mpumalanga Department of Health officials in the planning as far as attracting and retaining professional nurses in Mpumalanga Province, and also to get the professional nurses' perception on the strategy employed by the department in attracting and retaining them within the province (Trochim, 2006)

3.3. RESEARCH DESIGN

Babbie (2007:112) postulates that a research design involves a set of decisions regarding what phenomenon is to be studied within a certain population, the types of research approaches and the purpose thereof. Babbie, Mouton, Voster and Prozesky (2001:74) describe a research design as a plan or blueprint of how one intends conducting a research. According to Cresswell (2009:3), there are three approaches of research design, namely qualitative, quantitative and mixed approaches. A mixed method approach combines both qualitative and quantitative forms. This research project utilised both qualitative and quantitative approaches.

Qualitative research can, theoretically speaking, be described as an approach rather than a particular design or set of techniques (Welman *et al.*, 2005:188). Qualitative research denotes the type of enquiry in which the qualities, characteristics and the properties of the phenomenon are examined for better understanding and explanation. Qualitative studies usually aim for depth rather than quantity of understanding (Henning, Van Rensburg and Smit, 2004:3). In-depth interviews will be the method applied for

qualitative inquiry in this research. The researcher utilised semi-structured interview guide as a tool to collect qualitative data and questionnaires to collect quantitative data. Quantitative approach is explained by Cresswell (2009:4) as a means of testing objective theories by examining the relationship among variables and these variables can be measured, typically on instruments, so that numbered data can be analysed using statistical procedures. Data collected through questionnaires on recruitment and retention of professional nurses in this research was coded and analysed using statistical packages.

3.4. POPULATION

The population of the study is that group (usually of people) about whom we want to make conclusions (Babbie, Mouton, Voster, & Prozesky, 2001). Ehlanzeni District has approximately 2 383 professional nurses distributed all over its health care facilities. This research focused on a total population of approximately 911 professional nurses from the following three hospitals in Ehlanzeni District: Rob Ferreira (501), Themba (276) and Mapulaneng (144). The departmental unit on recruitment and retention of staff which has approximately 40 officials from the four institutions mentioned above formed part of the population in this study.

3.5. SAMPLING AND SAMPLING METHODS

As espoused by Mouton (1996:135), a sample is a selection of elements with the intention of determining something about the population from which they are taken.. It is not practical to get the opinions of all professional nurses in Ehlanzeni District from all its hospitals and clinics and it is therefore necessary to identify a representative of such population. According to Mouton (1996:136), the key concept in sampling is representativeness from where generalisation is made, and should truthfully and faithfully represent the population from which a sample was drawn. Babbie, Mouton, Voster and Prozesky (2001:166) explain that there are two methods of sampling, namely, probability sampling and non-probability sampling.

The researcher employed simple random sampling approach as the basic probability sampling design to collect quantitative data through questionnaires from sixty (60) professional nurses. The researcher used this method to give all professional nurses registered with the SANC allocated in different health care units at the identified hospitals an equal opportunity to participate in the research.

The researcher utilised purposive sampling method, which is a form of non-probability sampling, to collect qualitative data from the eight (8) officials that were thought to have had relevant information to the questions on the interview schedule. Welman, Kruger and Mitchell (2005:69) state that purposive sampling is a type of sampling in which researchers rely on their experience, ingenuity or previous research findings to deliberately obtain units of analysis in such a way that the sample they obtain may be regarded as being representative of the relevant population. These targeted officials deal with the recruitment and retention of employees in the Mpumalanga Department of Health, who make a direct input in the Human Resource Management function. They were as follows:

- The Chief Director: Human Resource Management and Development;
- Three managers responsible for recruitment and retention;
- Three hospitals' nursing managers who will present the researcher with insight on the sustainability of the available recruitment and retention strategy; and
- The manager of the Mpumalanga Nursing College.

3.6. DATA COLLECTION METHODS

The use of certain research methods will tend to be associated with certain research strategies when selecting a method of data collection (Denscombe, 2003:131). In this research project questionnaires were linked with the quantitative research approach and

interviews were linked with the qualitative research approach as the entire research is a mixed approach. The importance of mixed methods research is that it enables the researcher to simultaneously address a range of confirmatory and exploratory questions with both the qualitative and quantitative approaches and therefore verify and generate theory in the same study. A mixed methods research also eliminates different kinds of bias and explains the true nature of the phenomenon under investigation, and improves various forms of validity or quality criteria (Fouche and Delport, 2011:436). There are two types of data, namely primary and secondary data.

3.6.1. Primary Data

Bless and Higson-Smith (2000:97) hold that primary data is obtainable when researchers collect their own data for the purposes of a particular study. In this study primary data will be collected through interviews and questionnaires.

3.6.1.1. Interviews

Welman, Kruger and Mitchell (2005:165) hold that three types of interviews are used, and these are structured, semi-structured and unstructured interviews. In structured interviews the researcher makes use of an interview schedule in which fixed, prepared questions are asked, and requires the schedule to be produced beforehand for the researcher to be able to know exactly what needs to be covered (Greeff, 2011:352). In semi-structured interviews the researcher has utilised an interview guide that has a list of possible questions to be covered, and may vary from one interview to another depending on the answers given by the interviewee. Unstructured interviews are informal and are utilised to explore general ideas.

In this study qualitative data was gathered through a semi-structured interview schedule to interview the eight officials from the Mpumalanga Department of Health as per the sample. The researcher personally interviewed respondents in order to capture verbal and non-verbal cues that assisted the researcher in drawing sound interpretation and

conclusions. Open-ended and closed-ended questions were asked and allowed the researcher to make follow up on the answers provided by the respondents.

3.6.1.2. Questionnaires

De Vos, Strydom, Fouche and Delport (2011:186) postulate that the main purpose of a questionnaire is to attain facts and opinions about a phenomenon from people who are informed about it. There are five types of questionnaires according to De Vos, *et al.* (2011:186), namely mailed, telephonic, hand delivered, group administered and electronic questionnaires. The researcher personally distributed 60 questionnaires to participating professional nurses to collect quantitative data. Twenty questionnaires were distributed to 20 professional nurses to each of the three identified hospitals mentioned above. The respondents were given two weeks to go through and complete the questionnaires. All the questionnaires were distributed to and collected from their researcher respondents by hand and an explanation was made on the expectations of the researcher. Hand delivery of the questionnaires was viewed as the best strategy as the researcher was sure that all intended deliveries would reach the intended receiver and also to take advantage of its nature of being time saving and having high response rate.

3.6.2. Secondary Data

Secondary data was collected through, *inter alia*, consulting existing stock of knowledge in the form of books, dissertations and theses. Journal articles, the internet and other sources relevant to the subject matter of the proposed study were consulted throughout the research. Furthermore, government publications and legislations, reports from the Mpumalanga Department of Health in relation to the subject matter were also consulted.

3.7. DATA ANALYSIS

This study focused on the analysis of qualitative and quantitative data. According to Babbie (2007:378), qualitative data analysis is the non-numerical examination and interpretation of observations, for the purpose of discovering underlying meanings and patterns of relationships. De Vos *et al* (2011:373) state that analysis begins by going back to the purpose of the study and that data analysis and interpretation are a phase in a research. De Vos *et al* (2011:249) further purport that quantitative data is numerical and can be analysed manually or by computer in professional research.

3.7.1. Qualitative Data Analysis

The researcher analysed qualitative data collected during the semi-structured interviews from the eight officials by applying the method of comparisons and contrast. The method entails comparing the answers given by the participants during the interviews before making new conclusions (Welman, Kruger and Mitchell, 2005:212). Furthermore, qualitative data was analysed by considering individuals' responses to a given question, identifying differences and consistencies, and also establishing relationships. The researcher further classified information into specific themes and categories that were methodically arranged into logical categories that would bring meaning to the reader. The data were coded by hand, relationships between themes compared and the themes ultimately interpreted as a way of validating the accuracy of the information.

3.7.2. Quantitative Data Analysis

The researcher utilised the Statistical Package for the Social Sciences (SPSS) to analyse quantitative data collected from professional nurses through the questionnaires as this was a big number. The SPSS package was installed in the researcher's laptop by the IT section of the University of Limpopo for easy application during data analysis. Data collected through questionnaires was coded and entered into the computer in a format that allowed the use of SPSS. According to Durrheim (2006:189), coding data

involves transforming the information provided on a questionnaire into meaningful numerical format.

3.7.3. Secondary Data Analysis

Data collected from the existing stock of knowledge was analysed by determining previous findings and conclusions on the subject matter with the aim of generating new ideas. The conclusions arrived at by previous scholars were compared, gaps identified and interpreted.

3.8. ETHICAL CONSIDERATIONS

The researcher obtained ethical clearance from Turfloop Research Ethics Committee of the University of Limpopo and permission to conduct research from the Mpumalanga Department of Health as required. The researcher further considered and adhered to the following fundamental rights as indicated in the Constitution of the Republic of South Africa (1996: Chapter 2, Section 10):

The Right to Privacy

Mouton (2001:243) expresses the right to privacy as follows:

- People have the right to refuse to be interviewed;
- People have the right to refuse to answer questions;
- They have the right not to be interviewed at night or during meal times; and
- Should not be interviewed for long periods.

The decision by the respondents to withdraw from participating in the research was highly respected. The respondents were also given an opportunity to choose suitable times for their interviews and the planned interview period was 30 minutes to avoid long and tiring interviews.

The Right to Human Dignity

Chapter 2 of the Constitution of the Republic of South Africa (1996) emphasises that everyone has the right to have their dignity protected and respected. The researcher ensured that the dignity of the people to be interviewed was respected and protected at all times. The researcher assured the respondents that the information given would be treated with confidentiality. Confidential information about the respondents would not be made public (Bless and Higson-Smith, 2000:101).

The Right to Language and Culture

The Constitution of the Republic of South Africa (1996) Chapter 2 states that everyone has the right to use the language and to participate in the cultural life of their choice, but no one exercising these rights may do so in a manner inconsistent with any provision of the Bill of Rights. People further have the right to enjoy their culture, practise their religion and use their language. The researcher allowed the people to be interviewed to speak the language of their choice and respected on all costs the limitations that came with their cultures. The fact that South Africa has eleven official languages, therefore various racial groupings from different cultural backgrounds were given careful consideration throughout the process. The researcher is good in seven official languages which are Sepedi, English, Sotho, Tswana, Swati, Zulu and Tsonga and fair in Afrikaans, Xhosa and Ndebele. This made it easy for the researcher to communicate with ease with any participant from the languages listed above.

The Right to Full Disclosure about the Research

According to Mouton (2001:244), the researcher should explain in detail the objectives of the research to the people who will be participating in the research process. The researcher fully informed the participants of the implications of their participation in the research. The participants were requested to complete consent forms in front of the researcher agreeing or not agreeing to participate in the research process. The

researcher further sought permission from the Mpumalanga Department of Health and ethical clearance from the Ethics Committee of the University of Limpopo to continue conducting this research project as required by both. The researcher made sure that the information provided by the participants during the process of data collection, analysis and publishing of the research report could not be used for any other purpose or made public to protect the confidentiality of the participants except for this research.

3.9. CONCLUSION

This chapter dealt with research methodology in the context of its meaning as well as its importance. The necessity of research methodology in an exploratory study was also outlined in this chapter. The chapter further described the different types of research designs chosen, namely qualitative, quantitative and mixed approaches. The mixed approach was the type of research design chosen because the research seeks to explore and confirm reasons for a particular phenomenon. The chapter further highlighted the area where the study was conducted. It also mentioned the population within which the sample was selected. The chapter looked into different explanations of sampling by various writers. The chapter continued to explain the type of the sample chosen from the target population. Simple random sampling and purposive sampling were the forms of sampling methods used in this research for both qualitative and quantitative approaches. Departmental officials as well as professional nurses were identified as participants in the process of data collection as stated in this chapter. It also presented interviews as well as questionnaires as the types of methods used to collect primary data and consultation to existing stock of knowledge for secondary data collection. Interview schedules and questionnaires were the instruments used to collect primary data. The chapter further outlined the process of data analysis in line with qualitative, quantitative and secondary data. Ethical considerations, especially human rights enshrined in the Constitution of the Republic of South Africa (1996) related to the study were dealt with later in this chapter. Finally the chapter looked into the things that were anticipated that could impact on and limit the interpretation as well as the

authenticity of the findings and results of this study. The next chapter deals with the presentation, analysis and interpretation of data.

CHAPTER FOUR

DATA PRESENTATION AND ANALYSIS

4.1. INTRODUCTION

The previous chapter dealt with the research design and methodology used in the process of collecting data. This chapter focuses on the presentation, analysis and interpretation of the data collected from the respondents. Qualitative data was collected by interviewing officials in the Mpumalanga Department of Health that were selected by using purposive sampling because of their expertise in human resource management and because they have the relevant information on recruitment and retention of staff in the three identified hospitals. A semi-structured interview schedule was the appropriate tool to collect this data. Quantitative data was gathered through questionnaires that were randomly distributed to professional nurses from the three hospitals of the Department. The officials from the Department of Health and professional nurses in Mpumalanga were respondents in the process of data collection. The chapter will further provide the summary of the findings and the conclusion.

4.1.1. The Interview Guide

Section A of the interview schedule aimed at determining the biographical information of the respondents and contained closed questions, while Section B contained open-ended questions aimed at capturing the in-depth understanding of the respondents on the recruitment and retention strategy of the Department on professional nurses. The respondents were the officials from the Human Resource unit of the Department as per the sample mentioned in chapter three.

4.1.2. The Questionnaire

Section A of the questionnaire also aimed at determining the biographical information of the respondents. Section B aimed at determining factors that influence professional nurses to leave the public sector and some of the reasons related thereto. The respondents were professional nurses from the three hospitals of the Department as per the sample mentioned in chapter three.

4.2. PRESENTATION OF DATA FROM THE INTERVIEWS

The researcher aimed at interviewing eight (8) officials from the Mpumalanga Department of Health of which all the eight (100%) were interviewed. The semi-structured interview guide was prepared and utilised to ask closed questions while Section B asked the participants to respond to five open-ended questions to which they did during the interviews.

SECTION A: Biographical Information of Participants

A1. Designation of employees

Three of the eight officials that were interviewed are senior managers within the Human Resource Management and Development section of the Department. The other two were Deputy Directors for recruitment and retention as well as human resource development respectively. Two officials were Assistant Directors for organisational strategy and planning as well as human resource on condition of service. One official interviewed was a Senior Administrative Officer responsible for recruitment and human resource development in the Department. Most of the respondents are in middle management positions and this is an indication that the data provided can be trusted as valid because they are the ones responsible for managing the daily business of the organisation.

A2. Gender of the respondents

Although the gender was not the main focus of this study, 62.5% of the respondents were males and 37.5% females. According to Mokoditso (2011:15), as aforesaid, recruitment policies must be aligned with government legislations that include among others the principle of Affirmative Action and Employment Equity Act. Most of the respondents are male managers of sections as already mentioned. It therefore means that the Department reflects a slow pace in implementing the Employment Equity Act after 22 years of democracy as management posts are mainly occupied by males, although the lower ranks are mainly occupied by females. As mentioned in Chapter Two, SANC Statistics (2013) on gender reflect that of the 6700 professional nurses in Mpumalanga, male nurses are only 685, which translates to a ratio of 1 male nurse against 10 female nurses (1:10).

A3. Appointment as human resource management practitioners

All the eight (100%) respondents agreed that they were appointed by the Department as human resource management and development practitioners. They have experience as human resource personnel and the data collected from them is reliable.

A4. Respondents' qualifications in human resource management

This theme speaks to three questions on the type of qualifications obtained, year in which they were obtained as well as the National Qualifications Framework levels of the respondents' qualifications. It covers questions numbered A4, A5 and A6 on the interview schedule. Three respondents (37.5%) have Post-Graduate Diplomas (NQF level 7) obtained after 2010, while one (13.5%) obtained a Master's degree in Public Management and Development in 2013. Respondents B and G have National Diplomas in Human resource Management (NQF level 5) attained in 1997 and 2006 respectively. Of all the respondents only two officials (25%) mentioned that they did not have a Human Resource Management qualification. However, they mentioned that they

intended to be register for a course in Human Resource Management with one of the South African higher education institutions. This reveals that the Department is managed by qualified personnel in the field of Human Resource Management and this fact validates the reliability of the data gathered from them. The study by Mokoka (2007:204) suggests that even though managers might be educated, they still need further training in areas of staff retention, communication and coaching. They can help in making the recruitment and retention strategy work for the organisation because they would have been capacitated with better knowledge in that regard.

A7. Department's recruitment and retention strategy

The study revealed that 87.5% of the respondents said to be aware of the fact that the Department has a recruitment and retention strategy. Only 12.5% of the respondents said to have not seen the strategy but only heard of its existence. It might be that the strategy is poorly implemented or not implemented at all. It was also revealed by the respondents that it was difficult to implement the strategy due to budget constraints.

A8. Sustainability of the recruitment and retention strategy

All the eight (100%) respondents agreed that the recruitment and retention strategy is not sustainable because it is not being implemented. According to Stone (2008:202), recruitment strategies should help link the recruiting activities of the organisation with the organisation's strategic objectives. The non-implementation of the recruitment and retention strategy by the Department implies therefore that there is a serious problem in the attainment of the organisation's overall strategic objectives. If the recruitment and retention strategy is not sustainable then the overall strategy of the Department is also not sustainable.

A9. Respondents' awareness of nurses' turnover

On the awareness regarding the resignation of nurses, all eight respondents (100%) mentioned that they were aware that nurses do resign from the Department. The management of the Department does not seem to be taking into serious consideration the challenge of nurses' turnover as there was no mention of any turnaround strategy to mitigate the problem. All what the respondents said was that nothing was being done to deal with the challenge.

A10. Department's effort to minimise nurses' turnover

The respondents indicated that nothing was being done to stop professional nurses from leaving the Department. They further mentioned that instead, the Department would recruit new staff to fill the vacancies left by the nurses who resigned. This is not a reliable human resource practice as it is dependent solely on the availability of relevant personnel in the labour market.

A11. Pre-resignation interviews conducted

All the eight (100%) respondents mentioned that in their knowledge, pre-resignation interviews were not conducted in the Department. Instead, post-resignation interviews are conducted to determine the reasons for resignation and a possibility to retain the employees resigning from the organisation.

A12. Results yielded by post-resignation interviews

Respondent B indicated that although there was an exit interview conducted to establish the reasons why employees were resigning so that there could be measures put in place to mitigate the challenges where possible, the Department was unable to retain professional nurses resigning at that time. This means that exit interviews are conducted

for the purposes of compliance as it is so far not serving the purpose of helping the Department to convince nurses to stay in the organisation.

A13. Appointment of specialist for exit interviews

Asked whether the Department has a specialist appointed to deal with issues of exit interviews, all the eight respondents (100%) indicated that such an appointment has never been done nor ever considered by the Department, and further mentioned that they were aware of the fact that such a responsibility was carried out by individual managers of sections. The study by Mokoka (2007:181) indicates that one of the nurse managers who did not conduct exit interviews reported that exiting staff never tell the truth and felt it was a waste of time and energy. Although the study does not respond directly to the appointment of the specialist on exit interviews, it does reveal, however, the necessity for such an appointment to be made. This further indicates that managers are neither interested nor competent in this responsibility and therefore there is a need to appoint a person to specialise in this area of competency to assist in minimising the turnover rate.

SECTION B: Human Resource Management Experience

Eight officials were interviewed through the utilisation of the interview schedule and it contained five open-ended questions that the respondents duly responded to. The data analysis collected from section B is hereby presented:

B1. Recruitment of professional nurses in the Department

Recruitment of professional nurses is a challenge to Mpumalanga Province generally and Ehlanzeni District in particular. Fifty percent (50%) of the respondents believe that there is no challenge with the recruitment of professional nurses in the Department; however, all eight (100%) agree that there is a shortage in some parts of the province.

Respondent E indicated that whilst recruitment was not a problem, resources were a serious challenge. Thirty-eight percent (38%) of the respondents mentioned that recruitment of lower category nurses was a challenge which impacts negatively on the workload of professional nurses. Another fifty percent (50%) stated that recruitment of professional nurses was indeed a problem. Respondent E further motivated that it was indeed a challenge since the Department was sometimes forced to recruit and re-appoint on contract professional nurses who were already on retirement due to age. It can therefore be concluded that there are mixed opinions as to whether the Department indeed has a problem or a challenge in the recruitment of professional nurses because the results indicate half of the number of the respondents agreeing while the other half is disagreeing. Ehlers (2003:68) believes that retaining registered nurses for a period of 5 to 10 years within the active professional ranks may help to address anticipated nurse shortages instead of relying much on recruitment.

B2. The importance of the Mpumalanga College of Nursing in recruiting professional nurses

This section was to determine if the officials found the availability of Mpumalanga College of Nursing helpful to the Department in closing the vacancy rate of professional nurses and elaborate why they thought so. Seventy-five percent (75%) of the respondents agree that the availability of the Mpumalanga College of Nursing assists the Department in producing more professional nurses. The respondents indicated various reasons including that all the students who graduate from this college get ultimately absorbed and placed in health care facilities in the province upon completion of community service. Twenty-five percent (25%) of the respondents mentioned that the college was not helpful to the Department as it could not help address the vacancy rate instead they think more nursing colleges should be established in the province. Respondent B stated that the college is found helpless as it does not produce lower category nurses (staff nurses and auxiliary nurses) but only professional nurses who end up resigning as a result of fatigue and burnout because they are compelled to perform the duties that were supposed to be performed by lower category nurses. It therefore

means that the availability of the College of Nursing in Mpumalanga is sustainable and should be maintained to continue to deal with the existing gap regarding professional nurses. SANC statistics (2014) show that a total of 818 professional nurses in Mpumalanga were trained at the public institutions between 2010 and 2014 the majority of which were trained at the Mpumalanga College of Nursing.

B3. Annual recruitment of professional nurses

The researcher asked the respondents whether they knew the number of nursing recruits the college was admitting every year and whether they thought the number was enough to address the shortage of professional nurses in Mpumalanga generally and Ehlanzeni District in particular. On average most the respondents mentioned that 200 nursing students are admitted at the college every year. Some indicated that the college admits any number that will be reconciled against that of students who do not finish their course at record time. Respondent A stated that the higher failure rate of nursing students was a cause for concern. Seventy-five percent (75%) of the respondents complained about the recruitment approach stating that some officials were appointing relatives who did not even meet the requirements resulting in the high failure rate. It can also be pointed out that twenty-five percent (25%) of the respondents were aware of another programme where 100 students were trained in the Province of KwaZulu Natal every year as a result of the existing Memorandum of Understanding signed between the two provinces. It can be concluded that the human resource officials were not well conversant with the exact number of intake annually as they gave varying numbers that could only be reconciled and believed to be on an average of 200 students per annum. It therefore means that there is no proper human resource audit and record keeping done by the Department. It was stated in Chapter two that Mokoditsoa (2011:15) notes that recruitment of staff is an on-going process and very crucial in most organisations. This therefore implies that recruitment needs proper management where staff audit and proper record keeping are conducted on an annual basis.

B4. The Department's strategy to retain professional nurses

A question was asked for the respondents to mention the reasons known to them that make it difficult for the Department to be able to retain professional nurses. Respondent B indicated that it was difficult for the Department to retain professional nurses because many resign to have access to their pension money as a result of financial difficulties they experience. Respondent C believes retention is difficult because of nurses who resign as a result of working conditions as they prefer to work in the private sector where conditions are allegedly better. Seventy-five percent indicate that these professional nurses are not retainable at the time they intend leaving the Department, but surprisingly such professional nurses apply to be re-appointed in less than six months of their resignation. This gives evidence to the point raised above that most of the nurses resign to access their pension money and go back to the Department immediately after cashing it out. The study by Mitchell (2004: 356), as indicated in Chapter two, purports that organisations should develop strategic approach to retaining talent since this can serve and have a long-term impact on the organisation.

B5. Number of professional nurses that have resigned and their reasons

Another question to the respondents was for them to mention the number of professional nurses that resigned within the five-year period between 2010 and 2014 as well as the reasons following their resignations. All the respondents (100%) were not sure of the number as they only referred the researcher to the PERSAL system for the relatively correct answer to that question. Respondent D estimated the number to be an average of 150 professional nurses referring to an annual report of the Department for 2011/12 financial year. On the reasons for resigning, eighty-three percent (83%) of the respondents pointed salary to be one of the reasons that motivated professional nurses to leave the Department and go work in the private sector. Respondent A repeated that some resign to access their Pension Fund only to apply after three to six months of resignation. Respondent H highlighted that professional nurses sometimes feel less valued by the Department as compared to other health professionals such as doctors,

especially when it comes to the issue of accommodation and that resultantly demoralises them, forcing them to resign. This is in consistent with what Schoeman (2015:28) raised as mentioned in Chapter Two that employees do not only need financial incentives to be able to stay in the organisation but also need “employees value proposition” (EVP). The following are some of the reasons that were mentioned by seventy-five percent (75%) of the respondents determining the resignation of professional nurses:

- Inadequate resources in hospitals;
- Better opportunities available in private sector regarding staff training and development; and
- Workload in the public sector hospitals resulting in fatigue.

4.3. PRESENTATION OF DATA FROM QUESTIONNAIRES

The researcher distributed 60 questionnaires to professional nurses in the three facilities as mentioned in Chapter three, i.e. Mapulaneng, Rob Ferreira and Themba hospitals. The researcher was referred to Nursing Service Managers in all these three facilities for assistance with the mobilisation of professional nurses so the researcher could have a briefing session with them. The Nursing Service Managers (NSM) played an important role and helped the researcher with the distribution of the questionnaires to relevant respondents. An agreement was also reached between the researcher and the professional nurses that all questionnaires would be submitted back to their managers (NSM) within fourteen (14) days after completion for collection. Of all the 60 questionnaires distributed, 42 were returned and received from the respondents which represents the response rate of 70%.

SECTION A: Biographical Presentation of the Results

This section presents the biographic details of the respondents. It covers some of the themes from Section A of the questionnaire and looks specifically on the work experience of respondents, gender, various institutions from where the respondents

received their training, age distribution of respondents and the respondents' intentions to improve their qualifications. The results are therefore presented as follows:

A1. Work experience

It is revealed in Figure 4.1 that of the 42 respondents, 10 (representing 23%) have less than 5 years of experience as professional nurses. Twelve of the respondents (28%) had experience ranging between 5 and 10 years, while 9 (21%) had between 11 and 19 years of experience. Twelve respondents (28%) were the most experienced group with more than 20 years of work experience. The 49% belongs to the experienced group with 11 years and above. As pointed out in Chapter Two, employees with skills and institutional memory have experience and knowledge that should indeed be kept from within the organisation. Such employees should be motivated to stay. A study by Mokoka (2007:191) confirms that the majority of nursing managers agree that experience is important and it should be transferred to newly qualified inexperienced nurses.

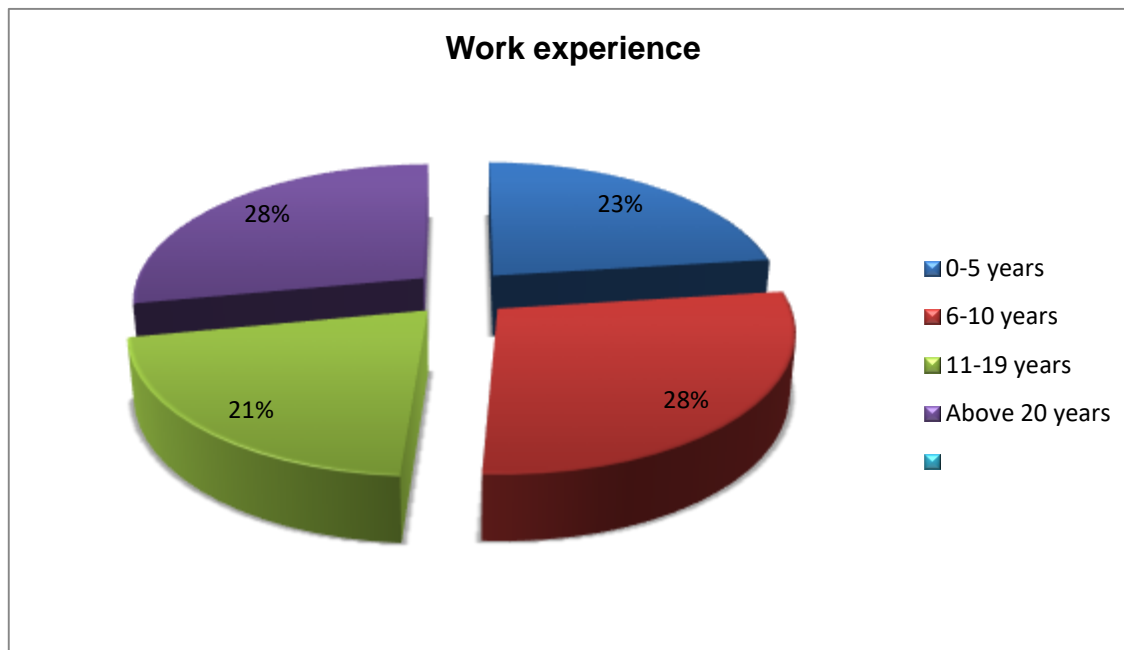


Figure 4.1. Work experience of the respondents

A.2. Gender

The researcher found that 30 of the 42 respondents were females and that accounts for 71%, while only 29% (12) were males. This is evident to the point made in Chapter Two where it was mentioned that as per the SANC Statistics (2013), of the 6700 professional nurses that registered with the Council only 685 were males. It is proof that the profession continues to be dominated by females. However, as has been acknowledged in Chapter Two, there is currently a considerable number of male nurses becoming part of this profession. Figure 4.2 shows the representation of respondents in respect of gender.

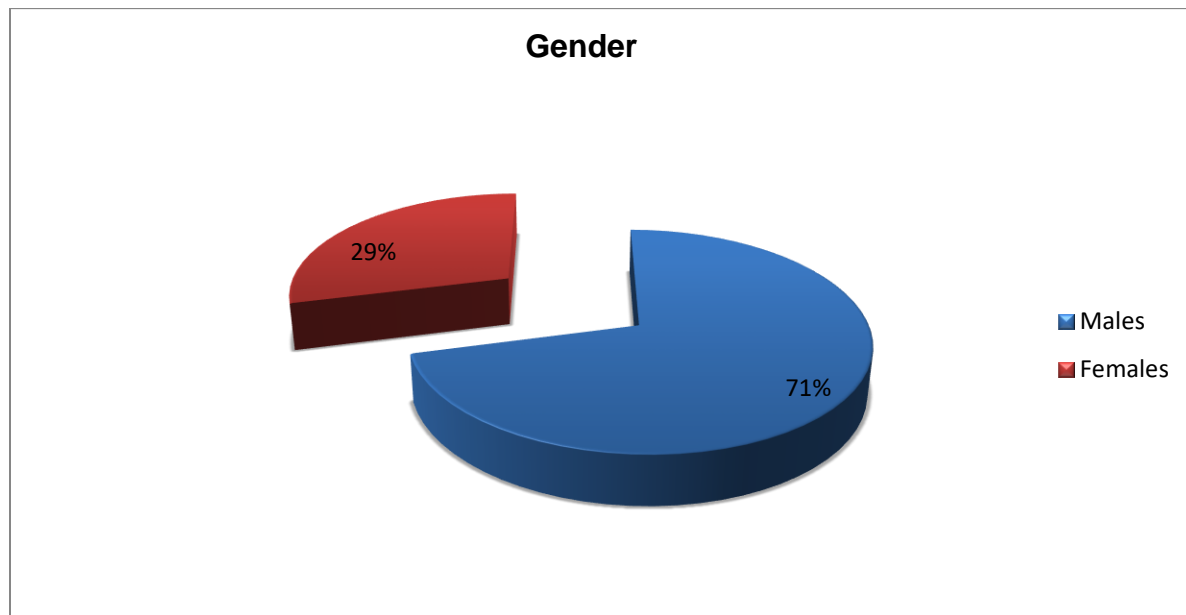


Figure 4.2. Gender of the respondents

A3. Institutions where the respondents received their training

Figure 4.3 shows that forty-three percent (43%) of the respondents received their training at public nursing college and thirty-one percent (31%) were trained at the available training centres in public hospitals within the province. Seventeen percent (17%) were trained by private nursing colleges, while only nine percent (9%) received their training at universities. The study revealed that the public sector is the main contributor in the

production of professional nurses through its public nursing colleges. It was reflected in Chapter Two that Gabashane (2007) acknowledges Mpumalanga Nursing College to be the only institution or nursing college in the province that offered a comprehensive four-year nursing degree for nurses. This therefore means that the college is the only institution producing professional nurses thus far.

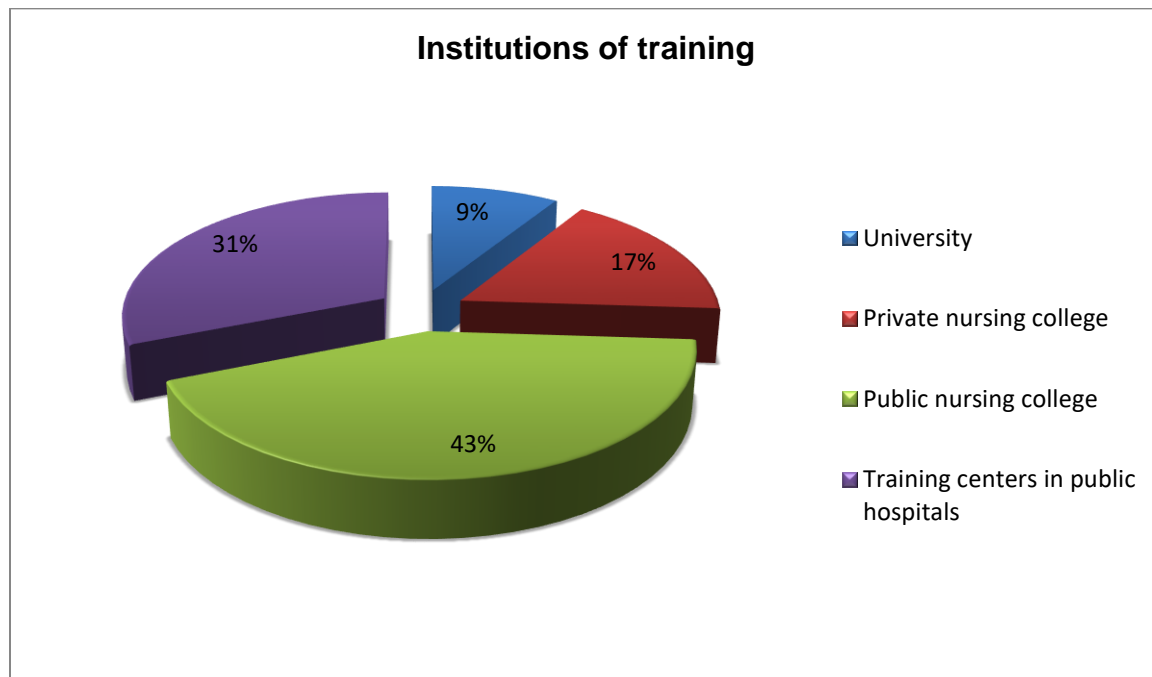


Figure 4.3. Institutions where the respondents received their training

A4. Age distribution of respondents

The age distribution reveals that only 6 respondents (14%) are between the ages of 20 and 29, 13 (31%) are aged 30 to 39, 12 (29%) are between 40 and 49 years old while 11(26%) are above 50 years of age. SANC Statistics (2015) reveal that only 5% of professional nurses were below the ages of 30, 19% were aged between 30 and 39, 27% were between 40 and 49 years old, while 49% constituted professional nurses above 50 years of age. The challenge in this instance appears to be that there is a small number of young people (14%) recorded of the total number of the respondents and also as mentioned by the latest SANC statistics at 5% nationally. This situation maybe

evidence to what has already been articulated in Chapter Two that shortage of professional nurses is likely to worsen between 2015 and 2020, as there will not be enough people interested in taking up nursing as their field of profession in South Africa (Ehlers, 2003: 64). SANC Age Statistics (2013) also reveal that only 21% of the total professional nursing workforce is made up of people below the age of 30. This is also consistent with the study conducted by Shipalana and Phago (2014:337) as they indicate that Polokwane and Mankweng Tertiary Hospital is unable to attract and retain young health care professionals. Figure 4.4 below reflects on the age distribution of the respondents.

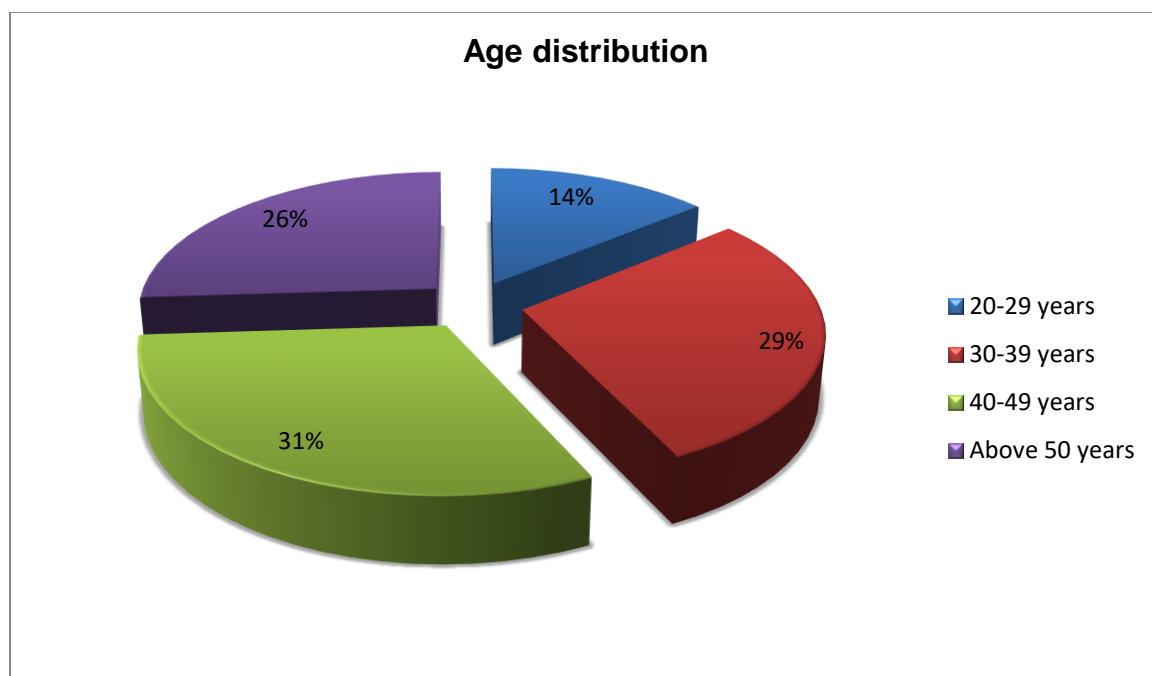


Figure 4.4. Age Distribution of the respondents

A5. Intention to improve qualifications

Another question was for the respondents to state their intentions to improve their current qualifications, and almost ninety-five percent (95%) said they intended improving their qualifications, while only 5% did not show any interest to do so. There is a potential for an improved health care service delivery and a growing number of specialised professional nurses, if the Department can prioritise training as a high number of the

respondents showed interest in furthering their studies. All they need is support according to their individual needs. Tshitangano (2013:5) points out that promotions vertically or horizontally go hand in hand with staff training and development. This means that professional nurses who are not trained may not be suitable for promotions. This study therefore reveals that nurses or the respondents are aware of the fact that if they do not improve their qualifications, it will be difficult for them to grow in the organisation. Figure 4.5 presents the opinions of the respondents regarding their intention to improve their qualifications.

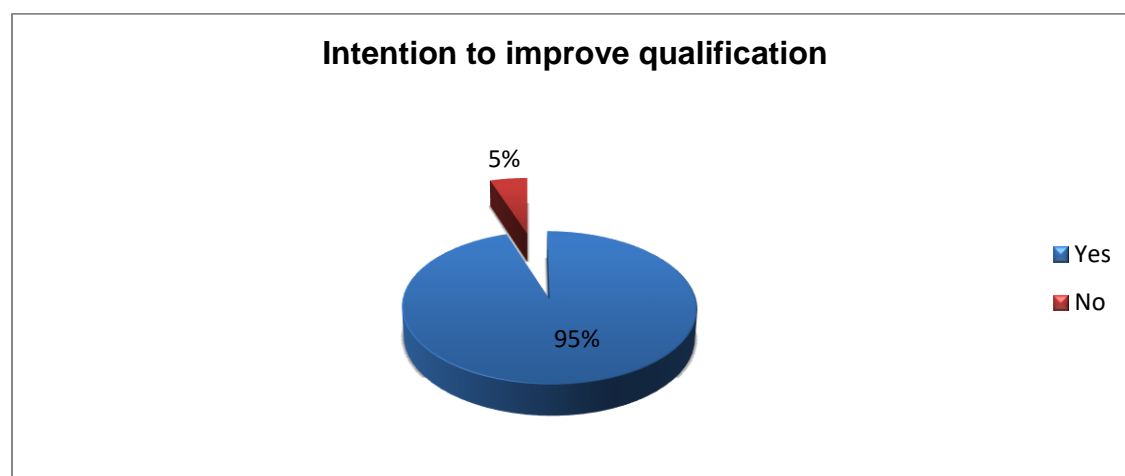


Figure 4.5. Respondents' intention to improve their qualifications

SECTION B: Factors Influencing Professional Nurses to Resign from the Public Service.

Respondents were given factors to which they were asked to indicate by marking a cross on the relevant space to show whether they were: strongly agreeing, agreeing, not sure, disagreeing or strongly disagreeing with such factors to be attributed to the Department's failure to retain professional nurses. The study by Mokoka (2011:4) indicates that of the 108 (100%) respondents (professional nurses), 77 (73.1%) had considered leaving their organisations. The consideration of leaving could be regarded as the first sign that the individual might eventually leave, unless the factors that influence this intention could be

addressed. Such factors are related to finances, safety and security, equipment or supplies, management, staff and patients. This study considered the following factors influencing professional nurses to resign from the public service:

B1. Salary as a factor influencing nurses' turnover

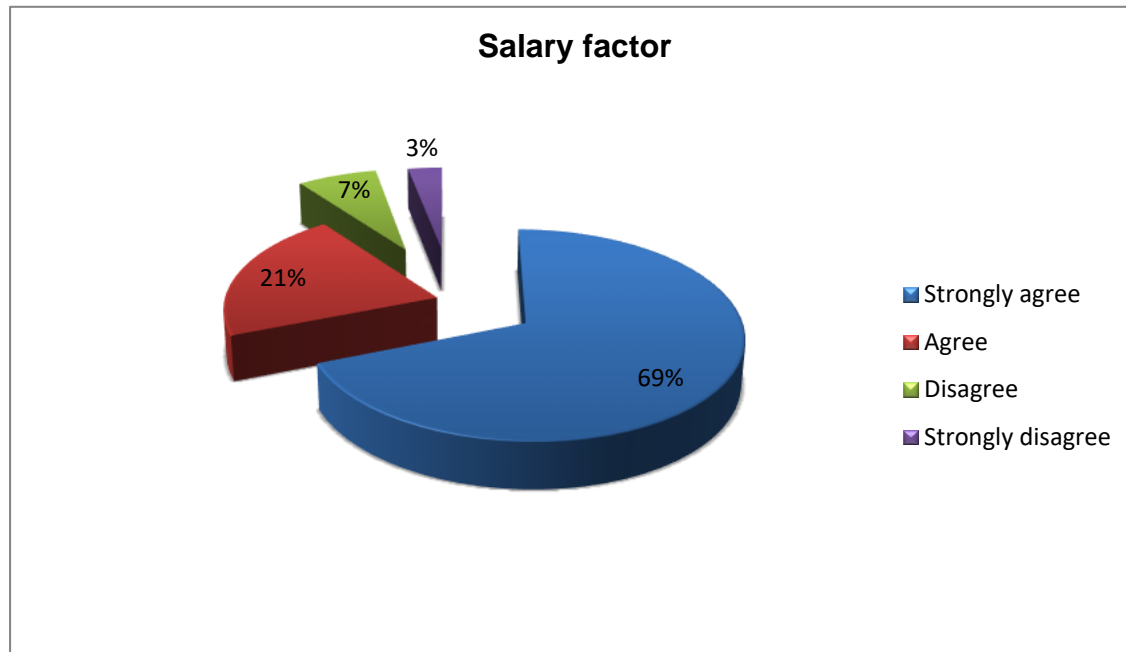


Figure 4.6. Salary as a factor influencing nurses' turnover

Figure 4.6 shows that from the 42 respondents 69% strongly agreed and 21% agreed that salary contributed immensely in forcing professional nurses to resign. Only 7% disagreed and 3% strongly disagreed that salary contributed to professional nurses leaving the public service. Approximately 3% did not give an opinion in this regard. Many studies agree that salary is one of the main contributors in the resignations of employees. This means that the salaries paid to professional nurses are not satisfactory, and given this condition the public sector is at a risk of losing more nurses to organisations that can offer them better remuneration. Employees who are not satisfied with their pay are more likely not to perform to their full potential and more likely to steal the organisation's resources, seeing such theft as a morally justifiable supplement to their wages (Tshitangano, 2013:11)

B2. Personal development of professional nurses

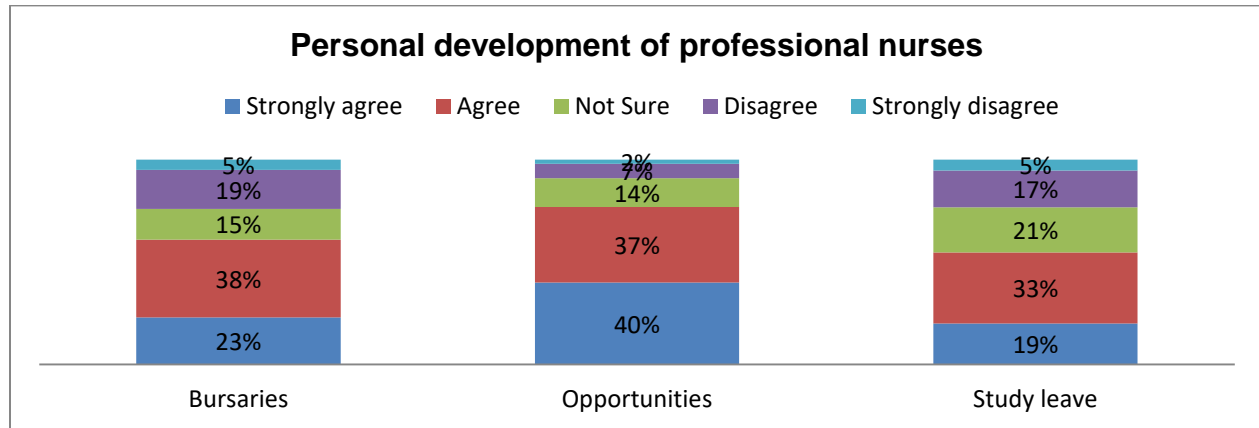


Figure 4.7. Personal development of professional nurses

The theme on the personal development of professional nurses covers three variables, namely bursaries, study leave and opportunities. Sixty-one percent (61%) of the respondents revealed that the non-availability of bursaries contributes to professional nurses' turnover. Fifteen percent indicated that they were not sure, while twenty-four percent (24%) disagreed that bursary was a factor influencing professional nurses' turnover. Opportunities presented in the form of promotions and upgrading of ranks can contribute immensely into the personal development of every employee. It was then revealed that seventy-seven percent (77%) agreed that lack of opportunities for professional nurses in the public sector was one of the factors influencing them to leave the Department, while fourteen percent (14%) indicated that they were not sure and only nine percent (9%) disagreed that the factor was contributory to the turnover referred to above. As for the Department not giving study leave to the professional nurses, this is evident from the fact that fifty-two (52%) of the respondents agreed that many resigned because they were not given time to improve on their existing skills. Of all the respondents, twenty-one (21%) did not commit to agreeing or disagreeing as they indicated that they were not sure, while twenty two (22%) disagreed with the opinion that study leave was a contributory factor towards resignations of professional nurses. Five percent (5%) abstained from committing, as they did not answer the question of study leave. It then implies that the majority of the respondents agree that lack of support to

factors that contribute to personal development of professional nurses results in high turnover. The above situation is shown in Figure 4.7.

B3. Allowances paid to professional nurses

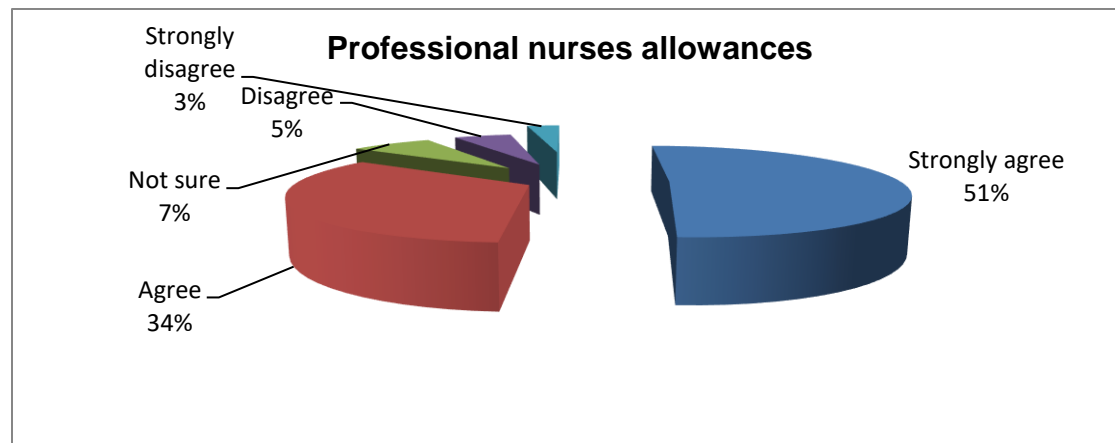


Figure 4.8. Allowances paid to professional nurses

Figure 4.8 indicates that eighty-five percent (85%) of the respondents agreed that allowances such as rural allowance, bonus incentives and occupational specific dispensation (OSD) given to professional nurses could be used against the organisation when the decision to resign came. Seven percent (7%) indicated not to be sure, while the remaining twelve percent (12%) disagreed that professional nurses resigned as a result of inadequate benefits. The majority of the respondents argued against what was stated in Chapter Two, that employees do not only need financial incentives to be able to stay in the organisation, but also need “employees’ value proposition” (Schoeman, 2015: 28). These respondents maintain that benefits should be paid to encourage retention of professional nurses. These findings confirm that of Tshitangano (2013:11) as they conclude that in South Africa pay-related issues dominated as the main problems at work and as such it seems likely that the OSD did not make things any better in Limpopo province.

B4. Workload on professional nurses

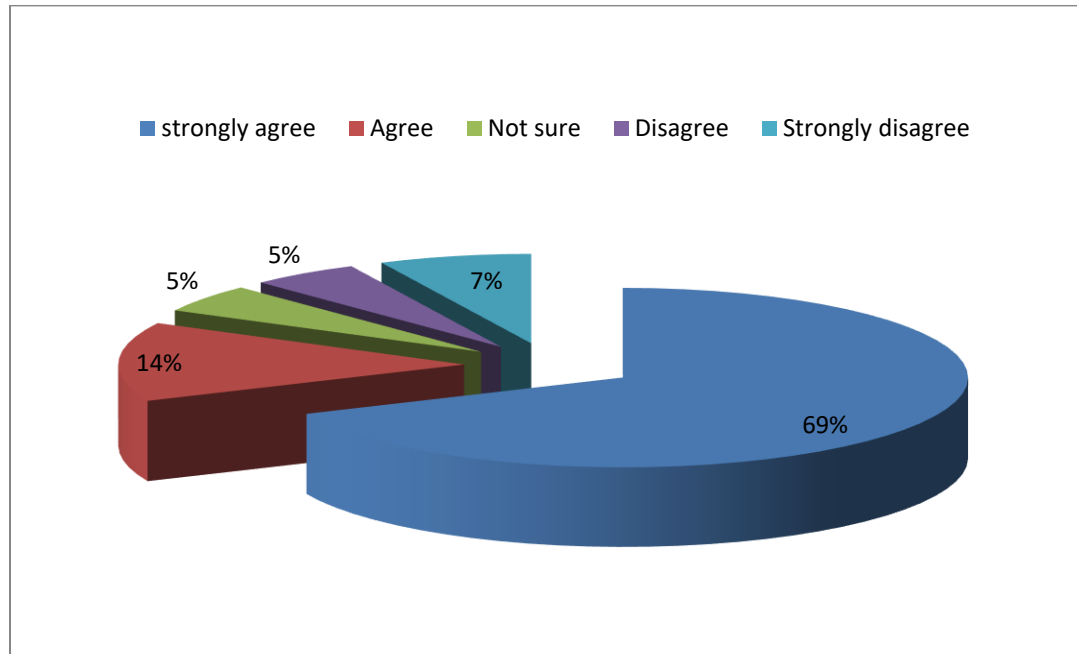


Figure 4.9. Workload of professional nurses

Figure 4.9 presents the respondents' perception on workload as a factor influencing professional nurses to leave the public service. Sixty-nine percent (69%) strongly agreed, fourteen percent (14%) agreed, five percent (5%) was not sure, while another five percent (5%) and seven percent (7%) disagreed and strongly disagreed respectively. This therefore implies that the majority of the respondents believe that most professional nurses leave the system as a result of fatigue caused by workload. Many related studies concluded that workload is one of the major contributing factors affecting nurses' turnover rate.

B5. Lack of resources

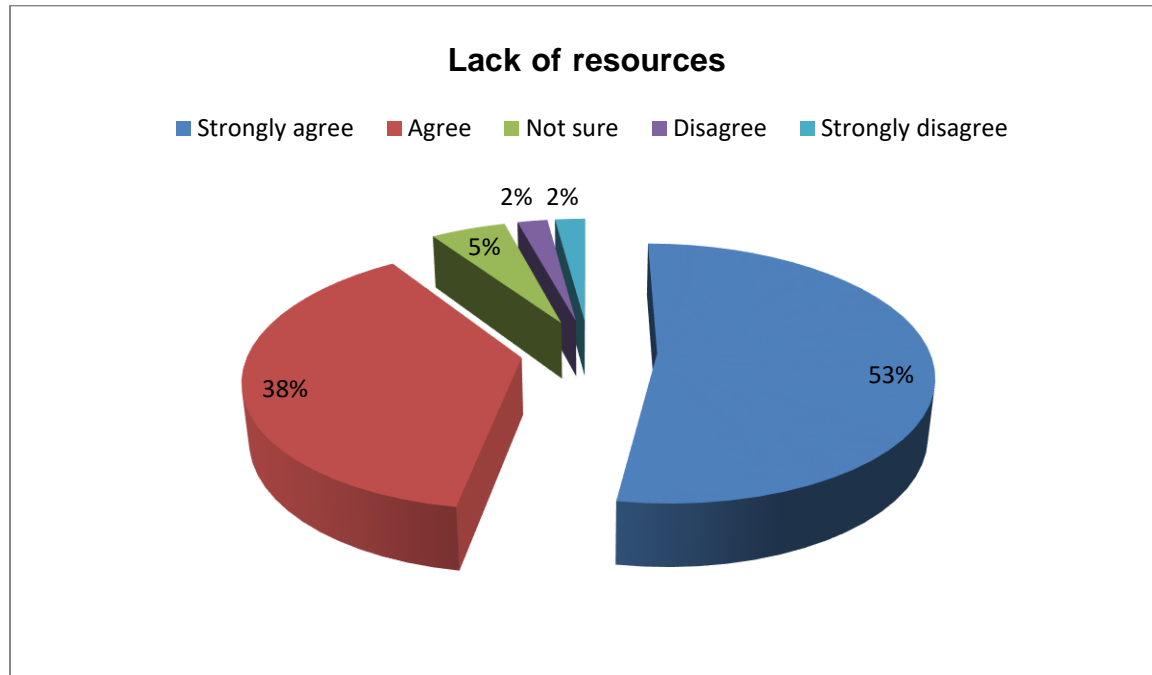


Figure 4.10. Lack of resources in hospitals

According to figure 4.10, of all the respondents, fifty-three percent (53%) strongly agreed that lack of resources was one of the contributing factors towards professional nurses' turnover. Thirty-eight percent (38%) also agreed that lack of resources drove away nurses from the public service. Five percent (5%) were not sure while two percent (2%) disagreed and two percent (2%) strongly disagreed. The study revealed that lack of resources in health care facilities discourages professional nurses to stay. In another study, a determination was made by the researcher that lack of resources is one of the most important factors to be born in mind to help keep professional nurses (Mokoka, 2007:223). Professional nurses leave the public sector because many of its facilities do not have the necessary equipment as this compromises their competencies. They get harassed and blamed by members of the public and they consequently get frustrated, forcing them to leave.

B6. Working conditions

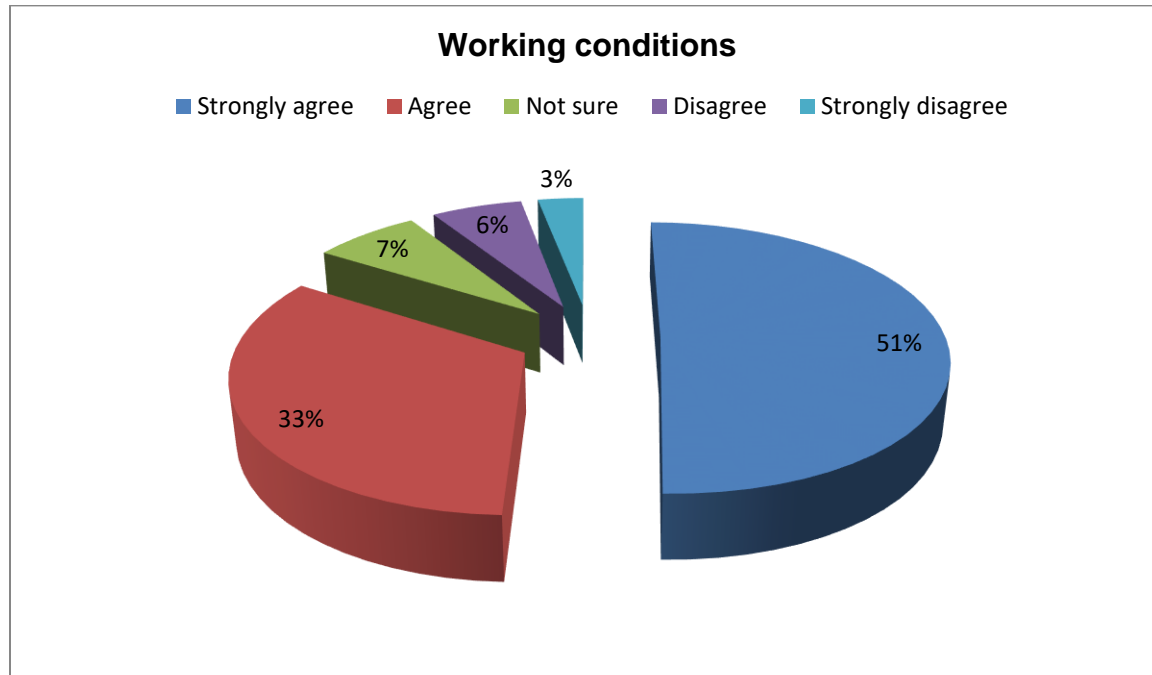


Figure 4.11. Working conditions of professional nurses

It is depicted in Figure 4.11 that fifty-one percent (51%) of the respondents strongly agreed and thirty-three (33%) agreed that working conditions of professional nurses contribute towards nurses' turnover. Three percent (3%) of the respondents strongly disagreed, while six percent (6%) disagreed, with only seven percent (7%) indicating that they were not sure if the factor was strongly considered by resigning nurses. The study indicates that working conditions influence professional nurses' decision to resign. Ehlers (2003: 64) confirms that unsafe working conditions is one of the factors affecting the work life and performance of nurses. Another study by Mokoka (2007:224) recommended that in order to retain nurses, the workplace environment and the working conditions should be improved.

B7. Accommodation for nurses

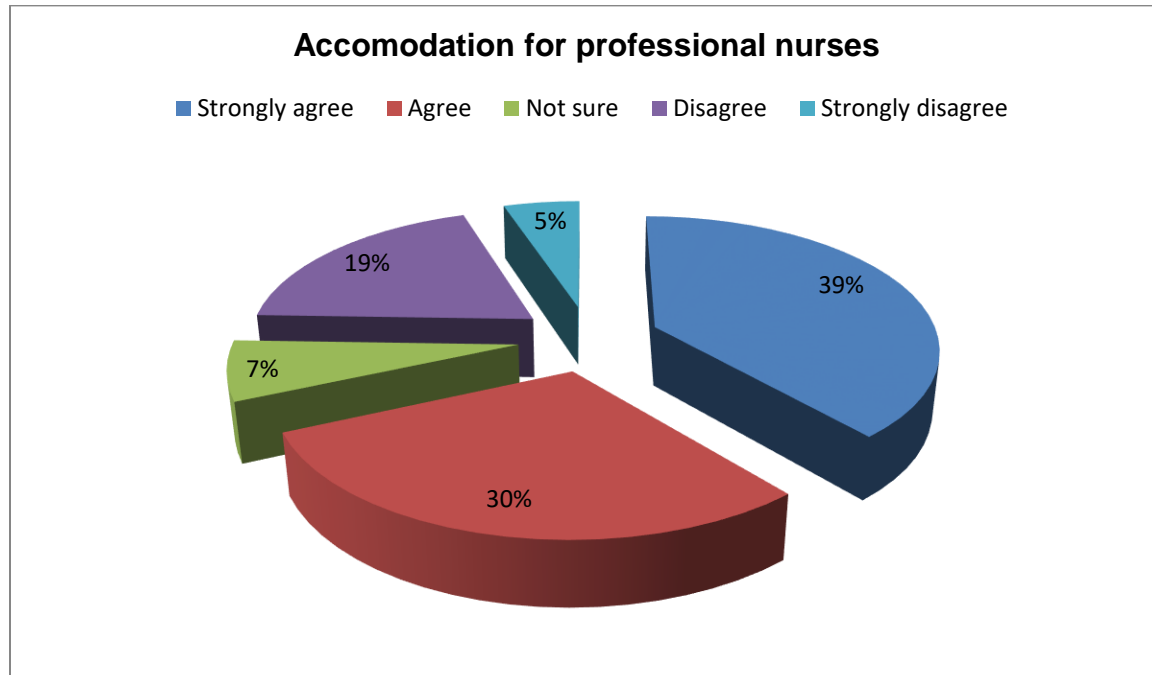


Figure 4.12. Respondents' views on accommodation of professional nurses

According to Figure 4.12 above, only thirty-nine percent (39%) strongly agreed and thirty percent (30%) of the respondents agreed that accommodation influenced professional nurses' turnover. Three respondents (7%) were not sure, while nineteen percent (19%) disagreed and five percent (5%) strongly disagreed with the view that accommodation affected professional nurses' resignations. It is revealed in this study that accommodation is one of the reasons why professional nurses leave the public service sector. It is also common that every human being needs a safe environment and decent housing. Professional nurses are provided with accommodation at nurses' homes, but the standard is not the same everywhere. Some transfer to areas that in their knowledge have better accommodation as compared to where they currently work and live. The results are consistent with the study by Shipalana and Phago (2014:340) as they indicate that majority (91.4%) of respondents are of the opinion that residential accommodation for health care professionals is regarded as a very important factor to attract and retain health care professionals at the institution.

B8. Organisational policies

Figure 4.13 below reflects that twenty-four percent (24%) agreed, while twenty percent (20%) strongly agreed (a total of 44% in agreement) with organisational policies to be a factor influencing the resignation of professional nurses. Another twenty-four percent (24%) responded that they were not sure and thirty-two (32%) disagreed that the factor was contributory to nurses' turnover. It can be said that policies and the implementation thereof, including the pension fund policy which caused a lot of movement among public servants indeed contributed towards a problem of the Department's inability to retain professional nurses.



Figure 4.13. Organisational policies

B9. Positive aspects that the Department of Health in Mpumalanga have to motivate professional nurses.

The researcher asked the respondents to indicate if they agreed if the Department of Health in Mpumalanga had positive aspects against professional nurses. Fifty percent (50%) of the respondents disagreed that there was anything positive from the

Department, while forty-eight (48%) said they agreed with the statement. Two percent (2%) did not give an opinion on the above matter. The study therefore revealed that approximately equal numbers of respondents were sceptical as to whether the government is doing well on other aspects and failing on others. The majority though disagreed that there was anything positive coming from the Department

B10. Negative Aspects the Department of Health in Mpumalanga Have That Discourage Professional Nurses To Stay.

A question was asked for the respondents to state only five negative elements to their knowledge that discouraged professional nurses from staying in the public service.

The majority of the respondents generally mentioned the following:

- Incompetent salary packages and inadequate benefits;
- Workloads;
- No study leave, no bursaries or financial support, inadequate training and workshops in hospitals;
- Poor working conditions and inadequate resources;
- Poor accommodation and no rest rooms for nurses;
- No opportunities and promotions; and
- Poor management.

B11. Effort to retain professional nurses

The respondents were asked to indicate their opinions on whether the Department was doing enough to retain professional nurses, especially in Ehlanzeni District, and eighty-one percent (81%) disagreed that enough was being done to make sure that professional nurses did not resign from the public service. However, nineteen percent (19%) agreed that government was trying hard to retain professional nurses. The study revealed that the Mpumalanga Department of Health was not doing enough to retain professional nurses. This is consistent with what respondents indicated during the interviews that professional nurses resigned to have access to their pension funds and the Department

is unable to stop them from doing so. Figure 4.14 below speaks to the situation as explained above. As indicated above, that the Department has a recruitment and retention strategy which is not implemented due to funding. Funding must be allocated for the implementation of the strategy to be able to retain these nurses.

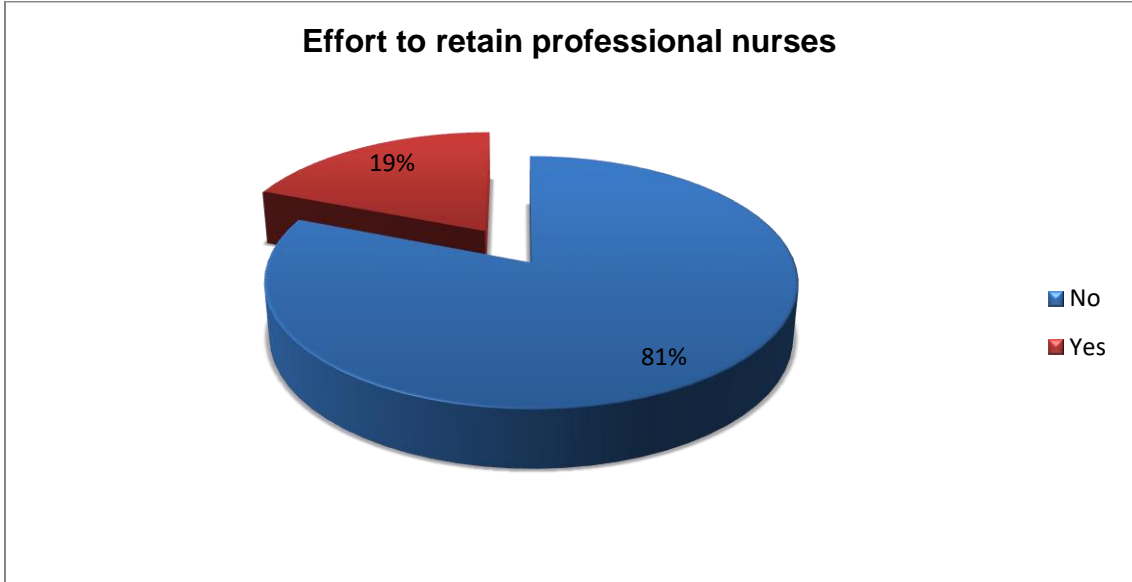


Figure 4.14. Effort to retain professional nurses

4.4. KEY FINDINGS OF THE STUDY

- Gender was not the main focus of this study as has been presented before, but it should be said that from the administration’s sector of the Department of Health in Mpumalanga, there is a male domination in senior management and middle management positions within the human resource unit. It was revealed that only one of the respondents was a female in a management position.

The nursing profession in the province is still dominated by females as compared to their male counterparts. Only 12 of the 42 professional nurses who participated in this study were males. Van Rensburg’s arguments as indicated in Chapter Two on race and gender distortions in South Africa within the health profession remain a reality even today. It was also mentioned that Van der Merwe (2010:06)

believes that in South Africa the nursing profession is dominated by women. It is a continuing trajectory although a number of males are becoming part of this profession. It is still to be seen whether this profession will be transformed in terms of gender in the near future.

- The Mpumalanga Department of Health has the recruitment and retention strategy and all the respondents were aware of its availability. However, such strategy has never been put into practice. Budget constraints are among the challenges delaying the implementation of the strategy. The fact that some officials mentioned not to have seen the strategy is cause for concern. The recruitment and retention strategy is supposed to be a working tool for all officials dealing with personnel movement in and out of the Department. All policies related to human resource management are supposed to consider the strategy when implemented. The study reveals that there is no consideration of the available strategy during recruitment and exit of employees in the Department.

It was indicated in Chapter Two that Stone (2008:202) emphasises the point that recruitment strategies are needed to link the recruiting activities of the organisation with its strategic objectives. It is for such reasons that the study further reveals, among others, that the Department is not doing enough to retain or discourage professional nurses from leaving the public service, instead they go on a recruitment campaign. The implementation of the strategy is needed to help management to be able to take strategic decisions during the exodus of professional nurses.

As stated in Chapter Two, retention becomes immediately important once employees are appointed and considered to be of value in the organisation. This is supported by the study of Mokoditsoa (2011:16) that organisations are realising that attracting and retaining the right talent has become the key strategic objective and therefore has become the most important aspect of the

organisation. This study therefore reveals that there is no link between the recruiting and retention activities of the Mpumalanga Department of Health with its strategic objectives as the implementation of the strategy remains a challenge.

- The Department does not conduct pre-resignation interviews. Instead, post-resignation interviews are in existence. It should be said that such interviews are fruitless as the Department is unable to retain professional nurses after such a process. The Department does not have an employee or a specialist appointed to specifically deal with exit interviews for the resigning professional nurses and other staff members in general. The responsibility of conducting exit interviews is left with the unit managers who are not effective in delivering such a responsibility. The study reveals that exit interviews are conducted merely to establish the reasons for resignations not to canvass the employees to stay in the Department.
- Recruitment of professional nurses to be a challenge is a sceptical conclusion to make as respondents had differing opinions in an equally contested manner. Fifty percent (50%) of each group mentioned contesting views with others agreeing that there is a challenge with recruitment of professional nurses while others disagree. The study reveals that the main challenge in this regard is found to be the recruitment of lower category nurses, i.e. enrolled nurses and enrolled nursing assistants' categories. It is revealed that professional nurses are compelled to perform the duties of lower category nurses, which consequently adds up to their workload and results in fatigue as well as burnout. This affects their productivity and performance within the health care institutions.
- The majority of the respondents believe that the existence of Mpumalanga Nursing College is relevant as it assists with the closing of the vacancy gap that exists in the nursing profession. However, it is believed that for as long as

the college does not train nurses at low categories, it is not going to help the Department on issues of resignations because, as has been mentioned previously, professional nurses continue to perform duties that are supposed to be carried out by lower category nurses, resulting in fatigue and burnout and leading to high professional nurses' turnover. The study further revealed that only 26% of the respondents were trained by universities and private nursing colleges (9% and 17% respectively). The researcher believes that the 9% that were trained by universities were trained outside Mpumalanga Province as the University of Mpumalanga has just been established and it has not yet started offering Health Sciences including Nursing Sciences. It can therefore be concluded that the Department is currently the major contributor in the production of professional nurses through its college of nursing and other training centres available in various hospitals in the Province. However, it should be further mentioned that the number of professional nurses the college produces every year is not adequate to address the nursing shortage that exists, particularly in the district under study and generally in the province.

- The human resource officials of the Department were thumb sucking on the number of recruits to be trained as professional nurses every year. This was an indication that such recruitment is done without perfect planning as it would be expected of the entire unit to know from the desktop position the recruitment process and the quantitative objective to be achieved in line with the vacancy rate of professional nurses. The study also reveals that officials who were respondents in this process did not have information on the number of professional nurses that have resigned between 2010 and 2014. They all seemed reliant on the personnel and salaries (PERSAL) system which is not easily accessible at all times, and which also appears to be complicated in many ways. The system does not categorise professional nurses who resigned and makes it difficult to make a determination as to the reasons that lead to the resignations of professional nurses.

- Most of the respondents indicated that they would want to improve on their current qualifications. They also mentioned that they were discouraged by the fact that the Department does not issue them with bursaries and study leave. Opportunities of personal growth and development are also a challenge. It would have been advantageous to professional nurses if the recruitment and retention strategy was being implemented because it would be in a position to outline the Department's role and responsibility in developing its existing employees. The study reveals that the Department is not consistent with what the then spokesperson, Mr Dumisani Mlangeni, was quoted as having said. He had said that all the youth who had already studied for other nursing courses were urged to upgrade and become professional nurses. He continued to indicate that the Department is offering opportunities for people who want to study as professional nurses (BuaNews, 2012). This therefore implies that if the Department has a continuous plan to develop nurses to become professional nurses, then it should be easy to also develop them to become specialists in the field of nursing. There is poor planning by the Department towards staff development.

4.5. CONCLUSION

This chapter looked into data analysis and interpretation. The data analysis and interpretation were done on both qualitative and quantitative data collected, since the research is a mixed approach. The qualitative data analysis was presented based on the data collected through interviews from the officials of the Mpumalanga Department of Health. The qualitative data revealed that the Department has a recruitment and retention strategy which cannot be implemented due to financial constraints. It further revealed that the Department does not recruit lower category nurses (staff nurses and assistant nurses) to help reduce professional nurses' workload to minimise the risk of high nurses' turnover. The data also revealed that little is being done in the Department

to stop nurses from leaving, but more nurses are instead recruited to replace the nurses that have left.

The presentation of quantitative data analysis was also done from data collected through questionnaires completed by professional nurses as the respondents. The computerised excel package was utilised for the analysis of the data collected through questionnaires. Figures in the form of pie charts were also presented to show the results of the study on selected themes. The quantitative data revealed that professional nurses believe that if factors such as salary, workload, lack of resources, staff development, accommodation for nurses and working conditions can be addressed, more professional nurses will be willing to stay in the organisation. The interpretation of the results was also done through comparing previous studies conducted on recruitment and retention of professional nurses. The chapter further presented the summary of the research findings. These findings will help the researcher to formulate recommendations which will be presented in the next chapter.

CHAPTER FIVE

CONCLUSIONS AND RECOMMENDATIONS

5.1. INTRODUCTION

The previous chapter discussed the analysis and interpretation of data collected through interviews and questionnaires. It served its purpose of providing the findings from which concluding remarks could be made. The chapter also presented information from which recommendations could be made to assist the management of the Mpumalanga Department of Health to objectively deal with the recruitment and retention of professional nurses in Ehlanzeni District. It also highlighted areas in which those responsible policy makers and implementers could review to improve the recruitment and retention strategy of professional nurses in the province. This chapter deals with the presentation of the conclusions and recommendations emanating from data analysed in the previous chapter. The summary of preceding chapters discussed in this research report is also presented in this chapter.

5.2. SUMMARY OF PRECEDING CHAPTERS

Chapter One presented a brief background on the problem of shortage of professional nurses and the introduction of the research problem to be investigated. The chapter further reflected on the aim and objectives of the research. The researcher formulated the research questions in line with the set research objectives and perfectly linked with the significance of this research. This chapter mainly helped the researcher to be able to introduce the research topic and provide a rationale for the investigation of the identified problem.

Chapter Two dealt with the available stock of knowledge on recruitment and retention of professional nurses as well as the existing challenges in the global, African continental and South African contexts. As indicated in chapter two, De Vos, Strydom, Fouche and

Delport (2011:137) point out that a literature review is a process of scrutinising sources of information relevant to the subject matter in question. This means that the researcher should thoroughly consult different sources containing information on the subject matter being dealt with or researched, read, and utilise such information to draw conclusions. It was further mentioned in Chapter Two that De Vos *et al.* (2011:140) purport that once the literature review sources have been exhausted and all the relevant references gathered, the information gathered should be organised by the researcher according to various themes. It is in this chapter that the researcher was able organise collected information into themes in a more coherent order. The utilisation of books, journal articles, the internet and other sources on the subject matter helped in discussing important themes developed on recruitment and retention of professional nurses. It further provided the researcher an opportunity to agree and disagree with the opinions raised by different scholars on the subject matter.

Chapter Three discussed the research methodology and its importance in empirical research. The research design employed was also dealt with at this stage. The chapter outlined the research as a mixed approach and explained in detail the meaning thereof. The samples on both the qualitative and quantitative approaches as well as the population from which these samples were drawn were discussed in this chapter. It further discussed the research methods for data collection, data analysis and the rationale for choosing such methods. The research tools used to gather data were also discussed in this chapter. Finally, the chapter looked into ethical considerations that were taken into account throughout the research process and explained the anticipated limitations during the process of data interpretation.

Chapter Four dealt with the analysis of data collected through interviews and the questionnaires. All answers provided from the interviews and questionnaires were interpreted in this chapter. The officials from the Department of Health in Mpumalanga were interviewed with the aim of obtaining qualitative data for qualitative data analysis. Professional nurses participated by completing questionnaires for quantitative data analysis. The chapter dealt with the findings from both data analysis methods. In this chapter the researcher consolidated the findings that would help with the formulation of

recommendations and that would highlight areas which responsible policy makers and implementers could look into with a view to improving the recruitment and retention strategy of professional nurses in Mpumalanga Province.

5.3. CONCLUSIONS

The aim of the study was to generally evaluate the recruitment and retention strategies of professional nurses of the Mpumalanga Department of Health in Ehlanzeni District. The first objective aimed at establishing the number of professional nurses that have left the district between 2010 and 2014 as well as the reasons thereof. This objective was achieved as the number was presented to be approximately 750, which is a high number considering the existing shortage in the field of nursing. It was further established that proper records regarding resignations are not properly administered by the Department, and this creates a problem in drawing a plan towards curbing high nurse turnover rates. Poor implementation of the strategy also makes it difficult for the Department to be able to conduct pre-resignation interviews to mitigate a high level of professional nurses' turnover, or to consider appointing an employee to specifically deal with exit interviews for the resigning professional nurses and other staff members in general.

The second objective was to determine if the recruitment and retention strategy of the Mpumalanga Department of Health puts the province at a competitive advantage to curb the loss of professional nurses. This objective was also achieved as it was established that the Mpumalanga Department of Health has a recruitment and retention strategy that has never been put into practice on account of budget constraints. Recruitment of professional nurses was also not found to be a serious challenge, but it is done without perfect planning because the strategy is not being utilised in this regard. The main challenge is found to be the recruitment of lower category nurses, i.e. enrolled and auxiliary nurses' categories. The absence of lower category nurses results in fatigue and burnout. This leads to high professional nurses' turnover as they continue to do work that is supposed to be done by lower category nurses. All this can be attributed to the failure

of the Department to implement the recruitment and retention strategy, which does not put the Department at an absolute advantage.

5.4. RECOMMENDATIONS

Based on the set research objectives, the findings and suggestions proposed by the respondents to the management of the Mpumalanga Department of Health in the previous chapter, the following recommendations are made:

5.4.1. General Recommendations

- Mpumalanga Department of Health should make a budget available for the implementation of the recruiting and retention strategy of professional nurses to be able to close the vacancy gap that exists in the Ehlanzeni District in particular and the province in general. This should also help the Department to be able to retain or discourage professional nurses from leaving the public service sector.
- The Department should appoint a specialist that deals specifically with pre-resignation and exit interviews for the resigning professional nurses and other staff members in general. This exercise may be fruitful, add value and enable the Department to retain more professional nurses in the system, resulting in improved and quality health care service delivery.
- Recruitment of lower category nurses (enrolled and auxiliary nurses' categories) should be prioritised by the Department. Professional nurses suffer fatigue and burnout as a result of workloads caused by unavailability of lower category nursing staff. They do the work that is supposed to be executed by lower category nurses as aforementioned, leading to low staff moral that consequently makes them decide to leave the system.
- The Mpumalanga Department of Health should enter into agreement with the University of Mpumalanga and sign a Memorandum of Understanding for the introduction of a nursing school within the university. This will help the province in

the acceleration of productivity with regard to professional nurses and in dealing with the shortage as is the case currently. Satellite nursing colleges should also be prioritised in all other three districts of the province, namely Nkangala and Gert Sibande, so that the existing challenge can be minimised.

- The Department should assume its responsibility of issuing bursaries and study leave to its nursing staff. It should also make available opportunities of personal growth and development so as to promote a culture of continuous learning, as this exercise may ultimately enrich capacity and create a competent human capital that is able to respond directly to current health challenges facing the district in particular and the province in general. More workshops and in-service training should be conducted in the province's health care facilities.
- The Department should make available resources and improve the working conditions for professional nurses if it has to attract and retain more professional nurses in the district. They should also be provided with decent accommodation for them to be motivated to stay within the public sector.
- Management should give the necessary support to professional nurses, understand their hardships, respect and recognise them as important assets of the Department. Management should further stop abusing professional nurses and should protect them from public harassment. This is in line with the promotion of the wellbeing of professional nurses and the improved quality health care services to the people.
- Management of the Department should review the recruitment policy for professional nurses, refrain from acts of nepotism during recruitment and avoid at all cost political recruitments. There is a tendency of recruiting affiliates from certain political organisations. This act is damaging the profession as it does not consider capacity and an individual's professional orientation, but allows everyone to take up nursing as a job creation tool.

5.4.2. Recommendations for Further Research

It has been revealed that the nursing profession is still dominated by females. Although it has also been acknowledged that a number of males are joining the profession, female nurses still dominate the field of professional nursing. The researcher therefore recommends that an investigation as to why males are not interested in the nursing profession should be carried out. It has already been indicated in Chapter Two that SANC statistics (2013) show that of the 6 700 professional nurses, males only account for a total number of 685. Van der Merwe (2010:06) notes that recruitment in nursing still favours women and needs serious transformation. As mentioned also in Chapter Two, Mokoditsoa (2011:15) states that a well-conceived policy is the main requirement in recruitment, wherein guidelines and objectives to be achieved should be properly outlined. Recruitment policies must be aligned with government legislations that include, among others, the principle of Affirmative Action and Employment Equity Act. The above consideration can make effective transformation of the profession possible.

A similar study can also be conducted in other hospitals and districts of Mpumalanga Province to ascertain the validity of the information gathered on recruitment and retention of professional nurses.

5.5. FINAL REMARKS

The study aimed at evaluating the recruitment and retention strategies of professional nurses working in the Mpumalanga Department of Health in Ehlanzeni District. To achieve this, the objectives were formulated to establish the number of professional nurses that have left the district between 2010 and 2014, as well as the reasons thereof and to determine if the recruitment and retention strategy of the Mpumalanga Department of Health puts the province at a competitive advantage to curb the loss of professional nurses.

The researcher then formulated questions to make sure the objectives of this study were met. The research questions asked for the number of professional nurses that have left the district between 2010 and 2014 as well as the reasons thereof.

It can be said that both the objectives set in this research project were achieved. Respondents in qualitative data analysis generally agreed that professional nurses were leaving the Department in numbers even though they could not provide the exact number. It can be concluded, however, that the number is approximately 750 between 2010 and 2014. It can further be said that respondents agreed that the recruitment and retention strategy is in place but not implemented, thus indicating that it does not put the Department or the province at an absolute competitive advantage. Responses from the questionnaires also show that the recruitment and retention strategy does not place the Department at an advantage since most respondents are in favour of the factors suggested to be the ones motivating professional nurses to resign. The majority of the respondents believe that if factors such as salary packages, working conditions and resources cannot be improved, then the situation will be worse from what it is currently. Many researchers made the same conclusions in their studies on related subject matter and recommended that there should be an improvement in this regard.

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DECLARATION

I, declare that the mini-dissertation hereby submitted to the University of Limpopo, for the degree of Master of Public Administration has not previously been submitted by me for a degree at this or any other university; that it is my work in design and in execution, and that all material contained herein has been duly acknowledged.

G .R Chiloane

Date

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ABSTRACT

Recruitment and retention of nurses remain one of the challenges globally and locally as the system is unable to attract new staff and failing to retain existing ones. This study was undertaken to investigate the number of nurses leaving the Mpumalanga Department of Health and whether the available recruitment and retention strategy puts the province into the competitive advantage. The qualitative and quantitative methods of data collection were utilised during the investigations. Both the qualitative and quantitative analysis proved that a number of nurses were leaving the public service influenced by factors such as salary, workload, accommodation for nurses, working conditions and lack of resources. The findings further revealed that the recruitment and retention strategy of the Department was poorly implemented and therefore leaving the province at a risk of losing more professional nurses. The main recommendation in this study was that the Department of Health in Mpumalanga needs to ensure that adequate funds are available for the proper implementation of the recruitment and retention strategy. The proper implementation of the strategy will help in addressing the factors that were discussed and agreed to by other studies to be contributing immensely in nurses' turnover in the province.

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